Mental Health Citizens' Panel Launch

September 2014

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1. Introduction

In September 2014 Healthwatch Cheshire West ran two events to launch our Mental Health Citizens' Panel. During these events we talked to participants about the issues facing local people with experience of a mental health condition, and how a Citizens' Panel might drive the work of Healthwatch Cheshire West in tackling mental health as a work plan priority.

24 people attended these launch events; including people who use mental health services, family members/carers and also some professionals working in local mental health services.

The purpose of this report is to share the comments collected by Healthwatch Cheshire West at the two launch events with participants, commissioners, providers and other stakeholders. This report has been shared directly with those who attended the Mental Health Citizens' Panel Launch, and will be discussed at its first formal meeting in October 2014.

3. About Healthwatch Cheshire West

As the new independent consumer champion for health and social care in Cheshire West, our role is to champion the needs of children, young people and adults and make things better for the most vulnerable in our area.

There are a number of key activities that Healthwatch Cheshire West carries out;

- Provides information and advice about local health and social care services

- Gathers local people's views and experiences about services

- Helps people to get their views, experiences and concerns heard

- Reports any issues and concerns to those who plan and provide services

- Involves local people in monitoring the quality of provision and experience of local services

- Challenges those who plan and provide services and makes recommendations

- Reports findings to regulators such as the Care Quality Commission (CQC)

- Shares local views and experiences with Healthwatch England.

2. What is the Mental Health Citizens' Panel?

The Mental Health Citizens' panel is being set up by Healthwatch Cheshire West in response to feedback that we received about local mental health services in 2013/2014. We received a number of comments from local people regarding their concerns about local mental health service provision. In addition, mental health scored highly using our priority setting tool which was used in the second half of 2013/2014.

Despite receiving a number of comments about mental health services, no clear patterns, trends or themes emerged to focus our work. Healthwatch Cheshire West decided to pilot an approach to working with local communities, using a co-production model to empower local mental health stakeholders to shape and drive our work in tackling our work plan priority.

The Citizens' Panel is being set up to bring together local people who have an interest in mental health, review the intelligence gathered by Healthwatch Cheshire West, and to use their own knowledge and expertise to identify specific project work that we can support. It is intended that moving forward members of the Citizens' Panel will define how the group is set up, its terms of reference (how it operates) and the direction of travel. The group will report to the Healthwatch Cheshire West Operational Committee which has delegated responsibility for the delivery of our work plan.

Learning from the facilitation of the Mental Health Citizens' Panel will inform the future work of Healthwatch Cheshire West in relation to other work streams and work plan priorities.

4. What is Co-production?

Co-production is an activity which involves professionals and decision makers working alongside people who are affected by those decisions in an equal and reciprocal way. As the independent consumer champion for health and social care in Cheshire West, we want to encourage partners to utilise this model to achieve service improvement.

"A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it". (Social Institute for Care Excellence).

5. Overview of the launch events

Two launch events were held; one in Chester on 9th September and one in Winsford on 15th September. The events were publicised widely across the borough of Cheshire West and Chester.

Each launch event was opened by the Vice Chair of the Healthwatch Cheshire West Operational Committee, Gordon (Gus) Cairns, who provided an overview of his own personal experiences using mental health services locally. This was followed by a presentation by the Service Manager Jonathan Taylor, giving an overview of Healthwatch Cheshire West, and the proposed approach to developing a Mental Health Citizens' Panel.

Participants were then supported to discuss the following questions at their tables;

- **What are your thoughts on local mental health services? What works well? What doesn't work as well?**

- **What could be done to improve local mental health services?**

- **What role could a Mental Health Citizens' Panel play in trying to improve local mental health services?**

Notes from these discussions were recorded on flipchart paper by facilitators and have been included within this report. Following the discussions, each table fed back some of their key points to the wider group.

Participants from the launch events have been invited to attend the first meeting of the Mental Health Citizens' Panel on Monday 20th October 2014. Those who were unable to attend the launch events, but who would like to get involved, are encouraged to contact the staff team using the contact details below;

0845 340 2859 or 01606 351134

info@healthwatchcwac.org.uk

www.healthwatchcwac.org.uk

6. Comments provided at the launch events

During the tabletop discussions a number of key issues were discussed in relation to the questions posed. Within this section of the report, we provide an overview of the discussions (as recorded);

6.1 What are your thoughts on local mental health services? What works well? What doesn't work as well?

Positive experience using Chester Plus drop-in centre... gives a person a purpose - based on Peer Support run by users/people with experience of mental health	Positive
Important to remember that substance misuse is a big part of wellbeing	Neutral
Volunteers play a major part in recovery	Neutral
Access to statutory services • Countess of Chester Hospital - experience shared of admissions to acute hospital - being referred to psychiatric liaison team 12 times, but only seen once • Also delay in accessing Community Psychiatric Nurse (CPN)/psychiatrists and waiting times for senior therapists)	Negative
Experiences shared re attendance at acute hospital for physical injury (self harm) and being asked to return next day	Negative
Services for homeless population appearing to be being reduced (due to cuts in services)	Negative
Being taken seriously - psychiatrists not taking someone seriously (but their GP did).	Negative/Positive
When well - GP contacted a person every six months by phone..... checking in and being very supportive of the person	Positive
Is it pot luck in relation to the type of GP you get?	Question
Continuity of access to GPs (rather than seeing different GPs) is important for people with mental health difficulties	Suggestion
Experience shared where in order to avoid arrest a police officer offered an individual an opportunity to instead arrange a GP appointment. Individual decided to make a GP appointment which was also attended by police officer. GP told individual that they should only attend practice when 'ill'.	Positive/Negative

Mental and physical health issues interlinked – however, no overall holistic help available	Negative
There needs to be more frequent appointments with psychiatrists or mental health support workers for people who require them	Suggestion
Transport for people who can't get to appointments needs to be improved	Negative
Issues for deaf/hearing impaired people who have mental health issues, sometimes there is no support for sign language and the training isn't always made available	Negative
Room for improvement in training people in British Sign Language (BSL), could each community mental health team have one person within it who's trained to use BSL? • A&E and GP appointments are delayed by people having to wait until they can get interpreter appointments	Suggestion
Went to GP feeling low - wanted referral to mental health services - took 6 weeks before seeing nurse at GP practice (not his own) - advice given was to go to a coffee morning	Negative
Interaction (social inclusion) important for people with mental health difficulties	Neutral
Recovery college is very good, but this needs to be available to primary care clients as well.	Positive/Suggestion
Very poor A&E Care - 6 hours waiting time	Negative
Poor assessment - not meeting individual needs	Negative
Poor communication between GP, mental health services and family	Negative
Not enough services/support aimed at prevention	Negative
Stigma/lack of understanding of mental health	Negative
Local initiatives are raising awareness and offering support – e.g. local charity going into businesses/colleges and talking about mental health	Positive
Lack of joined up working	Negative
Unsafe discharge - being discharged straight back into a crisis situation	Negative
More people homeless due to not being able to pay off debts, not enough support is available to support people in tenancies, such as debt advice. An example was shared relating to Warrington Housing, who employ a debt adviser to help tenants who are getting into debt problems to prioritise	Negative/Neutral

which debts to pay to avoid becoming homeless.	
People don't know where to go for mental health support, apart from the local GP, there is a lack of information or signposting	Negative
Lack of support between referrals	Negative
Limits on the amount of home appointments that providers can provide now. This makes it harder for people who are anxious about leaving home to access service	Negative
When organisations lose funding, there is sometime a lack of support for the clients to find new avenues of support	Negative
Limited funding for voluntary sector organisations, many organisations fighting for smaller funding pots • Sometimes it feels like organisations spend more time collecting outcome and output data for commissioners, rather than doing the work they were set up to do • Commissioners are sometimes too distanced from the shop floor (not understanding the challenges of running services) • Grant funding/ short contracts don't allow for effective planning and delivery of services	Negative

6.2   What could be done to improve local mental health services?

Educate GPs about mental health - work alongside each other - listen to the person with mental health problems, understand each other	Suggestion
Issues dealt with in isolation..... need a more joined up approach	Suggestion
Have a nominated GP for mental health - make things easier for the person with mental health problems	Suggestion
Make parity of esteem a reality. Waiting time targets for mental health patients should be the same as for cancer patients – we need a local and national perspective	Suggestion
Rehab not always the best place - need to develop more self help and self care and work with organisations who teach self care. "Castle" identified as example (works with groups and individuals)	Suggestion
Be better at sharing information about what works and what doesn't	Suggestion
Recovery college courses are currently booked up for months in advance • Should be open to Primary Care clients • Should be run on Chester model • Taster sessions. Motivation.	Suggestion

There should be blue sky thinking about how we increase mental health support to clients • 3 Support workers are leaving the community mental health team (CHMT) to train as community psychiatric nurses (CPN) due to lack of advancement options • Peer support could be used more to support clients • University students with mental health problems had had support and want to volunteer to train as mental health support professionals • Train deaf people to be mental health staff	Suggestion
Have care coordinators for primary care patients	Suggestion
More preventative services	Suggestion
Increased employer awareness and policies around mental health problems	Suggestion
Buddies and counselling in work place	Suggestion
Consistency and active policies in GP practices	Suggestion
More specialist support in GP practices	Suggestion
Better signposting	Suggestion
Improved service for special needs	Suggestion
No daytime activity provision - leads to increased mental health difficulties	Suggestion
Longer contracts (for service delivery) - 3 to 5 years	Suggestion
Better links between services	Suggestion
A single point of entry to all mental health services	Suggestion
More support before people go into crisis • Lower level intervention • More preventions work	Suggestion
Reduce waiting time between initial assessment and support	Suggestion

6.3   What role could a Mental Health Citizens' Panel play in trying to improve local mental health services?

Gather good practice to improve services	Suggestion
Tackle issue of 'getting back' into services once discharged. What happens when therapy stops (e.g.) CBT….then nothing	Suggestion
Getting feedback from users of mental health services	Suggestion
Enter and View activity at Bowmere and other psychiatric wards	Suggestion
Help children who experience mental health problems to have access to peer support and social occasions	Suggestion
Normalise the way kids are treated in school, teach children about mental wellbeing Stimulate discussion on how children are supported when directly or indirectly experiencing mental health problems • more discussion on how children are supported when directly or indirectly experiencing mental health distress • Children who experience mental health problems need to have access to peer support and social occasions	Suggestion
Able to meet with professionals, organisations and commissioners….. so that they can hear the issues directly	Suggestion
Peer support and empowerment	Suggestion
Healthwatch can help raise awareness and campaign for better services	Suggestion
Educating providers	Suggestion
Who should be involved e.g. doctor, teachers?	Question
Hold a networking event around Mental Health	Suggestion
Bring people together	Suggestion
Meet with providers and commissioners	Suggestion
Scoping the support available already • Find out if there is any duplication in service provision • Looking if there are any gaps between services.	Suggestion

7. What Next?

This report has been shared directly with those who attended the Mental Health Citizens' Panel Launch and those who plan and provide services locally. The comments from the report will be discussed by members of the Citizens' Panel at its first meeting in October 2014.

Moving forward, members of the Citizens' Panel will define how the group is set up, its terms of reference (how it operates) and the direction of travel. The group will decide what action is required in relation to the comments captured at the launch events and mobilise!

The Mental Health Citizens' Panel will report to the Healthwatch Cheshire West Operational Committee which has delegated responsibility for the delivery of the work plan.

The notes from the launch events will be added Healthwatch Cheshire West's information management system and will be shared with partners as commissioning intelligence.

If you want to get involved then please contact the staff team;

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