NHS
Haringey
Clinical Commissioning Group

Haringey CCG Network meeting – Thursday 30 June 2016

Meeting notes

Present: Ivy Ansell (PPG rep), Helena Kania (PPG rep), Ruth Johnston (PPG rep), Ricardo Johnson (Rockstone Bike Alley), Lesley Walmsley (CCG patient rep), Peter Richards (CCG patient rep), Penny Fraser (HAIL), Sona Mahtani (Selby Trust), Sue Lewis (PPG rep), Mable Kong Rowlinson (Healthwatch Haringey), Jennie Claxton (Enablement champion), Roz Kirton (Enablement champion)

Overview

The Network meeting focused on the CCG's work around mental health enablement and the stroke service review plans.

Tim Miller, the CCG's Commissioning Lead for Enablement delivered a presentation on the CCG's planned approach to supporting enablement and requested feedback and suggestions on how local services could help with these aims.

The Network also welcomed Haringey enablement champions, Jennie Claxton and Roz Kirton who shared their experiences of managing and overcoming mental health difficulties.

Temmy Fasegha, Commissioning Lead for Vulnerable Adults gave a presentation on the plans to review Haringey's stroke services and pathway. He asked the Network for feedback on how stroke patients and carers could be better supported in the community, as well as, what outcomes should be measured to assess performance.

This document summarises the discussions and feedback on these areas.

Discussion one: Enablement

1. **What are the big opportunities to reshape community support in Haringey to encourage enablement?**

- Self-management courses - financial, education, budgeting self-care, courses on maintaining mental wellbeing. Many people are isolated so need links with networks. Mentoring programmes.
- Can use existing community and voluntary groups - don't want to silo off mental health.
- Linking up more with organisations that promote or can offer job opportunities to help people get back on track. Being unemployed can have a significant impact on mental health.
- Concern about cutbacks. Need to get this message across that this is not about cuts.
- Care plan should include all needs.
- We need to track patients and address the revolving door.
- We need to develop an integrated assessment and offer.
- We need to have information that is accessible about what is offer.
- Community organising - Selby Trust approach - dialogue had with individuals to understand where plugged in and where not. Develop outreach roles.
- Community and voluntary sector can play a bigger part but need more funding. Mentioned the closure of Age UK Haringey which provided support to people with dementia.
- Encourage participation in Timebank schemes.
- Cycling projects/bike maintenance – distraction therapy
- Peer Support groups that get together
- Cafes where people with current/previous mental health issues either meeting up regularly or where people are offered supported employment
- Employment specialists (IPS) – working really well in Haringey to help people get qualifications and jobs
- RET team at Canning Crescent is very good – carers and families also invited
- People with mental health issues are coming together to shape what they want in the community and make things

happen for themselves e.g. setting up support groups, a café in Wood Green

2. **What mainstream services can be opened up to be inclusive of people with mental health difficulties?**

- Ensure staff at other local support or community services, for example drug and alcohol services, are trained to identify people who require mental health support and know what services are available to them.
- Non-medical professionals, experienced in mental health, could be based in GP surgeries to support people in need.
- No reason why all services shouldn't be inclusive to everyone - but some initial support might need to be put in place to help people find and attend services until they are confident to do so themselves.
- In mainstream services - language, easy read, plain English and easy read.

3. **How would services have to look and feel so more people approached them earlier?**

- Take a more informal approach. Needs to be welcoming and friendly.
- Need to recognise the link between physical health and mental health.
- Utilise digital technology and create mental health apps which people can access for self-management or support
- Look at offering more alternative therapies to help people such as animal assisted therapy. Mentioned pet cafes (Lady Dinah's Cat Emporium)
- More mental health support available within GP surgeries or health centres
- Offer more mental health awareness training (through MIND) through networks that already exist e.g. patient groups at GP practices

- Also really important to offer mental health awareness training to people who work in and around housing as a priority
- Need to do more to raise awareness of opportunities and support available in the community for people and their carers/families – work should be done on 'Haricare' so the information is all held and updated in one place (council is best placed to do this)
- Mustn't be obviously 'for mental health'. Normalise it – remove tags and labels (e.g. don't call things a project for people with mental health issues, just call it a project)
- Bring people together in 'normal' environments e.g. workplace - getting people used to each other, breaks down barriers and removes stigma.
- Need to give people hope that they can feel better.
- Building confidence in people with mental health needs to approach mainstream services e.g. befriending, educating services and training, Mental Health First Aid.
- Kitemark standards.
- Stickers in shop windows showing they are a safe place.

4. **Other comments**

- The 'live, love and do' model could be clearer. All three circles need to overlap each other with the solution of good health and wellbeing at the centre.
- Carers need respite. Most carers are unaware of the services that can support them. These need to be publicised more.

Discussion two: Stroke service review

1. **What would help people who have had a stroke and their carers feel supported in a community setting?**
    - A coordinated approach amongst all the different teams and organisations involved in someone's care
    - Support for families and carers to navigate the system and understand what they need from different agencies

- A good home rehabilitation service
- Having the necessary adaptations made at home quickly
- Good access to speech therapy, physiotherapy, OT and psychological support for people who have had a stroke
- Information about the support available in the community and local area of the patient e.g. stroke clubs, relevant exercise classes etc
- Provide support for people to re-engage with their normal life and activities – through networks, peer support, voluntary sector
- Encourage community teams to visit stroke clubs to provide physio/exercise classes/OT etc.
- Ensure that the support is there when it is actually needed
- Shorter carer assessment waiting times
- Quicker access to services. Stroke is a sudden condition and so services need to be more readily available.
- Prevention is key - specific communities/BME groups - ensure awareness of how lifestyles increase risk.
- Sports clubs are important.
- Need GPs to pick up more - e.g blood pressure etc and then offer health promotion advice.
- Health checks vans - checking arteries.
- Role models to promote life after stroke
- Are stroke clubs the right model?
- Social prescribing
- Chair based activities
- Singing groups
- Services need to be targeted at specific groups as needed.
- Need to build confidence.
- Need strong networks and communities
- Tips and hints about healthy eating and nutrition - BHF also produce healthy eating materials
- Street lunches
- Community based rehab

- Information videos
- Named contact
- Use Skype
- Text messages - reminders/checks
- Online stroke forums
- Buddy/befriending/peer support

2. **What outcomes should we measure?**
    - Quality of life outcomes e.g. how supported people feel, how independent they are etc.
    - Have the home adaptations been made in a timely way?
    - Have people had a regular home visit as part of their follow up post stroke (how are people doing, do they have access to the support they need etc)
    - Have people been informed about their local stroke club and other support available in their local area?
    - The number of community support team visits to stroke clubs - like OTs and physios
    - More qualitative feedback from patients on their experience of the pathway – not just close ended questionnaires.
    - Awareness of stroke
    - Survey before and after individuals experience of services
    - Frequency of contact with professionals
    - Not being an outlier for stroke incidence
    - Reduced length of stay