

## Minutes of the Joint Countywide Mental Health Forum

Tuesday 29<sup>th</sup> September 2020

Held online via Zoom



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<b>Attendees:</b>	Sue Wheatcroft	Derbyshire Borderline Personality Disorder Support Group
	Stella Scott	Erewash CVS
	Sarah Franklin	GamCare
	Sarah Ellis	Derventio Housing
	Rob Passey	Rethink Mental Illness
	Natalie Park	Derbyshire Mental Health Forum
	Mick Crossley	DORA 2017/Bipolar UK (Chesterfield) Support Group
	Lynda Langley	Derbyshire Healthcare Foundation Trust
	Leigh Selway	Metropolitan Thames Valley
	Laura Bryan	P3
	Kathryn Elsey	Derby and Derbyshire CCG
	Jodie Cook	Derbyshire Mental Health Forum
	Jenny Hotchkiss	Derbyshire Mind
	Jane Yeomans	Derbyshire Carers Association
	James Creaghan	Derbyshire County Council
	Jacqui Willis	Derbyshire Voluntary Action
	Jade Revill Ross	SAIL
	Holly Sims	SAIL
	Helen Cochrane	High Peak Mental Health Carers
	Hayley Newman	Broken Beauty
	Gemma Murphy	P3
	Ellie Scott	Rethink Mental Illness
	Craig Hume	Mentell
	Claire Rintoul	Relate Derby and Southern Derbyshire
	Christine Bell	Derby and Derbyshire CCG
	Christie Milne	Erewash Voluntary Action
	Charlotte Higgins	Derbyshire Voluntary Action
	Carol Sheriff	Derbyshire Healthcare Foundation Trust
	Becky Edwards	Community Action Derby
	Al Garrett	DORA 2017/Bipolar UK (Chesterfield) Support Group
	Anna Woolley	Derbyshire Mind
	Angela Lobley	Citizen Advice North East Derbyshire
	Angela Kerry	Derbyshire Mental Health Forum
	Andrew Harris	Erewash Voluntary Action
	Andrew Beaumont	Erewash Governor
	Andrew Walker	Mentell
	Alison Loydall	North East Derbyshire District Council
	Alison Bowry	High Peak Community Arts
	Julie Lowe	The Big Red Food Shed Ltd
	Bryony White	Derbyshire Voluntary Action
<b>Apologies:</b>	Jackie Carpenter	Derventio Housing
	Glynn Cooke	Derbyshire Veterans Group HQ
	Amy Harris	Relate Chesterfield & North Derbyshire
	Michelle Drain	emh Care and Support
	Rachel Bounds	Derbyshire Voluntary Action
	Tracy Litchfield	P3
	Jason Cotton	Men-Talk
	Stella Collishaw	Derby Diocese

## **1. Welcome and Introductions**

Angela welcomed everyone to the meeting.

## **2. Joined Up Care Derbyshire Mental Health - COVID Update and Future Transformation**

**Gareth Harry, Director of Business Improvement & Transformation, Derbyshire Healthcare NHS Foundation Trust**

Gareth provided an update on the Trust's COVID response and the wider systems COVID response, he also spoke about the future transformation work.

### **Response Phase (March – May)**

- Biggest challenge at the time was the number of staff absent, at one point over 200 members of staff were absent through either illness or because they needed to care for ill relatives. A further 400 staff were in the shielding/vulnerable group and were not able to be in the workplace.
- Late March/early April had to make tough decisions about prioritising services and redeploying staff. There was a significant move to provide care via video and telephone contact and a reduction in occupancy on wards.
- Significant drop in referrals, partly around primary care access and partly around people not coming forward as they would in normal circumstances.
- DHCFT IAPT Services closed to new referrals (other IAPT providers continued services focussed on remote contacts).
- All Community Services focussed on urgent referrals and high risk patients, was a risk stratification process across whole caseload to prioritise those who DHCFT needed to work with.
- Directive came through that every health community had to set up a MH, LD and Autism telephone helpline, this was set up very quickly and utilised some staff that were homeworking.
- Established MH A&E alternatives in Derby and Chesterfield

### **Restoration Phase (June – August)**

- Letter from NHS England that from June needed to restore services, referrals are now at previous levels.
- BME staff, those with underlying health conditions and those in high risk groups received individual risk assessments to support their return to work.
- By end of summer 5% of all patient contact was via video, about a third of caseload would prefer to use video based on feedback. Struggling to get people to move from telephone contact to video; looking at barriers.

### **Recovery Phase (August to date)**

- Further letter from NHS England to re-establish previous level of services across all Mental Health, Learning Disability and Autism services.
- Move into full recovery of services.
- Provide certainty to staff in risk groups re safe working environment.
- Dealing with increased prevalence of mental health caused by COVID directly/indirectly.
- Retaining benefits of different ways of working.

### **Lessons Learned**

- Qualitative surveys carried out internally and with service users.
- Seen big changes in how inpatient services link with community teams around discharge, big difference in the length of stay. The acute pathway before the pandemic the average stay on an acute ward was 45 days, post pandemic it is now under 30 days. This is partly caused by the change in the risk assessment threshold put in place, partly peoples risk of catching COVID is less if they are in their home environment rather than on a ward, partly due to closer relationships between community team and wards.
- Mental Health Together survey revealed a wide range of patient experiences both positive and negative, more information will be gathered from focus groups.
- Survey showed there was universal support for the telephone helpline established.

### **Growth in Mental Health prevalence due to COVID**

System commissioned Public Health and CCG colleagues to review the evidence for MH impact from previous pandemics to start to plan.

Expect 7.5% increase in mental health prevalence across general population, most will access voluntary sector support, Primary Care and IAPT services. There will be a system wide response to meet need over next 2- 3years.

### **Mental Health, Learning Disabilities & Autism Helpline**

- Telephone helpline was established under central direction to take pressure off 111.
- Set up to meet needs of all ages across MH, LD and Autism and become a 24/7 service from 27<sup>th</sup> July
- When first set up calls would go to DHCFT clinical member of staff, want to merge previous delivery of Mental Health Triage Hub (staffed by P3 advisors) with this model. From October P3 Peer Advisors will answer calls, they will try to meet the caller's needs, and if the caller needs a clinical response they will be transferred to a clinical member of staff.

### **MH Urgent Care activity increases (the first signs of post-COVID MH surge)**

- Since the end of May there has been a significant increase in acute pathway demand.
- The type of presentation of people has changed; reduction in personality disorders and increase in psychosis.

### **M/H Urgent Care**

- Transformation work has not stopped during COVID, on track for first A&E alternative for people in crisis.
- People in crisis ring helpline, linked with crisis team who arrange to meet with crisis team as an alternative to showing up at A&E.

### **Community transformation**

- Community Mental Health Transformation is a substantial and significant transformation and comes with a large scale investment (£15 million over 3 years).
- Comes with clear expectations; much quicker access and much more integrated service across clinical groups within a locality.
- Have a national framework of what needs to change, starting to prototype new ways of working in local patches; starting with High Peak and then Derby City.

Angela added that the work in High Peak (and later Derby City) has been badged by the Innovation Unit as Living Well Derbyshire.

#### **Q. Alison Bowry, High Peak Community Arts**

Will some of the new model involve social prescribing? Run Arts and Health project and would like to find beneficial ways of funding that, great if new model encompassed creative arts.

**A.** This is the sort of local project we want to build into project.

Angela – have voluntary sector representation on both prototypes, refer to Rachel Bounds for North and Jodie Cook for South, they can feed into the system.

#### **Q. Sue Wheatcroft, Derbyshire Borderline Personality Disorder Support Group**

Aware of how much co-production work Mental Health Together (MHT) do, have heard that most committees/Boards will have member with lived experience. Are you planning for this?

**A.** Ambition to have people with lived experience on Mental Health System Delivery Board and other working groups.

#### **Q. Sue Wheatcroft, Derbyshire Borderline Personality Disorder Support Group**

Will it just be people from MHT or from different organisations?

**A.** How do you make sure you've got participation right but also representation element to it? Got to work it out, don't know answer to it yet.

Gareth wished Angela all the best for her retirement and thanked her for all she had done.

### **3. Mental Health and Suicide Prevention Awareness Project**

#### **Andrew Harris and Christie Milne, Project Officers, Erewash Voluntary Action**

Erewash Voluntary Action successfully won NHS England Trailblazer funding to deliver the Project. The Project aims to raise awareness of mental health, reduce self-harm and prevent suicide. It targets young to middle aged males and the key target groups will be football clubs, boxing clubs, community gyms and workplaces, anywhere that men stereotypically go.

The Project offers:

- Fully funded Mental Health related training opportunities (Project doesn't deliver training but project Officers can encourage people to participate in training)
- Expert consultancy to help develop a Mental Health Policy and Action Plan
- Access to evidence based on-line toolkit of support resources
- Project start up pack
- Signposting to National Charter and accreditations
- Ongoing support and guidance for an agreed time from project officers
- Case study opportunities to highlight an organisations success
- Over £1000 of fully funded support and guidance per organisation

**Q.** Lynda Langley, DHCFT Governor

In the present circumstances how are you going to be able to visit football clubs etc.?

**A.** Andrew - Have a working partnership with Derbyshire Football Association (DFA) and a lot of their connections are having to go virtual, so are heavily communicating with leagues and teams online.

Sport is a vital part of people's lives, both physically and mentally, so trying to get people back into training and games, from DFA point of view the Project is very timely. Working to adapt and be innovative, offering support package virtually at the moment. As the restrictions ease, will go to Clubs directly for a face to face approach. Conversations with Clubs is about initiating interest in mental health and directing them to evidence based best practice interventions.

**Q.** Helen Cochrane, High Peak Mental Health Carers Group

Are you thinking of delivering some of this service to carers groups? Our Group were due to have some suicide awareness training delivered by Rural Action Derbyshire (RAD) prior to COVID. Thoughts of suicide is a topic that comes up at every meeting, did have an agreement that RAD would deliver something tailored to the Carers Group.

**A.** James Creaghan, Public Health Lead – Mental Health, Derbyshire County Council

Working with RAD to make their training virtual. Also Mental Health First Aid (delivered by DCC Adult Education) and Mental Health Awareness (delivered by Harmless) are delivered virtually.

James suggested Helen book onto one of the courses and see what she thinks and then in the future have a conversation about expanding to Carers Groups.

Helen – Claire Simmons, Suicide Lead, did offer to do a zoom session but not all members are keen to use zoom.

#### **4. Derbyshire and Staffordshire Moorlands Rough Sleeping Service**

**Gemma Murphy, Derbyshire Operations Manager, P3**

The Service officially started in January and is funded through the Rough Sleeper initiative. The service covers Derbyshire and Staffordshire and the main aim of the service is to reduce rough sleeping.

Outreach Workers engage with someone sleeping on the streets and work with them intensely to gain accommodation and engage with any other support services they may need. Once they have secured accommodation the Supported Lettings Worker will continue to support them for as long as needed.

Gemma explained that for a long time rough sleeper counts were estimated, but part of the service is to carry out an actual count. Figures for August 2020 are lower than previous estimates; think this is because of the 'Everyone In' initiative.

Looking at re-procurement and redesign of service. As part of COVID work the Outreach Team went into hotels set up by local authorities and as part of a new project have developed 'Keeping Everyone In' (KEI), everyone rehoused or waiting to be rehoused from the Government 'Everyone In' initiative will now be supported by KEI.

**Q.** Julie Lowe, The Big Red Food Shed Ltd

Is something similar happening in the City?

**A.** Gemma - As part of the Local Resilience Forum know that Clare Mehrbrani, Derby Homes, is leading on COVID response in the City, they were looking at a similar model, but at this point don't know where they are up to.

**Q.** Carol Sheriff, DCHFT Governor

It would be useful to know if it is a growing trend and if as a Governor there is anything I can do to help?

**A.** Gemma – will come back with at a later date with impact work. Happy to talk to Carol outside of the meeting.

Angela handed over to Jodie Cook to chair the remainder of the Forum. Jodie introduced herself as the new Mental Health Policy Officer for Derbyshire Mental Health Forum.

## **5. Women and Problem Gambling**

### **Sarah Franklin, Women's Outreach Officer, GamCare**

Sarah began by saying that gambling is all around us; casinos, horse racing, national lottery, tombola's, arcades, bingo etc. GamCare do not say gambling is bad, but that it needs to be done in a responsible way and managed. Problem gambling is defined as "an urge to gamble continuously despite harmful negative consequences or a desire to stop" and it does not just affect the gambler themselves but those around them too.

Gambling Commission carries out a survey every year, and out of the average 100 people:

- 46 out 100 have gambled in the last 4 weeks
- 5 are at risk of having a problem
- 1 person is a problem gambler
- 8- 10 people are affected by 1 persons gambling (could be partner, friends, children, employers etc.)

GamCare provide:

- Free 24/7 National Gambling Helpline - this is available to gamblers, anyone affected by gambling and professionals looking to signpost.
- Free treatment service - in Derbyshire this is provided by Aquarius, there are no waiting lists and people are usually seen within a week. No limit to the amount of counselling provided and is it available to the gambler and affected other.
- Gambling treatment service for young people (recently launched, previous there was no support available)
- Chat rooms
- Outreach programmes
- Women's Programme
- Youth Programme

**Q.** Andrew Beaumont, DCHFT Governor

Do women gamble as much as men? What are the trends in this area?

**A.** Still predominantly men, women are mainly the affected other. Women's gambling is on the increase, especially through online gambling (bingo/slots).

**Q.** Hayley Newman, Broken Beauty

A lot of people will not know where to get support if they don't recognize they have an addiction. Is there any information out there?

**A.** There is not enough information out there, it's a hidden addiction. 15 times more likely to take own life if you have a gambling problem, people keep it to themselves until it becomes overwhelming.

GamCare are out there trying to get the conversation started and get people talking about gambling issues.

Jodie introduced Stella Scott, Chief Executive of Erewash Voluntary Action, to Angela say who said she had worked with Angela for many years and it had always been a pleasure. The Forum gave Angela a round of applause.

## **6. News from North and South Forums**

### Derbyshire Voluntary Action Mental Health Liaison Service

Worked hard to revitalise the Forum in the North, lot of engagement and new ideas.

Rachel Bounds has taken Roger Kerry's place as DCHFT Governor

### Derbyshire Mental Health Forum

The next Forum will be held on 24 November at 2pm on Zoom.

## **7. Mentell**

### **Andrew Walker, Chair and Craig Hume, Facilitator**

Mentell have been commissioned by Derbyshire County Council Public Health to provide 9 men's peer to peer support groups over a 12 month period. It is a completely free service for males aged 18.

**Q.** Jodie Cook, Derbyshire Mental Health Forum

Do you go live in early October?

**A.** Andrew - up and running in terms of online support, any males 18+ in need of helping themselves can visit [www.mentell.org.uk](http://www.mentell.org.uk) and can self-refer, the facilitator will respond and send links to the support group. No phone support for safeguarding issue only email. Allocated to online 'circle' group, which provides a safe and confidential place to talk.

**Q.** Jacqui Willis, Derbyshire Voluntary Action

Is it different to Men Talk?

**A.** Andrew - never been to a Men Talk meeting, so difficult to tell you differences.

Mentell work through 7 principles, strip all personality away from brand, create safe circles to talk, and have trained facilitators supervised by qualified psychologists.

**Q.** Hayley Newman, Broken Beauty

What do you think the response will be like with a stripped back service? Work with Men Talk and people connect because they offer a connection on a personal level and don't use a clinical approach.

What is the referral time? What if someone is feeling suicidal and the only support you can offer is an email?

**A.** Decision made early on not to have a personality, Mentell use clever illustrations and invest in powerful videos. Don't have a personality because don't want to attract a certain type of person.

There are no waiting times, have capacity for people to sign up now.

If someone in crisis, have a template email that says Mentell is only available on Mondays and the Samaritans number is given out.

Angela Kerry ended the Forum by saying that she wished everyone all the best for the future and hope the Forums go from strength to strength. Angela wanted to end on three words that were the title of a conference she attended when she started 20 years ago - Power Through Partnership.