

Welcome to your  
**COMMUNITY  
CONVERSATION**



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**Citizens' Jury – Mental Health**

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**Thursday 19 April 2018**

# Welcome

**Margy Woodhead**

**Lay Member for Patient & Public Involvement**

**Stoke-on-Trent Clinical Commissioning Group**

# Agenda

Time	Agenda Item	
2.00	Welcome	Margy Woodhead Lay Member for Patient & Public Involvement, Stoke-on-Trent CCG
2.10	Citizens' Jury Report & Recommendations	Members of the Citizens' Jury
2.55	Commissioner Feedback	Dr Waheed Abbasi -Clinical Director for Mental Health and Specialist Groups & Ron Daley, Head of Commissioning for Mental Health North Staffordshire & Stoke-on-Trent CCGs
3.05	Independent evaluation	Stephen Williams PhD Researcher, Birmingham University
3.15	Patient Congress perspective	Grant Williams Patient Congress member, North Staffordshire CCG
3.20	Questions & Answers	
3.35	Group conversations	
4.15	Feedback from groups	
4.25	Close	Peter Dartford, Lay Member for Patient & Public Involvement, North Staffordshire CCG

# Citizens' Jury Report & Recommendations

## Members of the Citizens' Jury

# Citizens' Jury

## Access to Appropriate Adult Mental Health Services

# The Jurors

- Open Recruitment Process – widely advertised
- Familiarisation Event
- Carers, personal experience, interested people
- Supported by Staffordshire Fire & Rescue Service

# Evidence Gathering

- Review of local data and reports
- Drop in sessions
- Paper and online surveys – Over 90 responses
- Face to face interviews
- Equality monitoring
- Local Equality Advisory Forum
- Carers Event
- GP survey

# Key Themes

- Access
- Awareness
- Crisis
- Diagnosis
- Treatment
- Waiting Times



# Development

- There was good practice but it was inconsistent and our project was how to improve mental health services
- Practitioners' Event
- Strategic Leads / Providers
- Dr Abbasi Ron Daley
- Samaritans, Voices of Stoke presentation
  
- Brainstorming the data gathered

# The Report

- Developed from the 6 Themes which became 5
- Led to the 14 Recommendations
- As a Jury we were unanimous in our judgments, and we feel strongly that we have followed a robust process always returning to the evidence to support our recommendations
- Many many thanks to Emma with Carole's assistance for producing the report

# Access

lost between  
both health  
and social  
care

passed  
around  
like a  
game of  
tennis

there isn't much  
support out  
there in the  
community

I have become  
increasingly  
more desperate  
and in need of  
support. They  
are impossible  
to contact, and  
then never call  
back or contact  
when promised

You soon learn that you  
have to fight for  
everything it does not  
come by right or in  
response to your need

I heard  
nothing  
for 8  
months

# Access

## **Recommendation 1:**

To develop one single, memorable, helpline number for mental health service users operating 24/7

## **Recommendation 2:**

Introduce a staffed Community Resource room in Locality Hubs and Health & Well-being campuses

## **Recommendation 3:**

To review the Assertive Outreach and Early Intervention teams

## **Recommendation 4:**

To review the transition from CAMHS to adult services

# Awareness

I don't have money for phone calls &, besides, I wouldn't know what to say

How do you find out? I am not very good at reading!

The RAID Team gave the service user the number for the Access Team

There is loads of help about but how do you get to know about it?

It could have been better if the information that is out there had been better, in terms of facts and how you can access services

I am unsure how to get into secondary services

# Awareness

## **Recommendation 5:**

Improve the Live Digital Directory of services

## **Recommendation 6:**

Improve communication between practitioners and services

## **Recommendation 7:**

To commission Mental Health First Aid training

# Crisis

Threshold is too high before being seen

there seems to be a lack of training of suitable personnel

Crisis intervention for people with no fixed address is difficult and they aren't able to navigate services easily

I am desperate & want to go back to prison to get the help I need!

A&E is not the best environment for a mentally ill person to visit particularly when they are in crisis

During my last crisis I was unable to get through to the access team. In desperation I went to the Midway walk in centre

# Crisis

## **Recommendation 8:**

Ensure the Access Team has equivalent crisis response times to physical emergency care

## **Recommendation 9:**

Access Team and RAID to be reviewed by existing patients and expert patient groups

## **Recommendation 10:**

Research into a mental health A&E



# Diagnosis

It took 10 years  
to finally get a  
bi polar  
diagnosis

no clear  
single  
pathway  
for dual  
diagnosis

He felt that the  
appointment  
was rushed and  
didn't take time  
to discuss his  
problems

There does  
not appear  
to be a  
holistic  
approach to  
a person's  
problems

would have been a better  
experience if staff had listened to  
the family, been less patronizing  
to the service user, and taken  
into account what that specific  
person needed so that they  
could recover

once I had the  
diagnosis to  
work on I was  
able to identify  
my triggers  
and use  
medication  
appropriately

# Diagnosis

## **Recommendation 11:**

Care Navigators to refer for specialist assessment

## **Recommendation 12:**

Review the dual diagnosis process and treatment options

# Treatment

GP referred for CBT, waited 8 months for 6 sessions

First couple of weeks following discharge felt a little abandoned

The doctors who were part of the Mental Health Assessment Team were frightening and arrogant

GP only had a basic knowledge and only offered tablets

treatment is needs based and not a listening approach - tendency to medicalise condition - treatment of symptom not cause

needed more support during those first few weeks, felt he was left to get himself better by going to Rethink for support

# Treatment

## **Recommendation 13:**

Increase the number of Support, Time and Recovery (STR) workers

## **Recommendation 14:**

Ensure Personal Health Budgets (PHBs) are easier to access

# Commissioner Feedback

## **Dr Waheed Abbasi**

**Clinical Director Mental Health & Specialist Groups  
North Staffordshire CCG & Stoke-on-Trent CCG**

## **Ron Daley**

**Head of Commissioning for Mental Health  
North Staffordshire CCG & Stoke-on-Trent CCG**

# Introduction

- CCG Mental Health Commissioning in 2018/19
- Commissioner view of the work of the Citizens' Jury
- Recommendations from the CCGs' Governing Bodies
- Appreciation of the work undertaken
- The next steps

# Next Steps

- How will we use the report?
- Developing the Action Plan and Task & Finish Group
- Purpose of the Action Plan
- The Task & Finish Group

# Initial Thoughts

## Access – recommendations

1. Support the Helpline procurement
2. Community Hospitals redesign – location of well-being hubs
3. Link into CCG Quality Reviews
4. Transition from Child & Adolescent Mental Health Service (CAMHS)



# Initial Thoughts

## Awareness – recommendations

5. [staffordshirementalhealth.info](http://staffordshirementalhealth.info)
6. Linked to 5
7. How do we influence the Prevention Strategy

# Initial Thoughts

## Crisis – recommendations

8. Support the CCG Review of crisis care pathway
9. Membership of Task & Finish Group reviewing Liaison Psychiatry Services
10. Beyond Places of Safety (BPOS), Urgent Mental Health business case

# Initial Thoughts

## Diagnosis – recommendations

11. Support the development of the Primary Care Mental Health Service (PCMHS)
12. Currently pan Staffordshire Group investigating dual diagnosis

# Initial Thoughts

## Treatment – recommendations

13. Increase number of Support Time & Recovery workers (STRs)
14. Personal Health Budgets (PHBs)

# Timeline

## **Action Plan – end of April**

- CCG Governing Body May 18 for approval

## **Task & Finish Group May – August 18**

- Membership (3 – 4 maximum)
- Terms of Reference
- Output

# Independent Evaluation

**Stephen Williams**

**PhD Researcher, University of Birmingham**

# Independent Evaluation

- What are Citizens' Juries?
- This Citizens' Jury
- The evaluation
- The next steps

# Patient Congress Perspective

**Grant Williams**

**Patient Congress Member**



# Group Conversations

- What difference do you think the recommendations will make?
- What barriers to implementation do you foresee?
- What can you and/or your organisation do to help to achieve the recommendations?

# Feedback from Group Conversations

# Summary and Next Steps

**Peter Dartford**

**Lay Member for Patient & Public Involvement**

**North Staffordshire Clinical Commissioning  
Group**