

Minutes
Mental Health Partnership Board
Wednesday 23 July 2014
Barnet House, 1255 High Road, Whetstone N20 0EJ

Attendees (listed alphabetically by first name)	
Alex Moss (AMo)	Manor House Centre for Psychotherapy and Counselling
Allan Johnson (AJ)	Multilingual Wellbeing Service
Andrea Constantinou (AC)	People's Choice - support
Anna Maus (AMa)	Barnet Council
Aviva Trup (AT)	Jewish Care
Caroline Powls (CP)	Barnet Council
Charles Eshun (CE)	Richmond Fellowship
Claire Desouza (CD)	Barnet Council
Dr Charlotte Benjamin (CB)	GP Lead for Mental Health, Barnet Clinical Commissioning Group
Christina Meacham (CMe)	Mind in Barnet and Mental Health Network
David Morris (DM)	Carer Rep
Elsie Lyons (EL) Co-Chair	Barnet Voice
Gillian Goddard (GG)	Depression Alliance
Greg Coates (GC)	Service User
Ian Hutchison (IH)	Joint Commissioning Unit
James Evans (JE)	BCIL
John Truong (JT)	Chinese Mental Health Association
Joleene King (JK)	Barnet Council
Juliana Manjoro (JM)	Richmond Fellowship
Karen Nelson (KN)	Eclipse Service
Karina Vidler (KV)	Barnet Council and Barnet Clinical Commissioning Group
Leah Murphy (LM)	Service User
Lisa Jacob (LJ)	Joint Commissioning Unit
Loraine Rossati (LR)	Barnet Council and Barnet Clinical Commissioning Group
Lucy Njoki (LN)	The Network
Luke Culverwell (LC)	Service User
Lydia Jackson (LJ)	The Network

Lynn Hoey (LH)	Service User
Marva Clarke (MC)	Eclipse / Richmond Fellowship
Maura Newman (MN)	Interested in Mental Health services
Michael Heichelheim	Service User
Monika Markowska (MM)	Healthwatch Barne
Peter Sartori (PS)	Service user and Stretch
Richard Britany	Service User
Richard Harris (RH)	Service User
Sanghita Thakkar	Service user and Eclipse
Sharon Racklyeft (SRa)	Survivor
Shoni Shulman (SS)	Service User
Steyn Crous (SC)	Healthwatch Barnet
Susie Alexander (SA)	Barnet Council – Interim Community and Wellbeing Assistant Director
Temmy Fasegha (TF)	Barnet Clinical Commissioning Group
Wilfred Canagaretna	Eclipse / BCIL/ Healthwatch Barnet / Carers Forum

Presenting	
James Hughes (JH)	Community Focus
Seher Kayikci (SK)	Public Health
Neelanjan Bhaduri (NB)	Public Health
Martyn Yeats (MY)	Public Health (Item 00)
Rob Grieg (RG)	National Development Team for Inclusion
Apologies	
Carol Baxter (CB)	The Network
Iain Hird (IH)	One Housing Group
Maria O'Dwyer (MOD) Co-Chair	Barnet Clinical Commissioning Group
Ranil Jayasinghe (RJ)	Service User
Karen Morrell (KM)	Barnet Council

Item No	Description	Action By
1	Welcome, Introductions and Apologies	
1.1	EL welcomed everyone to the meeting, in particular new members. Introductions were made and apologies noted.	

1.2	EL ran through the Board's Code of Conduct, emphasising the need to follow this to ensure that meetings run well.	
1.3	It was noted that no representative from the Mental Health Trust was present, and that no apologies had been received, despite assurance that there would be regular Trust representation at Board meetings. Action 1: Follow up with the Trust to ensure representation at future meetings.	TF/LR
1.4	TF explained that LR is covering his Joint Commissioning Manager role, while he conducts a project and prepares a report for the CCG Board on next steps in implementing the Mental Health Commissioning Strategy. TF explained that: <ul style="list-style-type: none"> - The CCG is working with Healthwatch Barnet, in partnership with BVMH, to run a focus group in August to gain views of people who have experience of MH services in Barnet. - MHPB will receive a briefing on the CCG project at its next meeting. Action 2: Provide any comments or questions about the review of mental health services in Barnet to KV.	All
2	Workshop: Why do people with mental health needs have poor physical health and what do we want to do about it?	
2.1	LR gave a presentation on the significant extent to which people with mental health needs have poor physical health.	
2.2	Members worked in groups to discuss : <ul style="list-style-type: none"> • why people living with long terms mental health needs have such poor physical health • the factors that might affect people's attitudes to their own physical health • what works well in the current system and what does not • the things that would better support people to improve their physical, mental and social wellbeing • the role GPs have to play • what is stopping us doing it now <p>Output from group discussions is recorded in the appendix to these minutes.</p> Action 3: Provide the information produced through the workshop, asking for action to be taken on this, to: <ul style="list-style-type: none"> • Dr Charlotte Benjamin, GP MH lead for Barnet CCG • Public Health • Joint Commissioning Unit staff 	LR
3	Update from Dr Charlotte Benjamin	
3.1	CB updated the Board on her work as Mental Health GP Lead on the Barnet CCG Board, reporting that she links regularly with MOD, TF and LR on the work of MHPB and that mental health is being taken seriously by the CCG.	
3.2	CB reported that the CCG has been made aware that neither GPs nor service users are happy with the status quo in terms of mental health services in Barnet	

<p>3.3</p>	<p>and the CCG is taking action:</p> <ul style="list-style-type: none"> • UCL Partners is completing a mental health needs assessment for the Barnet population • As reported by TF, the CCG is looking at how mental health services should be provided in the borough, and the CCC Board will receive a report on this in September. <p>CB reported that the South Locality Network has chosen to spend funding of up to £250,000 allocated by the CCG on improving GP mental health services. A pilot has just started and this is enabling patients can receive a mental health assessment in five days. If the pilot is successful, it will be rolled out across Barnet. GPs are welcoming the initiative as 30% of their work is mental health related.</p> <p>EL thanked CB for the interesting and very positive update and recommended that she speak with the BEHMHT Primary Care Academy regarding its recovery library.</p>	
<p>4</p> <p>4.1</p> <p>4.2</p>	<p>Update on development of employment support services for people with mental health problems</p> <p>MY introduced colleagues from Public Health and RG from the National Development Team for Inclusion, who will be helping Public health to evaluate the success of the employment support service.</p> <p>MY updated members on the development of an employment support service for people with mental health problems. (Paper 1). He reported that:</p> <ul style="list-style-type: none"> • Prospective providers will be required to address questions developed at the service user engagement event on 12 June. • The tender has been advertised and PH will receive written bids in on 01 September. The aim to award contracts in October and the new service to commence in November • Public health remain committed to service users being part of contract monitoring <p>MY presented Public health's proposal for involving service users in the tender award process, through</p> <ul style="list-style-type: none"> • 3 or 4 service users participating in the evaluation of tenders for each of the two services • Service users participating in the presentation meeting for short-listed potential providers in September. <p>There was a discussion.</p> <p>Action 4: Discuss proposals further with co-chairs and issue invitation to MHPB members for service users to be involved.</p> <p>Action 5: Email any suggestions on the criteria for selecting service users to be involved to KV</p>	<p>MY</p> <p>All</p>

5	Introduction to ‘People Like Us’	
5.1	<p>LH, LM and LC gave an introduction to People Like Us (PLUS), reporting that:</p> <ul style="list-style-type: none"> PLUS is an independent campaigning group set up by people who have had unhappy experiences of mental health services and want to improve people’s experiences and outcomes. PLUS wants to address the problem of mental illness accounting for 23% of the disease burden and just 13% of the budget, and the fact that 9 of the 10 people who commit suicide daily are known to mental health services. PLUS’s vision is to improve the system, fix the problems and delays through co-design and transparency, ensuring that mental ill health is demystified, destigmatised and prioritised <p>EL thanked LH, LM and LC for their powerful presentation.</p>	
5.2	<p>PLUS invited members who would like more information, to offer suggestions, or to become involved to contact them: Email: plusbarnet@yahoo.co.uk Twitter: @PLUSBarnet</p>	
6	<p>Presentation on ARTiculate project for disadvantaged young people aged 16-25 with mental health problems in Barnet</p> <p>JH, Community Focus Mental Health Project Manager, gave a presentation on ARTiculate, a new programme for disadvantaged young people in Barnet with mental health problems.</p> <p>JH reported that ARTiculate:</p> <ul style="list-style-type: none"> is an empowering programme using creativity to enhance and celebrate the positive mental and emotional wellbeing of 16 – 25 year olds in Barnet. enables young people to complete an eight-session project in art, developing skills, making friends and communicating is working in partnership with Barnet and Southgate College, and Eclipse Barnet, and is seeking further partners eg for joint funding bids is a self-referral project. Professionals can refer too and you don’t need a clinical diagnosis Will be working with 240 young people over three years Does not charge young people for the courses <p>EL thanked JH for the presentation on the exciting new programme.</p> <p>Action 6: Let people know about ARTiculate, especially young people, and contact James if you wish to set up a referral to the project or to work in partnership .</p>	All

	James.hughes@communityfocus.co.uk Tel: 07948 111 748	
7	Update on planning for World Mental Health Day 2014 Events in Barnet AJ provided an update on planning for WMHD events in Barnet, reporting that: <ul style="list-style-type: none"> • The approach being taken is to join in with events already being organised, so can attend a larger event and reach a larger audience. • Events have been held in Friary Park (led by BAWA) and at East Barnet Festival (led by Jonathan Ashby's Bi-Polar support group) and there will be a further event at Burnt Oak Festival • The main event will be at St Mary's Church in Finchley on 10th October. • BEHM HT are leading in PR • Public Health has contributed £5,500 to WMHD events in Barnet 2014. • There is a permanent website: www.worldmhd-barnet.org <p>Elsie thanked AJ for the update and observed that plans are looking good.</p>	
8	Noting of update on Carers Strategy and Carers Support Service The Board noted the update (Paper 2).	
9	Minutes of Last Meeting, Actions Review and Matters Arising The minutes were agreed as an accurate record. Progress on actions was reported and the actions log was updated (attached). There were no matters arising.	
10	Key messages for other Partnership Boards <ul style="list-style-type: none"> • The Board received an inspiring presentation from People Like Us, an independent campaigning group aiming to improve mental health services through co-design and transparency. • The Board has looked at the links between mental health and physical health and is feeding information generated to Public Health, the CCG and the Joint Commissioning Unit. • The Board is overseeing plans for events for World Mental Health Day 2014 in Barnet on Friday 10th October. 	
10	Any other business SR reported that she has heard that Springwell Centre at Barnet Hospital is closing. LR advised that the CCG had not supported a BEHMHT proposal to sell the Springwell site and relocate the centre to Chase Farm Hospital, and	

10.2	<p>had asked the Trust to have discussions to consider service users' needs, following which the matter will be re-considered.</p> <p>Action 7: Arrange for an update on the possible re-location of Springwell Centre for the Board's next meeting.</p>	LR
11	<p>Future Agenda Items:</p> <ul style="list-style-type: none"> • Suicide prevention • Joint Strategic Needs Assessment Update • Primary Care and implementation of Mental Health Strategy 	
<p>Next Meeting: Wednesday 4 February 2015, 1.30pm – 4.30pm Committee Room 1, Barnet House, 1255 High Road, Whetstone N20 OEJ</p>		

Mental Health Partnership Board Actions Log following review at Board meeting 23 July 2014

Open actions			
Date Agreed	Action No	Action	Responsibility
07 May 2014	1	Develop the Board's draft workplan to reflect discussion for agreement by the Board.	Lorraine Rossati
19 Feb 2014	2	Attend a further MHPB meeting to report on what has changed in the Mental Health Trust in response to the CQC reports.	Mary Sexton Clara Wessinger
19 Feb 2014	3	Send Dennis Scott Enter and View report to Mary Sexton	Selina Rodrigues
19 Feb 2014	4	Link on the Mental Health Trust's Carer's Experience Strategy and circulate a briefing to the Board on strategy implementation.	Jasvinder Perihar Michael Benson
Actions closed at meeting 23 July 2014			
07 May 2014	1	Provide for circulation to the Board: <ul style="list-style-type: none"> details of service user engagement event in June (provisional date 12 June) to which Board members are invited; the business case for the employment support services project; terms of reference of the project steering group. 	Martyn Yeats
07 May 2014	2	Speak with Jeff Lake regarding the Board's view that physical health is very important in relation to mental health.	Temmy Fasegha
07 May 2014	3	Provide details of the organisational Timebanking launch in Barnet on 5 June 2014 and details of how individuals can get involved in Timebanking for circulation to Board members.	Lex Karlin
07 May 2014	4	Email any further comments on their Year 2 priorities to Healthwatch Barnet by 01 June 2014	All
07 May 2014	5	Email to Healthwatch Barnet any suggestions for settings to be visited for Enter and View.	All
07 May 2014	6	Provide, for circulation to the Board, link to Enter and View reports.	Selina Rodrigues
07 May 2014	7	Email any comments on the Carers Strategy Draft Action Plan 2014 – 15 to JP by 26 May 2014.	All
19 Feb 2014	8	Explore with Barnet Council and the Clinical Commissioning Group funding for World Mental Health Day 2014 events in Barnet.	Maria O'Dwyer Temmy Fasegha Jeff Lake

Appendix to Minutes of Mental Health Partnership Board 23 July 2014

Notes of Workshop: Why do people with mental health needs have poor physical health and what do we want to do about it?

Workshop Part 1

1. Why do people living with long terms mental health needs have such poor physical health?

Key points reported by discussion groups

- **We don't look after ourselves**
- **MH needs to be diagnosed earlier and need earlier intervention - then poor health won't follow.**
- **Balancing side effects of medication, including self-medication eg drugs, alcohol**
- **Stigma. Participation is hard eg 'Go to gym but they look at me'.**
- **Medication affects physical health.**
- **MH can affect physical health ie can have physical aspects eg joint pains**
- **Lack of a holistic approach – over adherence to medical model**

Further points made in discussion groups

- Ineffective self-management: alcohol, comfort eating, medication, drugs
- Motivation and willingness to take responsibility for your own health – self-neglect
- Additional needs: medication, finding the right one. Side effects of medication: weight gain, increased appetite, catatonia, fatigue
- Financial status: access to activities, poverty
- Nutrition – fresh produce
- Housing
- Knowledge of what's available
- Smoking
- Cultural related issue - diet
- GP's responsibility to assess patient's physical health when presented with MH issue.
- Isolation (stuck at home)
- GP time is taken up with mental health; no time for any physical problems.
- Social and economic deprivation
- Side-effects of medication – managing balance of body chemistry (symptom containment)
- Poor physical health can lead to poor mental health
- Cost / access to facilities
- Focus on mental health

- Someone to go to the gym with
- Need more information
- GPs don't promote health more and medication issues
- Isolation / lack of support
- Some groups available – how well known?
- Information on healthy active life (weight)
- Medication - Vulnerability and other side effects leading to lethargy
- People are not taken seriously re their health
- Side effects of meds on physical health
- Lack of services
- Money / access to facilities
- Not taking medication

2. What factors might affect people's attitudes to their own physical health?

Key points reported by discussion groups

- **Apathy, loss of purpose - 'don't care' attitude – self-hatred**
- **Being / feeling isolated.**
- **No motivation to get up / eat let alone go to gym**
- **Not understanding the link between physical health and mental health**
- **Need to acclimatise to equipment – takes time before you see a benefit**
- **Lack of confidence and lack of social support to get you out**
- **Apathy – lack of self-esteem. Will eat badly as feel not worth anything, doesn't matter being overweight etc**

Further points made in discussion groups

Many of the issues listed for Question 1:

- GP – knowledge, time limits, telephone appointments, ongoing referrals
- Priorities – family, schedule
- Understanding the link between physical and mental health
- Promotion of physical activity whilst an in-patient
- Isolation and feeling alone – lack of contact with other people with mental health issues.
- Lack of energy / Lethargy
- Lack of holistic approach
- Fear / anxiety - confidence
- Environment
- Too much / not enough information
- Successful treatment?
- Social support
- Stigma eg swimming – body image - confidence

- Awareness
- Role of advocacy
- Personal motivation
- Lifestyle choices
- Depression
- Impact of mental illness
- Mood swings
- Impact of medication

3. What works well in the current system and what doesn't?

Works well

Key points reported by discussion groups

- **Peer led activities – understanding (not empathy / sympathy)**
- **Timebank, the Network, Eclipse, BCIL etc (well designed services / projects)**
- **Therapy in hospital**
- **Advocacy, befriending**
- **Supportive personal relationships**
- **Talking therapies**
- **Exercise on prescription**

Further points made in discussion groups

- Community and environmental projects
- First hand experience
- GPs look at people holistically and have enough time to do so.
- GPs giving you information about your health in writing - leading to all agencies working together to provide high quality information
- Non-smoking policies
- Healthy lifestyle
- Outdoor / Green gyms (parks)
- Community – Mind in Barnet, wellbeing

Not working well

Key points reported by discussion groups

- **GPs don't know enough about mental health (develop through CPD)**
- **Lack of information in primary care about what is available**

- **Problem of hard to reach groups accessing information**
- **Access to services**
- **Waiting times for treatment / not captured early enough**

Further points made in discussion groups

- Information on groups in accessible formats (Social Care Connect out of date)
- Cost of activities, gyms
- How to get involved in decision making, service development
- Indoor / bad weather activities
- Integrating further mental health services within primary care.
- Lack of information about local talking therapy and other services
- Mainstream activities (that are not inclusive)
- Access to information
- Inconsistency of care
- Healthy diet
- Barriers to accessing health (primary care)
- Pathway – referral to other services
- Lack of holistic approach
- Physical health is secondary

Other points

Query: Incentives for GPs – What's the offer in Barnet?

What are services being asked to deliver?

How big a say does the service user have in all of this? Make something attractive and useful.

What does 'integrated care' look like / how does it work?

Workshop Part 2

1. What kind of things would better support people to improve their physical, mental and social wellbeing?

Key points reported by discussion groups

- Taking physical problem seriously – listening to people
- Earlier intervention
- Information on affordable services
- Family understanding of problems
- Information hub for people in different (wide range) formats
- Care planning
- Include voluntary sector within system
- Easier system of navigation

Further points made in discussion groups

- GP prescriptions: weight watchers, gym memberships
- Increased support groups (presence): community groups, hospital wards, schools, GP surgeries – anywhere
- Improving understanding of links between physical and mental health
- Incentives – joining groups, interests and hobbies (tagging physical health onto current activities)
- Holistic approach
- Information and support services
- Preventative health messages
- Peer support
- Physical / mental – need for research
- IT / social media (training issues) – but cost an issue and no personal touch
- Each GP surgery should have a mental health champion / specialist – providing local knowledge, including knowledge of benefits/funding
- Walk-in service – neutral / safe environment, a social place, duty/drop-in counselling service. A&E doesn't feel safe.
- Including the voluntary sector within 'the system' and raising its profile
- Better supported self help groups
- Effective care co-ordination – key worker
- Leisure passes – not specifically for mental health, please.
- Better support for people with mental health needs to manage their direct payments.
- Quality support (holistic, role of family, care co-ordinators)
- Signposting, 'Where do I go / How do I contact?'
- Access and support to the right 'support and services' at the right time
- Voluntary sector IAPT
- Voluntary sector to have a co-ordinating role

- Have a number of 'front doors' – GPs, other services (non-medical)
- Gaining / regaining employment
- Therapy – positive experiences
- Affordable services – prescription
- Experienced support network
- Information and advice about illness – what helps and what doesn't
- How to reach families / friends

2. What role do GPs have to play?

Key points reported by discussion groups

- **Information hub – providing up to date information on support and service**
- **Mental health specialist in each GP surgery and people able to choose to have appointment with this specialist**
- **Giving out information in different formats accessible to all**
- **Additional training on mental health (including to recognise symptoms)**
- **Holistic approach**
- **Consistent approach re. access of information**

Further points made in discussion groups

- GPs' understanding of mental health- following up referrals, attitude to information provision
- Signposting – good, up to date, accessible information, interested.
- CCGs promoting / incentivising / influencing GPs
- Sending messages, giving information at the surgery: leaflets, monitors, big white wall, social media
- Printed material – if no time
- Care pathways
- Early diagnosis
- Offer extended appointments for MH (extended time)
- Information hub for both GPs and patients in surgery (accessible)
- Look at the person holistically regardless of the reason for the appointment
- Give patients information in writing
- Healthy Hubs based at GPs (or other community spaces) including peer supported classes – multi-agency
- Why are we discussing the role of GPs when people tell us that social support is better than medication?
- Understand the constraints (resources, support)
- Provide access to information
- Information / advice – pin-board, libraries, leaflets
- Patient advice groups – patients to become more active
- Holistic – asking the right questions, partnership work, approach to wellbeing
- How to reach families / friends – identify a supporter
- Local knowledge

3. What is stopping us doing it now?

Key points reported by discussion groups

- **Resources and demand on GPs' time**
- **Postcode lottery – need congruent services across the borough and nationally**
- **Conflicting priorities**
- **Symptom containment**
- **Fragmentation of services**

Further points made in discussion groups

- Not enough partnership working / consistency with GPs and practices
- GPs knowing the issues
- Number of people with mental and physical health needs increasing
- Increased demand and limited resources
- Lack of awareness
- Focusing on physical model of treatment
- Stigma
- Having knowledge of what mental health is
- Obstacles in sharing info (data protection)
- Over-reliance on the medical model