

Feedback on the Mental Health Strategy Session

Locality: Stowmarket and surrounding

Feedback:

- A few in this group were part of the 15,000 comments (#averydifferentconversation) and were never given any feedback
- Translation is lost when getting back to service users
- Elderly people or those with hearing or vision problems are not considered
- Straplines keep changing and “buzz” words keep being changed.
- Relationships within the organisations should be stronger and a clear pathway
- Enable those to have confidence to voice their life experiences as this is what it is all about.
- These sorts of meetings are too intimidating for those out of normal society like travellers and refugees
- Service users (with experiences as a lived experience) should have opened the meeting. Their story and interaction would have made it clear what this meeting was all about (less telling and more showing the reality of good services). The group collectively felt there was a missed opportunity to have a service user up on stage and that a service user in our group said when if they couldn't find a willing service user, they could have sought the opinion of a service user, which could've been read out. This was one of the reasons the group question how genuine the co-production actually is.

Questions asked:

- How is progress tracked/measured and fed back?
- How much feedback and coproduction is there with service users?
- Are services users really involved every step of the way?
- Are we really being listened to?
- How do you know you have a problem if you are on your own?

Locality: Saxmundham and north east Suffolk

Feedback:

- Mike Golding (panel guest) - Made MDTs when worked in education. Getting MH workers out of their silo working was difficult in his experience, how was this achieved?
A lot of persistence – We went directly to MH teams, spent time convincing them that it was worth taking time out of their clinical sessions
At initial Elmswell events there was low clinical representation

Worked with them to find out what would work for them.

Assurance that participation was worth it and that their suggestions would be taken on board

Building of trust

- Can the learning from this experience be captured for the CCG to use in future?
Currently working with co-production partners to pull together paper
Lessons learned are being verbalised throughout CCG
Work currently being done on cancer transformation that is adopting lessons learned from the piece of work
- How can this collaborative/partnership working be applied in localities and local communities?
There needs to be a recognition that your involvement adds value
Public meetings need to provide clearer information
Must make information public and easily accessible
Put service users at the heart of the process
- How can patients persuade clinicians that they have skills and knowledge that is useful and needed?
Everyone sign up to code of conduct
Etiquette and respect
- Difficult to share autonomy of outcomes when finance/governance/assurance/clinical quality responsibility runs through practice/CCG
Need to work towards outcomes that can only be delivered by a collaborative, wider group involving patients and stakeholders
Need to be held to account
Culture shift to get clinicians to relinquish responsibility
In MH co-production work there was:
 - Roles and responsibilities clearly designated
 - Behavioural contract
 - Professional arrangement
- Will the formation of PCNs lead to greater fiscal flexibility?
Funding comes direct to individual practice
In theory they should pool resources but this can vary depending on what each PCN has decided
In terms of social prescribing, this should be covered by involving and working with the INTs

Locality: Woodbridge and Martlesham

Feedback:

- It was commented that there was a 4-month wait for psychology in the well-being service and that this was not acceptable. It was felt that if the GP states you need that level of support then 4 months is too long to wait.
- Dr Hague advised that to understand where we are at now we have to understand where we have come from. Dr Hague advised that 10 years previously there was a national programme introduced including education distributing £1.3 billion – however, it was acknowledged that due to the increased number of people needing to be seen, this was not sufficient. Dr Hague

emphasised that the important part was that people need to be seen by the most appropriate person which is not always a specialist. Dr Hague acknowledged that the wait is not good enough however felt the service was better than that offered 10 years ago.

- It was felt there was a lack of co-production in mental health services having only heard about it at this session.
- Too many acronyms were used and that terms such as STP, ICS and Alliance were not understood.
- People asked what the end game is for this project and Dr Hague responded by saying that the purpose was to improve the quality of services provided. With regards to Mental Health, there are rapid changes taking place to imminently improve the quality of services given the poor quality experienced by people. In the longer term there are actions such as within the next 20 months, introducing quick access to crisis help when ringing 111.
- A comment was made following the discussion by a member of the group who wanted to advise that Student Life are a valuable local resource. They have students who have lived experience of managing student life with mental health issues and could be utilised by the CCG.

Questions asked:

- A question was asked as to what co-production was?

Locality: Eye and North Suffolk

Feedback:

- Praise for the process
- Group recognise the challenges facing the 'new' NSFT management
- Good that people are talking about mental health
- Government is part of the solution
- Actions are needed to make a difference
- Primary care network – an opportunity for rural solutions and not a vanilla approach
- Good use of the rural coffee caravan
- CCG was keen to emphasise its non-use of jargon but then proceeded to use it within the presentation
- Lovely to see so many engaged but at the end there were no new ideas
- Used to have other professionals in the GP practices i.e. psychologists, counsellors – need to revert to the Peterborough idea
- Connections still not great – there is a definite need for improved communication. Proactive approach needed.
- More local knowledge needed of neighbourhood schemes
- Rural transport links/networks are non-existent

Questions asked:

- How do you support NSFT staff in terms of changes? Voluntary community services (VCS)
- How do you attract staff to work in Suffolk?
- How can all of the different organisations support the GPs?
- Do we know the rural issues?

Locality: Ipswich West

Feedback:

- Do not use acronyms and jargon.

Questions asked:

- Why has it been such a surprise that communication is the key?
- Why are we here?

Locality: Ipswich east

Feedback:

- Regarding the Elmswell events, only 2 from the group of 22 knew of these events.
- Workshops not productive.
- Need clear and simple communications.
- More public involvement.
- Need a statement to show intentions.
- Failing NSFT.
- No improvements in services.
- Concerns regarding finance, workforce, what are we co-producing.
- Honest comms needed.
- Sharing the model of mental health services – needs to be co-produced!

Questions asked:

- How do people get involved?
- Co-production – with who?
- Who is connecting co-production partners?
- Would like to know the starting point, such as where the services are now and where they want to end up?

Locality: South Rural (Hadleigh/Nayland/Holbrook)

Questions asked:

- What is the Emotional Wellbeing Hub?
- Where are the therapists coming from?
- How are we going to get out of being the worst performing service, could we look at other areas?
- Will the funding increase?
- What is happening about the IT problems? How can we make the systems “talk” to each other?
- Will the Councils be able to see/access health records?
- Is the programme for all age groups?

Locality: Felixstowe

Feedback:

- No reference to social cause or mental health issues
- Many people unaware of this work