

HACVS

Incorporating the



CRAWLEY COMMUNITY &
VOLUNTARY SERVICE
Charity No. 1094699
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Mental Health Forum

Wednesday 9th November 2011

10am to 12pm

at

Crawley Community & Voluntary Service

Minutes

Present

David Murphy
Val Murphy
Iyadh Daoud

Stephen O'Donohue
Dawn Fairbrother
Marina Moores
Val Poole

Sue Moseley
Rachel Skidmore
Sandra Ferguson

Crawley Association of Mental Health
Crawley Association of Mental Health
Crawley Community & Voluntary Service
Crawley Clinical Commissioning Board
Crawley Patients Participation Forum
North and Mid Sussex Carers Support Service
Alzheimer's Society (West & North Sussex)
Sussex Partnership PALS
Crawley Community & Voluntary Service
Cruse Bereavement Care
Time to Talk Service
Crawley Community & Voluntary Service
Horsham Area Council for Voluntary Service

1) Welcome / Apologies

2) Built Infrastructure for Older People's Care in Conditions of Climate Change – Jonathan Wistow.

Jonathan explained that the project is a multi disciplinary piece of work, of which he is part of a large team. The project focuses on adaption and resilience to climate change. The project came about as it is thought that there is a likelihood that the intensity and frequency of floods, heat waves and cold waves will increase. Coupled with an increase in the ageing population, in 2006 it was 16% and by 2031 it is estimated to be 22.2%. It is these two factors which are being looked at, in particular what the potential implications are for service providers.

Horsham has been chosen as a case study area, because of the distribution of older people, it had notions of change, and potentially a number of challenges going forward. Based on NHS figures, there will be increased demand on specific

services going forward. Horsham is projected to have a moderate increase in the number of heatwaves, a moderate increase in the number of coldwaves and a high increase in the number of floods. Because of this projection, Horsham was chosen from 20 other interested Local Authorities.

Before this project began, pilot studies were undertaken in rural, fairly deprived communities in the North. Several of these areas had had severe floods in recent years. The findings showed that people in reality had more problems with cold snaps than they did with floods as services were more severely disrupted. Despite the area being rurally isolated the community had a localised workforce that was able to cope quite well. However, one problem encountered was around data sharing – particularly around sharing information on those who were particularly at risk. The need for flexible and adaptable services was identified as essential, especially in order to provide continuity of care for people.

There are several aspects to the project, one of which is being led by engineers who are looking at developing a framework to capture infrastructure performance. In particular how each element of the network / structure has a knock on effect to others. Multiple agencies are being brought together in the research and in the findings.

In Horsham District there are particular areas being focussed on, Denne, Shermanbury / Henfield and Storrington. Val Poole asked Jonathan how these areas were chosen. Jonathan explained that they were discussed at strategic planning meetings and of course the project was guided by local service providers.

The hope is that service providers in these areas will be able to be involved in focus groups looking at the particular issues. Also interviews with service users will be undertaken. A “Purposive” sample is being developed. This is not trying to be representative of all older people but rather identifying specific groups of people and looking at their needs.

For example,

- those more active older people
- those with different Health and Social Care needs
- Mental Health

Several groups were mentioned that may be able to help including:

- CHAT
- Dementia Café
- Time to Talk

The research project team are currently mapping where people are and looking at what services matter to them.

David Murphy said that specific medicines can have adverse effects on people depending on the weather.

Jonathan asked the forum whether they would mind sharing any of their own experiences of adverse weather with him. He also asked for consent from those present to use any of the information provided in the research project - all agreed.

- Access to hospitals was cited as a problem. Especially some of the roads around the Horsham hospital in the snow.
- Service providers have also had difficulties getting to individuals in their homes
- Database sharing appeared to be a problem. However the Civil Contingencies Act has made this clearer allowing for the sharing of information in emergencies
- The gritting of pavements was a particular problem. It was asked whose responsibility this was
- Flooding in Shermanbury – the river here frequently bursts its banks
- Health and Social care staff are available where they live, and are able to work in adverse weather. In the snow in recent years, some Brighton based staff were able to work there.
- Work needs to be done to look at extreme weather conditions and how people can come together to provide services.
- David Murphy – the radio only picks up on school closures, why don't they do the same for voluntary groups as well? Val Poole agreed that it would be good to have a VCS system where people can hear about what groups are open or not. Also this could be an opportunity for groups to work together more.
- Iyadh Daoud suggested that there could be a system put in place for supporting people in extreme weather. Something based on the POP model - Neighbourhood Network.

The project team are undertaking detailed case studies of all of their chosen areas. By the end of the project a report will have been put together which will be used by the case study area itself but also as a toolkit across the country. Ultimately the project team hope that their research and findings will be able to inform policy in the future. Jonathan thanked the forum for their input.

For the full notes of J.Wistow please see appendix 1.

3) Sussex Partnership NHS Foundation Trust Patient Advice and Liaison Service – Marina Moores

Marina explained that she is responsible for communicating the changes in Adult and Community Mental Health Services in Sussex. This is important so that patients etc know the pathways for referrals.

There will be some reallocation of staff in Sussex, there will also be some new roles developed. The Geographical locations of some of the services still need to be decided up. Marina hopes to be able to attend the forum and continue to communicate the changes that the NHS is undergoing. She reassured the forum that Service Users will not experience a disrupted service.

4) Terms of Reference

The Terms of Reference were devised and adopted by the forum approximately a year ago. Rachel passed around copies of the Terms of Reference and asked the forum whether they would like to make any changes to them.

The Forum felt that they would like add in a statement, similar to “the welfare of service users is at the heart of the forum”. Rachel will add this into the document.

The Terms of Reference also outline that the Membership of the forum will elect from amongst them a Chair and Vice Chair. Members voted that David Murphy become Chair of the forum for the next year.

5) Date of next planned meeting

7th February 2012

6) AOB

- Members requested that introductions of all attendees become a standing agenda item so that people are able to learn more about each others services.
- Rachel said that the forum had received an email from Felicity Thomas (NHS) who had asked the forum whether they had any particular issues that they would like to discuss.
- Rachel reminded forum members that the forum whilst facilitated by Horsham Area Council for Voluntary Service and Crawley Community & Voluntary Service, does belong to the membership. If any members have suggestions for speakers or would like to invite new people along they should feel free to do so.

7) Close

Appendix 1 – J.Wistow – notes post the forum

MENTAL HEALTH FORUM MEETING 9TH NOVEMBER 2011, CRAWLEY CVS

Jonathan Wistow gave a presentation about the Built Infrastructure for Older People in Conditions of Climate Change (BIOPICCC) research project. Following a brief question and answer session with members of the Mental Health Forum the group moved into a discussion about a couple of research questions. The discussion is summarized below.

Question 1: If you have had experiences of heatwaves, flooding, or coldwaves how did this impact on the built infrastructure (for example, roads, power, water, and telecommunications) and on health and social care service delivery?

Horsham feeds into East Surrey Hospital in Redhill to the north. When there has been heavy snow in the past (e.g. during 2009/10 and 2010/11 winters) travel to the hospital has been very difficult. In particular via the small road providing access in and out of the hospital.

When there has been snow and ice in the past it has caused delays in service providers getting to people. This has knock-ons in the system and has led to people 'panicking' about their service delivery. In addition, people not getting out and meeting with friends and groups can have a big knock-on on mental health. For people with a mental health condition but are currently well (and have low stress) these kinds of disruptions can lead to their stress levels going up and their mental illness could become acute quite quickly.

In Henfield the GP practice is not near the centre of the village and access to the GP has been restricted during periods of heavy snow and ice.

The notion of networks of providers covering for, and collaborating with, each other was considered to be a good thing.

The River Adur flows through Shermanbury, where it is met by the Cowfold Stream. Mock Bridge (where the A281 crosses the river) is frequently flooded.

There is a lack of clarity about clearing pathways and driveways (i.e. can people be sued for doing this if someone subsequently injures themselves)– having clarity about this is important.

A key issue to be aware of is that heatwaves can have an effect on mental health drugs – such as lithium.

Winter planning starts before the summer. As a manager you are required to go online everyday and indicate how many staff are available to move from primary care to acute care (should they be needed). In the past staff have been moved to Brighton Hospital and Steyning Health Centre (they have provided support for acute services but not gone beyond their training).

West Sussex County Council held a snow summit and produced a report from this. Swine flu planning had some utility for the types of weather events experienced during the cold spells described above.

Question 2: Who would you expect should be there to provide services during an 'extreme weather event' and how might the different agencies involved in providing a service be co-ordinated?

Local radio tends to focus on school closures only during cold spells. When there is bad weather local radio (and other media) should provide information about other services and sectors.

In terms of links to the voluntary sector it was suggested that representatives of these should be asked about:

- How they can be empowered?
- What help they need?
- What help can they offer?
- How can these organisations be linked together (with each other and other organisations)?

Two initiatives for JW to find out more about:

- In neighbourhoods POPPs had established 'Neighbourhood Networks'. Here younger people supported older people. They had been identified to provide support and CRB checked.
- Adult Services also had a 'circle of friends and families' initiative.

Returning to the notion of networks of people. It was suggested that having local people in neighbourhoods who act as gatekeepers would be a very good idea. These people would have links to local neighbours and the voluntary sector and would be able to check on people during extreme weather events. N.b. this suggestion has some similarity to, but goes beyond, the role of flood wardens.

Issues about excessive bureaucracy around things like CRB checks were raised. These can provide barriers to people volunteering. The CRB process was considered to be important but having to undergo multiple checks was considered to be a potential barrier to voluntary work.

Groups for JW to follow up with:

- Time to talk – links to people with mild to moderate mental health problems.
- Sussex Partnership Trust – potentially could interview people with dementia on our behalf. Follow-up with Marina Moores at the Trust.
- CHAT – a local voluntary body.
- Dementia Café – carers + people with dementia attend this in Horsham. We could attend an evening session and meet people there.