**EMHIP Working Group One**

**Wednesday 6th January 2021 10:30am-12:00pm**

**Online via Microsoft Teams**

**Minutes**

**Present:**

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| MG | Malik Gul | Wandsworth Community Empowerment Network |
| GD | Gemma Dawson | NHS South West London CCG |
| JT | Jayne Thorpe | NHS South West London CCG |
| RM | Ruth McKinney | Wandsworth Community Empowerment Network |
| BDP | Bishop Delroy Powell | New Testament Assembly Church |
| NA | Naseem Aboobaker | Mushkil Aasaan |
| SS | Professor Sashi Sashidharan | Consultant to the EMHIP Project  |
| MR | Mark Robertson | NHS South West London CCG |
| RD | Ricky Dalton | SW London & St. George’s Mental Health NHS Trust |
| KO | Kalu Obuka | NHS South West London CCG |

**Apologies:** Mohamed Ali, Elays Network, Lystra Charles Hope Atrium, Professor Saeed Farooq, Jennifer Sangalang NHS SWL CCG

**Glossary:**

CMHT – Community Mental Health Team

EMHIP – Ethnicity & Mental Health Improvement Project

NTA- New Testament Assembly Church

EIS – Early Intervention Service

WG – Working Group

MA – Mushkil Aasaan

PCP – Primary Care Plus

IAPT – Improving Access to Psychological Therapies

KI Report – Key Intervention Report - [EMHIP\Ethnicity & Mental Health Improvement Project Report Final.pdf](http://wcen.co.uk/wp-content/uploads/2021/01/Ethnicity-Mental-Health-Improvement-Project-Report-Final.pdf)

SWLSTG – South West London & St. George’s Mental Health NHS Trust

SPA – Single Point of Access

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| **Agenda Item** | **Minutes** | **Actions and Papers** |
| **Welcome and introduction** | MG welcomes everyone and states that the purpose of this meeting is to work out some details to help form the hub specification ahead of the next meeting.The group introduce themselves. | [Minutes of the last meeting](http://wcen.co.uk/wp-content/uploads/2021/01/EMHIP-WG1-Minutes-30.11.20-1.docx) |
| **Background** | RD suggests we look at outcomes and function. He asks how MG and SS see these hubs working. GD outlines the documents attached.SS refers to the slide pack and talks through it slide by slide. The aim is to produce the same outcomes as the current services, but BME outcomes will be enhanced. MG talks about using the ongoing work within the described infrastructure: Health Clinics, Advice First Aid, Community Networks for Family Care, Community Champions, pastoral work etc. RD asks how many people are attending who are already under secondary health care? This is not currently recorded, but data is being extrapolated. RD talks about resources and that it would be helpful to know numbers. People will be connected in through IAPT/Primary Mental Health and what component input would need to come from secondary care? GD puts up NTA data. SS talks to NTA data.CMHT caseload can be reduced, so increasingly able to work in better ways. Similar with PCP, IAPT, Complex Needs, Home Treatment and EIS. RD asks about how this will work on the ground. Dedicated time from CMHT into hubs & link with SPA. SS asks RD for the clinical detail. Bringing in new resources and mobilising community resources. NA responds they have a turn-over of 350 users a week. MA data to follow. MG talks about the other hubs and the footfall through these sites. Together, these hubs form an early intervention community-led infrastructure. Additional funeral numbers not included in the data for NTABDP asks about the timeline and how this works with the pandemic. GD responds that the beginning of April is when funding from NHS Charities bid becomes accessible and the high-level project milestones in this bid talk about a mobilisation period. This will be organic and include new and existing resources. Not expecting things to happen immediately, but the flexibility will help overcome external issues. MR talks about bits of the plan that can be coproduced during the pandemic e.g., IAPT. RD asks how additional input will be sourced. GD shares the Budget and talks through the staffing structure & costs. She asks RD to help identify Community Embedded Workers and Support Workers (part of existing establishment). The plan is that the money for these posts is part of the Community Transformation Bid. The budget is based on initial thoughts – the funding is flexible as the hubs develop. Training is a key consideration for everyone working in the hubs.RD asks about SWLSTG business and strategy representation? RD operationalises what the Trust wants, but this work needs to be sanctioned for him to do so. MR reassures RD of the support from SWLSTG. SS asks RD to look through the numbers and ask if he needs clarification. RD agrees with the EMHIP interventions and believes it will have a massive impact and additional level of access that isn’t currently there. KO asks about RD’s input in staffing – what needs to be in their JD’s? Not a huge amount to change to the job, but they will need to be trained to work with this kind of model as it involves cultural and work practice changes. How does confidentiality work with non-statutory organisations? Lots of nuances in this work and not all will be known until we try. Set up the core offer and what the inputs will be. MG talks about co-creating healthcare for the person who walks in the door. This will be a culture change and more holistic approach. NA talks on the work at MA and how they are the first port of call and save the NHS lots of money by supporting the person holistically. RD talks of similar set ups with other agencies with external working agreements and joint working protocols. Staff like to have policies and procedures and these need to be developed for EMHIP – a framework of understanding. This need to be formalised. SS is developing an Operational Policy for the hubs.MR sees this work as exciting and empowering for existing staff. SS mentions that this work will not be possible anywhere else, only in Wandsworth due to the community and statutory assets and engagement that are in place.JT talks about the physical health involvement, Primary Care Transformation Programme, pathways and treating people holistically rather than in a silo. | [Slide pack](http://wcen.co.uk/wp-content/uploads/2021/01/WG-1-MH-WB-Hubs-model-and-functions-x-GD-1.pptx)[Service Specification](http://wcen.co.uk/wp-content/uploads/2021/01/Skeleton-Specification-Health-and-Wellbeing-Hub-DRAFT-0.1.docx)[NTA numbers](http://wcen.co.uk/wp-content/uploads/2021/01/NTA-numbers-SPS.docx)  |
| **Next Steps** | Next steps:* Project team to work on the project specification.
* Operational policy on how the hub will work.
* Next group: plot out a project plan and implementation schedule.

RD happy to look at the SWLSTG inputs. There needs to be more SWLSTG representation.Share early drafts in 2 weeks so there is enough time to look through and amend so developed for next meeting. NA grateful this work at long last is progressing.  |  |
| **Date of the next Meeting** | 3rd February 202110:00am-11:30amApologies to: Gemma Dawson |  |