**EMHIP Working Group Two**

**Tuesday 5th January 2021 9:30am-11:00am**

**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 |
| RM | Ruth McKinney | Wandsworth Community Empowerment Network |
| MH | Martin Haddon | Healthwatch Wandsworth |
| SS | Professor Sashi Sashidharan | Consultant to the EMHIP Project |
| MR | Mark Robertson | NHS South West London CCG |
| ND | Dr Nuwan Dissanayaka | Leeds & York Partnership NHS Foundation Trust |
| MW | Michelle Woodward | NHS South West London CCG |
| BW | Becca Walker | Richmond & Wandsworth Borough Councils |
| KP | Kenneth Phillips | Richmond & Wandsworth Borough Councils |
| THL | Dr Tom Hitchen-Louden | Leeds & York Partnership NHS Foundation Trust |
| NU | Nosheen Zia Ul-Haq | Hertfordshire Partnership University NHS Foundation Trust |
| HK | Professor Helen Killaspy | University College London |

**Apologies:** Sahar Begg, Mindworks, Geetha Maheshwaran Shree Ghanapathy Temple, Jen Goddard, SWLSTG, Charlotte Harrison SWLSTG

**Glossary:**

EMHIP – Ethnicity & Mental Health Improvement Project

WG – Working Group

DG - Delivery Group

CMHT – Community Mental Health Team

SMI – Serious Mental Illness

AOT – Assertive Outreach Team

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

SU&C – Service User and Carer’s Panel

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| **Agenda Item** | **Minutes** | **Actions and Papers** |
| **Welcome and introduction** | MG welcomes the group. Members introduce themselves. MG gives a brief background of the project for new members, and the focus of this meetings on priorities and phasing. The priorities and recommendations from this WG will go to the DG.  Apologies from SWLSTG, but they have confirmed full commitment. Further conversations about involvement in the WGs and the need for SWLSTG representation. | [www.emhip.co.uk](http://www.emhip.co.uk) |
| **Scene Setting** | BW asks if anyone is involved in the Changing Futures Bid. MG says he is in touch with WBC on this.  GD describes the 4 service options: crisis house, family placement, bespoke BME SMI rehabilitation and AOT & for us to assess these against cost, complexity and impact criteria. EMHIP is committed to all interventions but need to phase the approach so that all can be implemented within shared timescales.  SS confirms that there is no competition between the options as they are all needed for a whole system impact, and the expectation is they are implemented in the pilot period. Wandsworth is a diverse borough, and the impact will be huge. We need to phase, and how is it best to do this?  What will be the impact of each intervention? The community wants change, so we need to start with large impact. With complexity, it is hard to get a complex system up and running quickly. The whole project has a large cost, and partners are committed to the whole programme, but not all at once.  Higher cost interventions are the hubs ( KI 1), BME SMI rehabilitation, AOT and crisis house as they don’t currently exist. The lower cost interventions include inpatient care and reducing coercion as these services already exist in some form.  ND comments Leeds are part of the WG as they have something similar to what we want to develop- AOT. He stresses the need to not forget other interventions when implementing one of them. He also comments on whether the crisis houses & hubs will potentially have to deal with some people with more complex needs and those who typically fall through the gaps. All the interventions work and impact each other. MG responds this is a systemic problem – working in silos and the key challenge for EMHIP is to bring as many projects together at the same time.  MR talks about the quantitative & qualitative impacts: of reduction of bed use and admissions, and also what the community have told us they want.  MH refers to the impact of the hubs. This is a prior priority and is needed when thinking about KI 2 in which there are 2 focus areas – alternatives to admission and more effective support for those in the community. Something from each area needs to be done as a first step.  MG responds that KI1 is on a fast-track to establish credibility in the community and open-up pathways into services. The first hub will hopefully start from April. EMHIP will not do everything so there is a need to bring in and align with other services.  MG mentions the SU&C group involvement and expertise in the project. SS talks on hotspots as priorities: Crisis care, coercion, and SMI & complex needs. EMHIP’s impact focus is on reducing inequalities. He comments on learning from other services that exist in the UK to help reduce the complexity. ND talks about how to involve the disengaged and need for payments. |  |
| **Phasing and Matrix** | **Crisis House.** THL sees this as a high impact, big-bang intervention. Concern over who manages it and who it houses. MR comments that commissioners question the impact of crisis houses on reducing inpatient beds, based on a previous study. It is well supported amongst service users and carers, but its full big-bang impact is questioned. Potentially more of a medium to long term impact than an immediate impact.  SS encourages that we do not look at evidence now, but rather at the impact on BME communities. There are different types of crisis houses and its impact is dependent on what you do with it. The target group is those who would be in inpatient care.  BW informs that the Council are looking at hotels to help people move out of hospital where they can’t go home, and this can be looked at for BME communities. SWLSTG are taking a lead on this.  It is agreed that people will go away and individually rate the interventions (and get SWLSTG input) and use this time to discuss the interventions further.  **Family Placement** – Impact of Covid-19. High Impact but current restraints may mean it is better implementing in the Summer. MG talks on BME networks in Wandsworth who will help with identifying host families and added benefits from these and hub links. The immediate cost savings will be huge. MR sees this as a good one to be phased earlier.  BW refers to the Learning Disability example: Shared Lives. This has been explored in the KI Report.  NU recommends that pilot work begins. With the existing networks in place this work can get running more quickly. MG wants more resources going into communities.  NU talks on the schemes she works with. They have 5 Crisis Teams that support SU’s & host families. There are Champions in each team who link with NU. Cost savings: £86.57 a day in family placement against £500 inpatient. £500 x 820 beds = saving £300,000.! Need insurance, DBS and Employer liability training. Insurance is £300 a year. They have reduced the hubs in Hertfordshire, but they do not have the set-up or depth that exists in Wandsworth. Hubs will be better in Wandsworth with existing BME communities.  MH believes that consensus family placement can be started as a priority on a small scale.  SS reminds that the EMHIP services will be linked will local services and with inpatient services as this will involve a crossover of culture.  **BME SMI** **Rehabilitation** involving caring for the most excluded people. There is not currently a bespoke BME model. There is conversation around what happens in Leeds & York and who will be engaged (and excluded) in this intervention.  **AOT** – THL talks on their work in Leeds & York but it is not a BME specific model. He mentions their Crisis Flats and work based on longer term relationships.  GD asks that the WG have further reflection on the call and the matrix document and to email over thoughts to GD by the next meeting.  SS has anxieties about further consultation as this has been done previously, and the need to continue to consult with SU&C. BW mentions the need to get other people’s buy-in now otherwise there may be difficulties later.  ND is impressed with the community buy-in in Wandsworth and wants to get tips on how to do this in Leeds. MG talks on social network science and applying this to community and health work. | [Matrix](http://wcen.co.uk/wp-content/uploads/2021/01/EMHIP-Working-Group-2-Matrix-December-2020.docx) |
| **Date of the next Meeting** | 20th January 2021  9:30am-11:00am  Apologies to: Gemma Dawson |  |