



Co-production network meeting notes 12 November 2024

Who attended?

In person: Kevin (chair), Marcia, Sally, Sue, Gaye, Zhora, Karen, Barbara, Vicky, Mayowa, Bestina, Kilele, Bernadette, Shahnaz, Jordan, Vickie, Dolly.

Online: David, Jane, and Joycelyn – had to leave early due to technical issues

Venue

Arbour Park

Apologies

Natasha, Shahanaz, Marjorie, Mike

Agenda

Mental Health Strategy development - Update:

Presented by Mayowa Kushimo, Interim Mental Health Commissioner

The Mental Health Strategy 2024-2029 has been drafted based on coproduction focus group involvement, community engagement feedback and online survey responses. Below are the key priorities identified during the engagements.

Mental Health Strategy Priority 1 - Early Intervention and Prevention

- **Early Diagnosis:** Emphasis on early mental health assessments, especially for children and young people.
- **Support During Transitions:** Targeted programs for transitions from school to work or higher education.
- **School Screenings:** Mental health assessments and exit interviews in schools.

Mental Health Strategy Priority 2 - Improved Access to Mental Health Services

- **Enhanced Access:** Addressing long waiting times and complex navigation.
- **Simplified Navigation:** Better service signposting and community navigators.
- **Integrated Care:** Coordination between hospitals, community mental health teams, and follow-up services.
- **Alternative Therapies:** Increasing availability of talking therapies alongside traditional treatments.

Mental Health Strategy Priority 3 - Integration with Physical Health and Social Care.

- **Integrated Pathways:** Closer coordination between GPs, mental health professionals, and social services.
- **Support for Long-term Conditions:** Including mental health checks in routine care.
- **Multidisciplinary Approach:** Collaboration across health and social care sectors.

Mental Health Strategy Priority 4 - Effective Crisis Support.

- **Crisis Response:** Faster and more responsive crisis support services.
- **Post-discharge Support:** Consistent follow-up care after hospital discharge.
- **Safe Spaces:** Expanding Safe Haven services to other areas.

Mental Health Strategy Priority 5 - Support for Vulnerable and Diverse Populations.

- **Culturally Sensitive Services:** Respect for cultural backgrounds, especially for BAME communities.
- **Language Accessibility:** Information in multiple languages.
- **Targeted Outreach:** Engaging refugees, asylum seekers, and homeless individuals.
- **Support for Neurodiverse Individuals:** Tailored support for autism and ADHD.
- **LGBTQ+ Inclusive Services:** Services that support LGBTQ+ individuals.
- **Substance Misuse Support:** Dual-diagnosis services for substance misuse and mental health.
- **Peer Support:** Community-based peer-led programs.

Mental Health Strategy Priority 6 - Skilled and Compassionate Workforce

- **Trauma-informed Care:** Training in compassionate, trauma-informed approaches.
- **Cultural Competency:** Training to understand and respect diverse cultural backgrounds.
- **Communication Skills:** Improved listening, empathy, and transparency.
- **Digital Competency:** Training to navigate digital mental health tools.

Mental Health Strategy Priority 7 - Mental Health Awareness and Stigma Reduction

- **Public Awareness Campaigns:** Educating the community to reduce stigma.
- **Social Media Engagement:** Promoting accurate mental health information.
- **Mental Health First Aid (MHFA):** Expanding MHFA in workplaces, schools, and public services.
- **Cultural Sensitivity:** Inclusive and culturally sensitive awareness efforts.

Members of the coproduction network said that it was rewarding to use their experience to shape the strategy. Although mental health services have improved, more work needs to be done to support young people and children as well as support for housing and homelessness for people with mental health needs.

The Strategy will need Cabinet approval –date for approval to be indicated in the future.

Action

Mayowa to keep CPN updated with developments including the establishment of Mental Health Steering Group.

Slough Health and Wellbeing Service recommissioning

Kilele Allam, Public Health Officer presented the Integrated Health and Wellbeing Service (IHWS) commissioning updates and said the following.

- Slough Borough Council's public health - Integrated Health and Wellbeing Service provides support for people to live a healthy lifestyle. This includes supporting Slough residents in improving their health and wellbeing through various services, including stop smoking, falls prevention, weight management, and NHS Health Checks.
- The Co-production Network has been integral in the development of the service specification providing insights during the IHWS recommissioning consultation and

feedback, shared surveys in their community networks which generated 339 online responses and 54 written surveys.

- Furthermore, one Coproduction volunteer joined the IHWS Recommission and Procurement Board contributing to the evaluation of service provider applications.

Survey feedback

- Most respondents rated their health as good, focusing on exercise, fitness, healthy eating, and mental health.
- 64% identified a lack of awareness about available services.
- Need to improve accessibility and address barriers.

Recommendations:

- Implement a comprehensive engagement strategy using community events, social media, and partnerships.
- Provide clear information on accessing services, including multilingual resources and support for those with disabilities.

Next step

- *Governance*: Internal governance includes updates to the Procurement Review Board and Cabinet.
- *December 2024*: Contract award.
- *April 2025*: Start of the new contract.

Future Collaboration with the Co-production Network

Slough Public Health would like to work collaboratively with the coproduction network in upcoming screening programme in 2025 and beyond in the following areas.

- Understand barriers to accessing screening services and identify opportunities to increase screening uptake.
- Support in increasing the uptake of various health screenings (e.g., breast cancer, bowel cancer, cervical cancer, AAA screening, diabetic eye screening).

Introduction to Slough Safeguarding Partnership Board (SPB):

Presenter: Barbara Jacobson, Safeguarding Partnership Adults Lead provided to the Co-production Network (CPN) update on the key findings regarding what agencies need to learn about keeping people safe.

Engagement Activities

The initial engagement with the CPN in October introduced the Safeguarding Partnership to seek help on what agencies should learn about safeguarding adults.

Meetings were held with CPN members and other community groups to discuss what helps people to feel safe and gather insights for the safeguarding board.

Key findings of the workshops

Advocacy: Importance of having an authority figure or group to speak on behalf of individuals.

Neurodiversity Awareness: Recognition that not all disabilities are visible.

Communication about Safeguarding: Need for clear communication about what safeguarding means in various contexts (home, work, community, culture) and Addressing fears of the system and language barriers.

Older Adults: Raising awareness about the needs of older adults and available resources to keep them safe.

Training on Safeguarding: Understanding what safeguarding means and how to respond if someone is not safe.

Respect: Emphasizing respect in all safeguarding interactions.

Safeguarding Partnership's Response

Training: Emphasis on knowing when to refer to safeguarding if concerned about an adult.

Equality, Diversity, and Inclusion: Commitment to anti-racist practice and respect for diversity.

Neurodiversity: Increased awareness and understanding of neurodiversity.

Communication: Importance of listening, respectful communication, and building trusting relationships.

Question

How do we evidence that it is making a difference and measure impact?

- Feedback will be used to train agencies involved in safeguarding and developing plans for community engagement, involving the public and organisations to be aware of invisible disabilities.

Slough Borough Council Financial Gap

David gave the following update:

24/25 - the council is working hard to hold its position on the current budget, there is no room for any slippage. The forecast spend for the rest of the year is based on every department delivering their savings and mitigation plans on spend. For ASC that is £12m this year.

25/26 - budgets have been developed, this however has identified a gap between the money the council has to spend and what it needs to spend, so savings have had to identified and currently even with the suggested savings there is a gap, so officer are looking at how we mitigate that. There is a cabinet meeting this Thursday where the suggest budget proposals will be discussed which will lead to a public consultation.

AOB

CQC preparation

Volunteers will meet on 3rd Dec. to discuss projects they have been involved to help them in possible meeting with CQC.

Autism coffee Morning

Autism coffee morning will be held on 27th Nov. encourage people with autism and their carers to attend.

Jubilee Ward relocation

Frimley ICB is interested to hear from those who are current patients, family, friends, carers or recent inpatients of either Jubilee Ward at Upton Hospital or Henry Tudor Ward at St Marks Hospital in Maidenhead. Wider members of the public are also welcome to share their views and feed into the process.

Members encouraged to connect and share their views. Contact Bestina if you would like to participate.

Next meeting: 14th January 2025 at Chalvey Community Hub