

Welcome to the United Communities virtual meeting

Please ensure that you have your videos and your microphone turned **OFF** (muted).

Throughout this meeting we will be using the chat and hand raising functions for comments and questions (this will be explained).

Please familiarise yourself with the meeting guidelines which were in your pre meeting pack

Thank you



Welcome - Steve Manley, Engagement Manager

Today's agenda...

- Clinical Commissioning Group Updates
 - Welcome to Aidan Jordan-Lewis
 - MHICs - Mental Health Integrated Community Service
 - Health Checks
- Presentation from Andover Mind
 - Wellbeing Centre
 - Carers Support





Mental Health Integrated Care Services

- Now live in Surrey Heath, Farnham and (from today!) Aldershot
- Farnborough PCN soft-launch planned for July 20th
- Each PCN has an initial soft-launch to make sure pathways and roles are working as planned
- Work ongoing with social care partners to ensure smooth pathways
- Psychiatry and pharmacy roles still to be recruited

MH Transformation – PD Pathway and Community Assets

Personality Disorder tiered pathway

- The Tiered pathway materials are being converted for online delivery of the tiered pathway courses.
- A digital options paper identified Microsoft Teams for the online delivery.
- We are recruiting at the moment and are planning for a soft launch in September.

Community Assets

- Work has commenced with the Community Connector and social prescribers to support them in the mapping of community assets within their PCN's.
- A Teams area has been created so a network can be formed and regular working group meetings are being held.
- There is much activity on creating a shared space where community assets can be recorded, along with identifying that the target populations are able to access these resources and gaps identified.

Physical Health Checks

Finding new ways to deliver health checks
and engage more people



The right care at the right time, in the right place for local people

Physical Health Checks

- Focusing on health checks at GP Practices
- For people with learning disabilities (LD)
- For people with a diagnosis of Schizophrenia, Bi Polar Affective Disorder and psychosis (SMI)
- Finding new ways to deliver these while under current restrictions of Covid



The right care at the right time, in the right place for local people

Reasons to increase health checks for people with learning disabilities

People with learning disabilities have a significantly shorter life expectancy than the general population

Common recorded causes of death are: pneumonia, dementia, cardio vascular disease and epilepsy.

These could be **because of delays or problems with diagnosis or treatment**, and problems with identifying needs and providing appropriate care in response to changing needs

Reasons to increase physical health checks for people with SMI

The life expectancy for people with SMI is also significantly shorter than the general population

This disparity in health outcomes is partly due to **physical health needs** not being met

Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking

Individuals with SMI also have an increased risk of long term conditions such as diabetes and high blood pressure

How health checks can help

- Health checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and support continuity of care.
- Promote health by encouraging cancer screening uptake, immunisations and healthy lifestyle
- LD - reviewing the over-prescribing of psychotropic medication in the absence of a mental health diagnosis
- Can be part of a holistic package of personalised care
- Puts extra resources into primary care to work with people on their physical health

The right care at the right time, in the right place for local people

What has happened so far in our area

LD April 2019 to March 2020

- 48% LD health checks completed

Nationally 55.1% of people with LD had a health check

SMI April 2019 to March 2020

- 30% Completed six elements health checks

Nationally 35.8% of SMI people have had a Health Check

Research into SMI interventions

- Equal access and co-production is vital in working with people with SMI
- Targeting smoking first as a single intervention is effective
- People want a holistic personalised approach
- The studies didn't show how people fare over time

The right care at the right time, in the right place for local people

Peer researchers and carers

- Living with SMI is like “thinking in treacle”
- If interventions are successful this can create a virtuous cycle and lead onto a mental boost
- Life gets in the way sometimes
- SMI causes problems for concentration or finding information
- Its not lifestyle choices, social determinants are more critical
- Lack of belief that you can succeed.

Can you help?

We want to build engagement around improving the health checks and reaching more people

Starting by organising a focus group of 4-6 people

The information will be shared with the clinical leads to decide the next steps

If you, or someone you know is interested in joining this focus group please register your interest with Caroline by 31st July.

Email: caroline.martinez@nhs.net