



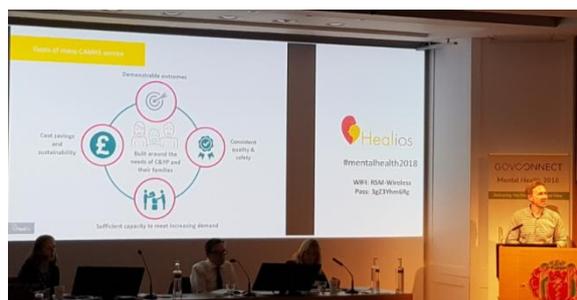
The day was opened by Kathy Roberts the Chief Executive, Association of Mental Health Providers with an update on the implementation of the 5YFVMH. GovConnect was formed in 2015 to bring together health

specialists and comprises of government departments, LA's, NHS bodies, research institutions, charities and voluntary sector representatives.

Professor Tim Kendall - National Clinical Director for Mental Health, NHS England and NHS Improvement. Halfway through the five year plan and the principle of getting in early (pre 14 years) is established if not yet embedded and new perinatal units are growing around the country as budgets permit as per the Children and Young People green paper (a).

National policy updates

Kathy Smethurst - Deputy Director for Mental Health Policy, Department of Health & Social Care. Prince William recently launched the portal of resources (b) called Thriving at Work which aims to close the gaps in mental health. 'How do we get to a position in schools where children and young people get the right mental health support for their needs'...'whole school approach needed'. The independent review of mental health act interim report came out Last May and the full report will be published in December; this will highlight that we need to reduce the waiting time for young people to get support.



Richard Andrews - Chairman and CEO of Healios spoke about integrating digital pathways into Child and Adolescent Mental Health Services (CAMHS). Seeking new ways in which to transform service provision models to meet the growing demand and changing lifestyles of young people and their families, integrating clinical pathways to enhance and optimise access and choice for when, where

and how children, young people and families choose to engage with their care.

Lizzie Smith - Regional Mental Health Lead for London and Local Director HEE North London, Health Education England; talked about Regional Workforce Plans and the quality of mental health care in the workplace.



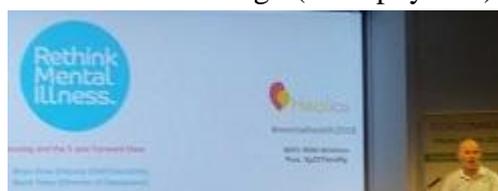
Alexandra Blohm - Policy Manager - Mental Health, Care Quality Commission continued on the quality of healthcare and the Commission's contribution to Five Year Forward View for Mental Health and longer-term ambitions for the mental health system

Cam Lugton - Programme Lead for the National Mental Health Dementia & Neurology Intelligence Network (NMHDNIN), Public Health England described the intent of the prevention concordat in delivery of key elements of the

5YFV. This highlights how understanding local need and using best available evidence and intelligence should drive work on prevention. There are five priorities to improve prevention planning in mental health; needs, partnerships, deliverables, outcomes and accountability. Everything has to be evidence based prevention with on line products to support regional delivery (c).

Dr Kay Sahdev - Managing Director ODRL talked about the link between culture and organisational performance building and sustaining effectiveness; culture influences key aspects of performance such as people management activities and adaptability to change. Need to focus on culture within a company and not the performance, good performance will come with a good culture and be embedded not just a target met the once. Need to challenge accepted practice, and let staff engagement be the driver, put people first, ownership and allow bureaucracy discretion; imposed change is not sustainable; .

Brian Dow - Director of External Affairs and Deputy Chief Executive, Rethink Mental Illness discussed supported housing is critical to mental wellbeing (and physical) fundamental – even the most expensive supported housing is cheaper than a hostel bed - £2k for a month or £13k. The principle of cutting housing benefits is 100% wrong on every level. We need to build evidence based proof for supported housing schemes.



Mark Yates - Acting Director of Operations, Rethink Mental Illness addressed the role of accommodation/housing in delivering on the 5YFV and beyond, crisis and recovery housing with increased focus on physical health and housing should not just be a means to make a profit.

Other speakers included **Sarah Hughes**, Chief Executive, Centre for Mental Health who launched “Equally Well” report launched in September on race, learning disabilities etc. none of which should be an issue. **Dr Tom Foley** Senior Clinical lead, NHS Digital on the need for data in Mental Health services and the current Data available from NHS Digital. **Professor Dame Sue Bailey DBE** - Chair, Children & Young Peoples Mental Health Coalition and how charities have been forced in to “my vulnerable group is more important than your vulnerable

group” to bid for resources. **Tracey Robinson** the Project Manager for Perinatal Mental Health, NHS England talked about the Community Services Development Fund.

The Branch and CWU have previously supported POPYUS who talked about their work to save young lives.

It was interesting to hear about any developments in integrating mental and physical health care for people with long term physical conditions such as Parkinson’s disease.



Housing and homes are critical to basic mental welfare – the number of social rent homes has been slashed by more than 200,000 since the Tories came to power.

Stress and mental ill-health issues affect people differently; sometimes the stressors can be removed but situations affect people differently so one event may affect two people sat next to each other diversely. So in long term planning early year’s intervention is crucial. However this cannot just be lumped on to schools, a few hours training for a nominated teacher is not nearly sufficient; a nurse is already in place in many areas but they can be under resourced and not supported in best practice delivery. A Registered Mental Health Nurse (RMHN) would not be to sit in an office and wait for a child to come to him/her but supporting staff in spotting signs to follow up. A fully utilised RMHN performs a critical role at the heart of a school health program by providing health care through assessment, intervention, and follow-up; providing a link between school, home and the community.

Just because the CWU is not involved in health care delivery does not mean that we cannot be involved in the development of policy. Immediate localised mental ill-health issues need immediate local solutions but we can via TUC work alongside other unions [NUT, TES, NAHT, NASUWT, NEU/ATL etc.] who are better placed in doing so to develop policy to the long term benefit of members, theirs friends and their communities.

Many of the UKs ex-military personal are on the streets or in poor housing. One leaving the military they can find it hard to cope without a strong family support network around them and many of the people they grew up with via education system have moved on physically or socially. This is compounded by the demographic of some who join the military in the first place who want the organised life style and comradeship of military life – suddenly taken away. The NHS and the LA’s who pay for social services should not be picking up the bill for this after career support. The CWU can lobby via the political contacts we have for the MOD to be more supportive.

There is a clear and well established link between financial security and mental wellbeing; employers like BT or RMG can be doing more to help and educate their employees, our members, on financial matters and the complexities of major financial decisions.

In employment uncertainty the CWU can also consider the futures of disruptive technologies such as AI, automation on a scale never seen before, the growth of digital technology will all have an effect on member’s job roles and expected service delivery means the end of a 9 to 5 job; how do we adapt to technology and flexibility for the benefit of the members not just imposed change?

The cost to attend the event was Private Sector £295+VAT but I received the free invite again.

Local Authorities need more money, or their money which has been taken by central government returned, to develop social services.

Schools are getting more responsibility but smaller budgets and asked to deliver the impossible putting massive strain on staff.

There should not be a choice between a physically ill door or a mentally ill door for people to go to but a joined up approach.

We could do a “celebrate success” for USRs, all the buildings and so few incidents is due to them; the amount of engineering hours worked etc.

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Sources/contacts:

- a <https://bit.ly/2vbE0bh>
- b <https://bit.ly/2qvjrov>
- c <https://bit.ly/2wALnt0>

CQC	www.cqc.org.uk
Dementia Friends	www.dementiafriends.org.uk/
Dementia Action Alliance	www.dementiaaction.org.uk/
GovConnect	http://govconnect.org.uk/
Social Enterprise	www.dementiaaction.org.uk/
North Regional Workforce Plan	www.hee.nhs.uk

