

Information collated through a number of engagement events in 2017/8 to complete the table below – including:

- **2017**
- November 15<sup>th</sup> 2017 – Cardiff Council Scrutiny Committee
- **2018**
- February 1<sup>st</sup> – Regional Partnership Board
- February 5<sup>th</sup> – Staff Meeting Amy Evans
- February 13<sup>th</sup> – Western Vale CMHT Staff
- February 20<sup>th</sup> – MHC B Partnership Forum (with third sector and service user representatives?)
- March 1<sup>st</sup> – CMHT Staff Barry
- March 9<sup>th</sup> - CHC OSPG for Mental Health
- March 19<sup>th</sup> Vale Service User and 3<sup>rd</sup> sector Forum facilitated by Cavamh
- March 21<sup>st</sup> Vale Carers Meeting
- March 27<sup>th</sup> 2-4pm Vale Service Users and Carers
- April 11<sup>th</sup> – Western Vale Clusters GPs
- May 1<sup>st</sup> – Mid Vale Cluster GPs
- May 3<sup>rd</sup> – Vale 50+ Forum
- May 24<sup>th</sup> – UHB Stakeholder Reference Group
- May 31<sup>st</sup> – UHB Board Meeting

Stakeholder Comment	MHC B Response
<p><b>1. <i>Where will people physically be assessed?- this could cause travel time and inconvenience for the service user.</i></b></p>	<p>Not necessarily in Barry- can take place in satellites and outposts. Access to day services currently in Barry- the move wont stop anything currently working . The MHC B will provide satellite services for clinic and outpatient work that service users require</p>
<p><b>2. <i>Consultation with service users and carers?- Wider or just the Vale? What advice have you had from the third sector? Would a public session be useful? If information is shared earlier and people included, they are more likely to be resilient to change.</i></b></p>	<p>There is an open session for service users in the Vale Civic offices on March 27<sup>th</sup> organised by Mind in the Vale. All service users in the Vale CMHTs are invited. Recognition that it would be helpful to get Cardiff service user views at an early stage – otherwise it could end up with a bespoke Vale model that is difficult to roll out. <b>Action- agreed to include Cardiff meeting venues.</b> Cardiff consultation will happen summer/autumn to time with proposed roll out in Cardiff next year.</p>
<p><b>3. <i>Primary Care Liaison Pilot in Cardiff East - how long is the pilot? Will outcomes be reviewed? Will it be rolled out? Can we develop flow chart of the pathway to see more clearly how it looks? What are the links to the specification and third sector providers?</i></b></p>	<p>We hope to roll out the model. NHS Wales are interested in the pilot as it has halved referrals to the teams and given immediate access. The practitioners can take emergency and pre-arranged slots with only a 2 day wait. This releases pressure on teams and time for therapeutic work. Currently negotiating some reflective MDT time into the service.</p> <p>Mind in the Vale have also been running a primary care</p>

<p>Ravenscroft Surgery MH practitioner in the Vale- Gofal say they have had positive feedback.</p>	<p>pilot at the behest of the MHCB, now being retendered. Developing a visual representation of how the will look is part of the work. The aim is for <b>single point of access</b> rather than linear system. <b>Action- MH Forum to invite MHCB to scope opportunities for third sector involvement and resources</b></p>
<p><b>4. Depot clinics need proper organisation - individual times rather than altogether – Amy Evans can get very crowded but it's easy to get to, Barry Hospital a bit out of the way. SU wasn't comfortable in a crowded waiting room</b></p>	<p>Clinics will be provided from neighbourhood venues and the UHB is currently exploring this and will provide neighbourhood bases for the delivery of any services currently offered from the CMHT Base including monitoring clinics and outpatients.</p>
<p><b>5. Access to services in a crisis isn't good – if they had a problem in the early hours and need to speak to someone – find it difficult to speak to someone and no one come's out</b></p>	<p>The suggested new model will provide a short-cut into crisis care. Currently crisis services are provided to people's homes currently from their base in Hafan Y Coed and this will not change.</p>
<p><b>6. Emergencies worry them if services are further away</b></p>	<p>Emergency care is undertaken in people's home or wherever the emergency takes place. The MDT goes to the service user and this will not change</p>
<p><b>7. Hafan Dawel service is excellent why do we need to change it – SU currently goes every 3 weeks for medication and its convenient - Barry isn't easy for them - Barry too far to get to from Llantwit – could they still have a clinic in Cowbridge? - No direct bus route to Barry from Cowbridge/Vale – multiple buses will make attending Barry Hosp difficult</b></p>	<p>Clinics will be provided from neighbourhood venues and the UHB is currently exploring this  The three separate teams are becoming increasingly difficult to provide services from as they are thinly spread.</p>
<p><b>8. Change of Dr's in the vale causing concern – 3 different Dr's recently, no continuity of care</b></p>	<p>This is unrelated to the changes and more to do with medical recruitment difficulties – all is being done to address this including looking at roles for non-medical staff to cover this work</p>
<p><b>9. Will they still have the same CPN and Dr when services move to Barry?</b></p>	<p>Yes – the Dr and CPN will be no more likely to change than currently is the case</p>
<p><b>10. What about links to other teams(specialist) as this doesn't always work at the moment</b></p>	<p>The way we intend to change the services to a single point of referral and expert assessment, including the presence of specialist teams, should improve this aspect of our current services.</p>
<p><b>11. Will any money saved from merging be put back into services</b></p>	<p>We have committed to protecting the funding of all front line clinical posts – but there may be efficiencies made with administration staff and managers.</p>

<b>12. Can we ensure Barry will always be there for the next generation of Servies users to come?</b>	The enhanced Health and Wellbeing Centres, including Barry, are part of the UHB's and Local Authorities' long term strategy
<b>13. What do the staff and the admin staff think of the move?</b>	The clinical teams are supportive of the improvements in the clinical services model for service users, carers and GPs, but are naturally worried about the process of change
<b>14. How will SU's be involved – via MIND?</b>	MIND are going to help us with SU events and there will be future opportunities for partnership working with the third sector
<b>Are there any issues we can highlight were raised by the CHC at OSPG?</b>	