

## **Making Recovery Real in Moray Partnership Meeting**

Tuesday 27th February 24 13:00 – 15:00

In person, UHI Moray

**Present:** Katie Kinnear (MH Service Manager), Carol Smith (Moray Wellbeing Hub), Heidi Tweedie (Moray Wellbeing Hub), Eileen Rennie (Health and Social Care Moray), Rachel Barclay (Police Scotland), Elidh Brown (tsi Moray), Lindsay Nelson (Moray Council, Children Services), Jade Archibald (Penumbra), Nicola Kerr (Penumbra), Tracy Grant (SAMH)

**Virtual Attendance** – Paul Southworth (Consultant in Public Health)

**Apologies:** Kirsteen Pyett (Health and Social Care Moray), Kevin McDermott (Moray Council – CLD), Karen Delaney (Moray Council), Karim Mahmoud (DHI), Tracie Wills (HSCM ), Tracy Sellar (SAMH SP North East team), Damian Macguire (Arrows)

**Chair:** co-hosted between Katie Kinnear (MH Service Manager) and Heidi Tweedie (Moray Wellbeing Hub)

**Minutes:** Carol Smith (Moray Wellbeing Hub)

**Organisations / Perspectives formally represented (strike through not in attendance at meeting):**

<p>Lived experience of MH challenges.          - adult perspectives.          tsiMORAY          Police Scotland          DBI Service (Penumbra)  <del>Scottish Recovery Network</del>  <del>Circles Advocacy</del>          SAMH          REAP  <del>Arrows</del>          Findhorn Foundation</p>	<p><del>Children 1<sup>st</sup></del>  <del>Quarriers Care Support Service Moray</del>  <del>North East Suicide Prevention Team</del>          Moray Wellbeing Hub CIC          HSCM (Health &amp; Social Care Moray)          - Commissioning          - MH social work          - Psychological services          - Public Health Coordination          - Mental Health Practitioners  <del>Digital Centre of Excellence</del>  <del>Aberlour Youthpoint</del></p>
--	--

<b>ACTIONS FROM THIS MEETING</b>	<b>OWNER:</b>
1. Elidh can create first draft of terms of reference taking the national strategy and the existing TOR for the next meeting	Elidh
2. Katie considers it might be worth bringing the MRRP situation to the attention of MH LD group	Katie
3. Amendment to Strategy to show people at the top	Heidi

<b>PROPOSED AGENDA FOR THIS MEETING:</b>	<b>OWNER:</b>
1. Chime In – <ul style="list-style-type: none"> <li>• who we are</li> <li>• one word to describe how we are coming into this session</li> </ul>	All

<ul style="list-style-type: none"> <li>• what do we need from today and MRRP as a partner</li> </ul>	
<p>2. Context and scene setting - How MRRP contributes to taking a Human Learning Systems approach around mental health strategy in Moray.</p> <ul style="list-style-type: none"> <li>• What is HLS and why is it considered the best approach?</li> <li>• Current MRRP situation and resources</li> <li>• NHS Grampian Public health logic model work</li> <li>• Mental health development plan - future events</li> </ul>	Chair
<p>3. Next steps - what changes, what remains</p> <ul style="list-style-type: none"> <li>• Agree practicalities - administration, leadership, reporting, next dates.</li> <li>• Ownership and timelines</li> <li>• Communications around change</li> </ul>	All
<p>4. End - CHIMEout</p> <ul style="list-style-type: none"> <li>• one word to describe how we leave the session</li> <li>• what we will do next as a result of coming</li> </ul>	All

**Previous Meeting Minute:**

Agreed in advance by email and amendments contact [carol@moraywellbeinghub.org.uk](mailto:carol@moraywellbeinghub.org.uk)

Public versions available at <https://moraywellbeinghub.org.uk/making-recovery-real/>

**1. CHIME In**

- Heidi – Social Movement Enterprise Lead at Moray Wellbeing Hub, really passionate about MRRP, been here since the very beginning with Tracy, Kirsteen and Elidh, to achieve genuine change in Moray. Hope – looking for a clear path going forward.
- Katie – Interim service manager Mental health and Alcohol & Drugs, 6months into 12 month secondment, putting the pieces of the puzzle together, a partner in MRRP, secondary services, community services, aim is to find how we work together to achieve the aims of the strategy. Empowerment – how we work together
- Tracy – SAMH service manager, worked in MH since 1981, intro of community care, from psychiatric nurse background, had an impact on self and how SAMH. Dipped in and out of MRRP due to workload, Hope – to keeping going in the right direction and see changes for people of Moray
- Eileen – was a CPN now Team Lead/Advanced Psychological Therapist. Meaning – meaningful place to connect with, placed between secondary care and community
- Jade – peer at penumbra, always live in hope, hold this for those who can't find it, like to know where can send people to

- Nic – worked in MH for 20+ years, works for penumbra, seeing everyday the experiences people are having, may not be able to fix everything but if can connect together can help
- Rachel – adult protection, Mental Health and Suicide Prevention within police – Identity – how can the police continue assist with the work going on in Moray
- Lindsay – Children & Young People and their families – focus, 1<sup>st</sup> time coming into the MRRP space, how to connect better, differently, MW practitioner group within council (Katie part of it)
- Elidh – tsi Moray, involved in MRRP for a long time, just finished secondment into another role, glad of this partnership that continues to develop itself, identity. Good to step back and assess what the partnership can do.
- Paul – consultant in PH in NHS, remit is around MH, just back from paternity leave, think need to look at things through a community approach, what are their needs and what do they think are their solutions, MRRP – getting voices from people, lived experience being the decision makers, not just being informed.

### **Next Meeting Chair & Time Confirmation**

Tuesday 16<sup>th</sup> April 24 – 10:30am – 12 noon.

Terms of Reference - <https://moraywellbeinghub.org.uk/making-recovery-real/>

## **2. Context and scene setting - How MRRP contributes to taking a Human Learning Systems approach around mental health strategy in Moray.**

### **Mental Health Development Plan - Katie**

17 strategies out, MH is ever evolving, lots of challenges along the way, ligature works/ MRI scanner, future of ward 4 – not ligature compliant.

Plans for the future – what do people of Moray want of a MH system. Attended IJB dev day – asked what do they want MH to look like. Mapping out what we have currently, what are the gaps.

Secondary care should be the most unwell, however currently have patients with EUPD, welfare issues, only 2 detained. Is that a gap? Challenging times, opportunity to be innovative, creative. K looking at consultant workforce to see if can free up money, consultants in training coming into play.

Reminder that Katie is 'interim' in her role. Significant challenge of sustainability for MRRP.

There will be a mtg with Elizabeth, Iain (locality manager) strategic oversight group, short life group, looking at what people of Moray need, working with all strategies and delivery plans that there are. Police also involved, aware some cases to be transferred to secondary care.

### **NHS Grampian Public health logic model work - Katie**

How to find solutions to the problems, methodology, what might help, put those solutions in place. Start where want to be, then work back. E.g. healthy communities, what do we need to have in place to achieve this, some simple solutions, some not so. Actions and Outcomes. Pete and Elizabeth were working on a logic model to take to IJB. Want to take a recovery-based approach, looks beyond challenges, people should be at the root of solutions.

Public Health can end up very individualistic, e.g. focus on smoking cessation, want to move more towards community-based decisions, what makes folks take up smoking in this area, what are the community needs that could help prevent this.

The idea was that MRRP had these things but helped deliver the strategy.

### **What is Human Learning Systems (HLS) and why is it considered the best approach? - Heidi**

Approach that on reflection MRRP was part of a HLS approach anyway. As humans come into this space, be both in professional role and bring or be the voice of the people from the community.

System part – is what we would like to influence, e.g. checking in with what IJB were looking for. Not how they work, usually take what the govt says, we are looking upwards to seek direction, this is not familiar to IJB.

NHS looking into using this way of working – HLS.

Methodology to help work out where want to be, not as simple as going from a-to-b, lots of thing also in play to make things complex.

### **Current MRRP situation and resources**

Feel MRRP is an excellent way to achieve what the IJB want, what the partners need, what can help communities. These are the key issues faced in it realising this;

1. **No resources for current administration format:** Since summer at least there are no resources to keep MRRP running. MWH continued to deliver admin linked to ambitions of the Research Network project they host to ensure lived experience voice at the core of the partnership, to ensure this was not just service facing. They cannot continue this.
2. **Lack of resource for leadership:** Katie in post for next 6 months as her role is interim. However, there is no MH officer role similar to ADP that would support direct management of strategy and MRRP. The last time the commitment of a role in this from HSCM was Steve McCluskey for the strategy development in 2018. There is no current pressure or resource from government to have this to ensure standards are met for example in the way the ADP requires and therefore must have an officer and dedicated admin. Equally for the ADP they have changed as well with their Leadership being changed to bring lived experience into this visibly as part of these standards. There is a general consensus that similar standards approach for MH are coming, no timeline in mind, but not same strategic push as ADP.
3. **No strategy leadership 'asking' for our data:** No-one is asking MRRP for anything which is upsetting as we want to be providing things – MRRP outcomes. HLS remind us that often when we have an outcome, it depends on how this is measured. Previously have gone through the strategy but this idea was parked. There was a very small action plan set up. (see end of doc) .

We discussed that we have a wide range of data we can bring together. CMHWF, CRN, PIPC, MH&WB practitioners, poverty and inequalities group, SAMH as examples.

CV report – is shared with MRRP and ADP, version also goes to public. Is this gathering the full collective voice, SAMH collect voices that is fed into govt, steering group, CCC. This could be fed into the CV report that MWH collect. Conversation cafes in the past, were great, gave opportunity to dip in and out. Example of one at Town Hall in the past, well-advertised, great footfall. Offering from SAMH to resource a conversation café. Q from Rachel that had not heard of the MRRP, how are we getting data, promo out about this. Paul – no one mechanism can be the one voice from Moray. Voices of lived experience is hugely underrepresented in these meetings. Is about making lived experience more prominent in these areas. Need services to take this on and ensure this voice is heard.

MRRP – E feels this is still a really good place to come and share information.

MRRP has a really wide strategy, why focus was brought to CHIME to try to refocus this. IJB asked for evidence - The 'so-what' what is the evidence against the outcomes. This is what Did achieve how the strategy, MH for all in Moray 2016 - MRRP was the group delivering on this, were reporting back on this. Formally endorsed through govt. Came a point when MH budgets had to be cut. This group has not been resourced.

4. **MH staff not bought in to moray MH strategy:** Katie says she uses the national strategy for their focus for delivery.

*Break due to fire alarm – Tracy and Eileen had to leave*

Potential actions:

1. Katie considers it might be worth bringing the MRRP situation to the attention of MH LD group
2. Approach HSCM to take up offer of admin for the group. Sharepoint ownership can be moved from MWH.
3. Strategy needs to have people at the top: Tracey spotted that the strategy document needs a rejig – sense that shows them at the bottom, should be at the top.
4. Develop a delivery plan – take to community and raise awareness
5. Organise

### **3. Next steps - what changes, what remains**

Heidi ask that the weight could be passed over, would this become a network rather than a partnership?

Feeling that the group are not over this being a partnership.

What is this versus what is required. Link recognised across service that lived experience is needed to be pushed to be central to decision making. Need commitment that know info bring to these will go into the xxxx

Did think this could link to Community Research Network (expression of interest submitted) but could sit alongside MRRP, if successful will still be separate from MRRP, but work well alongside.

Think the MRRP have endorsement (previously from Simon??) we do not have resource and governance. Reminder of structure - “We are endorsed by the IJB but not governed by” MRRP is not to take on the strategic responsibilities but helps to realise the strategy and secure resources.

Think do reorder this to show order of priorities.

Group has taken reasonable actions. Can't take on statutory responsibilities as not resourced by statutory groups. Can still create value by sharing information. Elidh could commit some time to invest more time into this.

K works from National strategy, this is what team focus on, this is what are governed on and have to report on. Not adhering to the MH strategy for all in Moray. Can we prepare a delivery plan based on the new recent plan, is National but can 'Moray-ise' this. Need workings, need governance around this.

Agree practicalities - administration, leadership, reporting, next dates.

Ownership and timelines

Communications around change

**1 – keep MRRP**

**2 – redirect MH & W national strategy – create a delivery plan for Moray**

**3 – take the national strategy out to people, do they know it exists? What are there the priorities?**

**4 – Need for governance, this would need someone to take these things forward, monitor, compare to delivery plan, make sure being achieved.**

**5 – next meeting, when can this be?**

**6 – Elidh can create first draft of terms of reference taking the national strategy and the existing TOR**

**7 – how to set up events to take this to the people, ask people what should this be called? What should it look like?**

**8 – Katie can take these to her meetings.**

**9 – what do we do with the offer of admin support – pin in just now and pick up later on, MWH to commit to this for a little bit longer.**

#### **Reminder of CHIME linked actions from 2022 from MRRP**

- C - spaces to connect and offer peer support , signposting and empowerment for positive change.
- H – suicide actions
- I – roles: lived exp / peer-led also workplace wellbeing and carers
- M – voice of lived exp in service design
- E – Discover Pathways to Wellbeing / Wellness college / Action card (MRRP resources)

#### **5. CHIME out**

- Nic – Hope
- Jade – Hope

- Lindsay – Hope
- Katie – Hope
- Heidi – Empowerment
- Elidh – Commitment