

Greater Manchester **Cancer**

Psychological Support &  
Mental Health Pathway Board

**Psychological Support & Mental Health Pathway Board**

Minutes of the meeting held on Wednesday 7<sup>th</sup> March, 2018

Meeting Room 4 & 5, THQ, The Christie

**Members in attendance**

<b>Name</b>	<b>Trust</b>
Padraig McDonnell (PMc)	Pathway Director
Anne Crook (AC)	Counsellor/ Cognitive Behavioural Therapist The Christie
Bev Meenan (BM)	Lead Cancer Nurse, Stockport
Claire Rehan (CR)	Clinical Psychologist, Bolton FT
Coleen Quinn (CQ)	Patient Representative
Robin Muir (RM)	Clinical Psychologist, Maggies Cancer Care Centre, Manchester
Sarah Kelly (SK)	Clinical Psychologist, Pennine Care
Michelle Eckersley (ME)	CNS, MFT
Tracy Acton (TA)	Service Lead, Macmillan 1:1 Team Oldham
Colsom Bashir (CB)	Clinical Psychologist, The Christie
Anna Mackland (AM)	TYA Services, The Christie
Sam Parkin (SPar)	Beechwood Cancer Care Centre
Sonia Patel (SP)	Clinical Psychologist, MFT
Vanessa Hickson (VH)	CNS, Tameside
Ric Taylor (RT)	Trafford CCG
Julie Wisely (JW)	Clinical Psychologist, GMMH
<b>In attendance</b>	
Michelle Leach (ML)	GMC Pathway Manager
Natasha Smith (NS)	GMC Macmillan User Involvement Manager
<b>Apologies</b>	
Pat Jones (PJ)	Lead Cancer Nurse, MFT
Tania Hawthorn (TH)	The Christie
Victoria Wilmot (VW)	Service Lead - Palliative Care Counselling Service, SRFT
Laura Cramond (LC)	Bolton FT
Helen Tuzio (HT)	Bridgewater NHS
Claire McDonald (CMc)	Clinical Psychologist, Maggies Cancer Care Centre, Oldham

## 1. Welcome and introductions

PM welcomed all to the meeting and noted the apologies received. The minutes were noted as being a correct representation of the last meeting.

### Matters Arising

No non agenda items arising.

## 2. GM Cancer Psychological Support & mental Health Pathway Board Deliverables:

### 1. Mapping & gap analysis of psychological support services across the GM system by Nov 2017

Discussion summary	<p>PM spoke to the tabled gap analysis paper. He asked for clarity from the group around the table of provision at each Trust, the group were happy with the table and confirmed that it was a correct representation. A conversation took place around volunteers providing a counselling a service, AC said that The Christie do not allow volunteers to see clinical case load at all. ME had a recommendation from PJ at MFT, she had asked if the GAP Analysis could be shared with the MFT Board, ML advised that it would need to be seen by Cancer Board which PM is presenting at in May and can be shared once seen at the Board.</p> <p>PM asked for a steer around services that are offered from 3<sup>rd</sup> sector organisations, the group discussed the different organisations that they feed into. Beechwood said they do provide supervision for the CNS's. ALL agreed that the service need to be acknowledged from 3<sup>rd</sup> sector but at the current time not included in the provision table. CB acknowledged that families and carers are not included in the figures, Beechwood see about 400 cases per annum for families but this is funded by the charity.</p> <p>RT said moving forward the IAPT model will change and these other services available will be delivering IAPT service for long term conditions (LTC's) one of which is cancer, there is still an issue with supervision and support once trained. RT confirmed that the IAPT system will need to change to become self-sustaining and commissioners need to be included in conversations between providers.</p> <p>ME asked the group to note that MFT has still not had supervision reinstated at MFT. The group discussed that supervision is an ongoing issue across the system. PM stated that providers of any service need to be registered with an accredited organisation.</p> <p>CQ mentioned work that had been done by Bury CCG on delivering the Recovery Package in the community which produced a directory, she said she will share this with the board.</p>
Conclusion	<p>The board await update on the new IAPT service. PM will update the board on the feedback from GM Cancer Board after he has presented. RT will ask for a report of what is available from the cancer commissioners to ascertain specific details in their localities of psychological and mental health support for people affected by cancer statutory and non-statutory.</p>

<b>Actions &amp; responsibility</b>	<b>RT to continue to update the board on the new IAPT service</b> <b>PM to make changes to the GAP analysis and present at the May GM Cancer Board</b> <b>CQ to share a the directory of services for PAbC produced by Bury CCG with the Board</b>
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## **II. Develop directory of psychological support services in GM by Nov 2017**

Discussion summary	PM explained that this was a huge piece of work and was already overdue. He asked the group if a subgroup would be appropriate and the board agreed this would be a good idea. ML spoke about the directories produced by Macmillan from the libraries team and PM spoke about the Bristol Model which was previously distributed, these could help to form a similar document for GM.
Conclusion	A subgroup is to be set up after toward the end of April. Volunteers for this group were as follows PM, ML, SP, Rebecca Carpenter (mid April – volunteered by CR), ME and CQ
<b>Actions &amp; responsibility</b>	<b>ML to canvass for suitable dates and set up the meeting</b>

## **III. Proposal for improving psychological support services for GM cancer patients to be presented at the Nov 2017 GM Board which describes:**

- 1. Improved access to psychological support**
- 2. Improving training opportunities for professionals**

Discussion summary	ML explained that PM will present to the board in May.
Conclusion	PM will feed back to the group after he has presented
<b>Actions &amp; responsibility</b>	<b>PM to feedback and update the board on the outcomes of presenting at the GM Cancer Board</b>

## **IV. Work with other pathway boards to ensure psychological support is embedded as an integral part of their delivery programme**

Discussion summary	Not discussed
Conclusion	NA
<b>Actions &amp; responsibility</b>	<b>NA</b>

## **3. Terms of Reference**

Discussion summary	ML had distributed the ToR for ratification.
Conclusion	PM thanked ML for her work. PM asked that the members attendance list be added at 6.1 and then the ToR could be signed off.
<b>Actions &amp; responsibility</b>	<b>ML to update the ToR with members list</b>

#### 4. User Involvement Update

Discussion summary	NS spoke to the tabled paper and survey the group suggested subtle changes and NS will then take it to a group of PAbC for final sign off. Discussion ensued about who could carry out the survey as no dedicated resource was currently available within GM Cancer.
Conclusion	ML stated that time was of the essence as a lot of work was underway to implement the recovery package so a snapshot of how people felt they were supported now and perhaps repeated again in 6 months to a year would be valuable data. BM suggested that the new teams who are implementing the recovery package within the Trusts could do them at the Health & Wellbeing Events; the group agreed this would be a good resource to use.
<b>Actions &amp; responsibility</b>	<b>NS to make agreed changes and have reviewed by a group of PAbC and then distribute to the board to have the survey carried out via the health and wellbeing events through each Trust's Implementation group</b>

#### 5. GM Cancer Annual Report

Discussion summary	Annual Report 2017 - The tabled report was discussed
Conclusion	Annual report 2017 – ML explained that attendance will now be monitored much more robustly along with the outcomes of the board in order to communicate the work of the pathway board back to Trusts and the input of their representatives in this work.
<b>Actions &amp; responsibility</b>	No further actions

#### 5. Any other business

Discussion summary	BM brought a question from the lead nurses group. Due to the lack of funds for the advanced communications were there any plans to provide anything else?  CR gave apologies for the next meeting.
Conclusion	PM said the Gold Standard was the Advanced Communication Course but the Enhanced Communication Course plus supervision after qualified was adequate, the board discussed and agreed this.
<b>Actions &amp; responsibility</b>	BM to take the board decision back to the lead nurses meeting

#### Future meetings for 2018 (all 14:00 – 16:00hrs):

Wednesday 13<sup>th</sup> June, Meeting Room 6, Trust Admin, The Christie

Wednesday 19<sup>th</sup> September, Gaskell House, Swinton Grove, M13 0EU (\*note change from 12<sup>th</sup> September)

Wednesday 12<sup>th</sup> December, Meeting Room 6, Trust Admin, The Christie