



the care forum  
voluntary sector service

## **B&NES Mental Health Network Meeting**

**Thursday 27 January 2011**

### **Attended:**

Melina Buckling, Mendip Care And Repair; Paula Cannings, Develop; Fynn Clarke, Julian House; Janet Elisabeth Cowland, ; Mary-Anne Darlow, Royal National Hospital For Rheumatic Diseases; David Donaldson, Bath Care And Repair; Andrew Evans, Rethink; Anna Ferguson, Bath Churches Housing Association; Steve Forge, Third Sector Solutions; Philippa Forsey, Creativity Works; Sian Francis, Citizens Advice Bureau - Bath & District; Jo Grobler, The Carers Centre; Christopher Hailstone, Bath Mind; Nicky Hayward, Nhs Bath & North East Somerset; Martin Hennell, Second Step Housing Association; Caroline Heslop, Community Housing Trust – Older Persons Services; Jaki How, Somerset Care And Repair; Jeremy Key-Pugh, B&Nes Link; Dennis little, Bath & North East Somerset Council; Pat Lysaght, Support For People With Alzheimers; Helen Mason, Soundwell Music Therapy Trust; Janet McHale, Royal National Institute For Deaf People -(RNID); Julia Newman, Solon Housing Association; Hayley Orange, Stonham Housing; Lisa Otter-Barry, Soundwell Music Therapy Trust; Veronica Parker, B&Nes Link; Claire Phillips, ; Jane Pye, Banes Equality; Andy Roger, Bath Mind; Mark Salter, Second Step; Paul Smith, Avon & Wiltshire Mental Health Partnership Nhs Trust (Awp); Victoria Smith, Stonham Housing; Helen Storey, Crossroads Care Wessex; Jill Tompkins, B&Nes Link; Janice Vincent, ICAS; Becki Vines, Royal National Institute For Deaf People, The (Rnid); Jill Willcox, Norton Radstock College

### **Apologies:**

Wendy Barker, Dorothy House Hospicecare; Collette Bourn, Second Step Housing Association; Sue Bradley, Bath Mind; Lisa Dora, Stonham Housing; Sara Downing, Anchor Trust; Peter Duppa-Miller, Local Strategic Partnership; Gill Harris, Leopold Muller Care Home; Debbie Howitt, The Care Forum; Lynn Jones, Uwe; Tim Manterfield, Anchor Trust; Ben Rogers, B&Nes Link; Pauline Swaby-Wallace, Bath Ethnic Minority & Senior Citizens Association; Joan Travis, Action For Pensioners; Dusty Walker, NHS Bath & North East Somerset; Tom Watson, Dhi - Developing Health & Independence; Douglas Wright, DHI

### **Presentation:**

#### **Andrea Morland, Joint Mental Health Commissioner, Adult Health, Social Care and Housing Partnership**

[http://www.thecareforum.org/publication\\_uploads/January%202011%20presentation%20to%20Vol%20sector%20network.pdf](http://www.thecareforum.org/publication_uploads/January%202011%20presentation%20to%20Vol%20sector%20network.pdf)

Andrea emphasised the need to keep eyes on the long game and to hold onto the vision within the mental health strategy. We need to try and work with what we've got within that context. Andrea's request is everyone tries to be honest and kind with each other and acts with dignity.

Andrea explained that in mental health services a lot of dynamic work is being done in cost saving and a lot of it is about bringing people home. Social care thought that they would lose 8% of income, but they have lost 13%. They still do not know their final settlement. GP consortia will probably be operational by 2012 in B&NES and by 2013 will be getting all the PCT money. Health services will be delivered either through Foundation Trusts or through social enterprises. In effect, the NHS is going.

B&NES council have invested in the Well Aware database and Andrea urged everyone to use the database and keep it up to date. She is encouraging Basil Wild to put this into contracts, including AWP's. If Well Aware is not used, the council will look at what they are spending on it.

Very few areas are looking at reablement services for people with mental health problems, but B&NES is. There are some very good supported living providers in B&NES and the aim is to enable people to be on their own in their homes, if that is what they want. Floating support will be re-commissioned in a couple of years.

Q: Has there been any thought about disbanding community mental health teams and put staff into social work teams? It still looks like pigeon holing.

A: That is a slightly different question.

No longer having separate services is a few years off. Older adult mental health services will move into mainstream services first probably. The savings agenda and reorganisation agenda are massive and we will have to go steady.

Quartet will be managing some small grants relating to mental health and public health. The funding is to help to start up and develop projects such as peer support networks.

Q: What about funding for things that are already happening? There are groups that would like to develop and that is difficult at the moment.

A: It could be capacity building of existing provision, but is mostly about getting new things going. Public health is putting funding into Quartet too. £20k will be from the council and £15k from health.

Q: Within the Quartet funding, is there a specific area for mental health?

A: £20k is for mental health and £15k for health and wellbeing.

Andrea mentioned DHI's allotment project which has won awards as an example of environmental projects. Her advice is to make the best of any resource and pitch in together.

In the longer term with telecare, people will have access to very low level support. AWP are looking at a single point of access to services.

Q: Will this fit in with the independent living service?

A: We are having conversations about how much overlap there can be. The idea is for there to be a flow of services, but this is a step for the future. Mental health service providers need to facilitate the flow. The more you communicate, the better the flow.

Q: Elsewhere in the country, there has been a low take up of personal budgets for mental health service users. How are we doing here in terms of personal budgets?

A: Quite well. There is always a gap between the development of an idea and understanding the cost and ways of implementing it. We were a pilot area, but mental health service users were the last to pick it up. We are doing quite well as virtually all service users within the system will have a personal budget and/or direct payment by the end of the year.

The reablement service is free for six weeks. Although a lot of mental health services could be subject to charging potentially, Andrea has tried to ensure that mental health service users have the same access to non chargeable services.

Q: If someone has physical as well as mental health issues, they will fall between two services.

A: Both reablement services will be in the same organisation. At the moment there is a gap, but eventually there will be a single reablement team.

Q: What about prevention and intervention?

A: That is with the public health team. We need a separate conversation about what is happening with them. Things are happening in public health and things are happening between public health and AWP around access to leisure, healthy living etc. Within the mental health provider forum, we need to strengthen work around environment, housing and other issues. Andrea has advocated strongly about getting environment and housing right for the most vulnerable people.

Q: The potential for cost savings in the prevention agenda needs to be looked at, for example, falls prevention.

A: We're doing falls prevention work, but need to think wider in mental health teams.

Q: It could be linked in with floating support.

A: Yes. An integrated commissioning team with the housing team alongside.

Q: There must be a budget for personal budgets, surely? A lot of people want to be creative. How can we forecast what the budget will be? We are making promises that won't be delivered.

A: Personal budgets did not come with a budget. In theory, the council is spending the same money, giving it to the service user who spends it with the provider. At the moment, they are paying for personal budgets and a commissioned service. The transition is complicated and we can lose grip of finances. In the end, there will be a free market with no contracted commissioned service. We need to be assured that people are safe and getting a high quality service. It is a very complex agenda, but with the ability to do exciting things. This local authority still funds on critical and substantial needs whereas many only fund critical.

Q: What about the pathways being for six weeks? Then people could move into community services and the GP could say someone needs to go back to the reablement team.

A: Potentially. The very needy might go straight to supported living. We need to draw those pathways out.

Andrea is doing some mapping work about what is around to produce an integrated care pathway. Part of the difficulty is that things will look different in April and October. The Care Forum will share the results of the mapping.

### **Key Questions from the Group Discussions**

Q: How can the voluntary and community sector sell itself to GPs and consortia? The relationship has not always been good. How do we link in?

A: The mental health pathways group. The mapping is a first step. We need to start now. Lesley: GPs will have to think about a whole spectrum of services.

Q: Is the consortium restricted to B&NES?

A: At the moment, it is focused on B&NES and not looking across boundaries, but it might work with other GPs on big pieces of commissioning. It will liaise, but have its own geographical boundary for people living in B&NES.

Q: In terms of out of area placements – for people with specialised needs to return to the locality the services need to be in place for them. What transitional arrangements are in place? We have already had a couple of cases where people have been put under pressure to come back into area but they have not had the quality of care in the locality they need.

A: This can be followed up through advocacy services, complaints or directly with Andrea. No-one should come back from out-of-area to a poor quality service.

Q: How does the reablement approach work where home is the issue, for example, homelessness, physically/isolation/other family members?

A: Not a question that can be easily answered. It is the nub of many people's care pathways and is tricky to negotiate. It requires complex and flexible discussions with housing colleagues and private landlords. A mental health housing worker is now working with us. We're one of the few counties designing reablement in mental health services. There is an opportunity to shape it.

### **Group discussions – additional questions**

- Service users with drug and alcohol issues – ‘underlying’ issues – not a diagnosis – these people often slip through the net.
- Concerns over funding allocated to “Well Aware” initiative – practicality of staffing.
- Few of us know about “Well Aware” – quite difficult to access information. Can information be categorised? Ease of access for mental health patients should also be considered.
- Creative activities, teams could give feedback about use of Well Aware.
- Concerns over political agenda “overruling” needs/wants of service users.
- Cross over period whilst moving towards new vision – many services been cut – so is there support through this transition period between services ending/starting?
- New proposal does not address immediate crisis caused by financial strain (despair and depression of families): Unemployment; Debts; Benefits – eligibility.
- How will the changes be relayed to service users and carers?
- What services have been cut from the existing provision? Is it envisaged that few people will get service or same number getting lesser service or all savings through re-design (8-13% is a lot).
- In B&NES, “Mind” only provider of 24 hr care provision for mental health. Only 8 placements, and these are filled long term (generally).
- Out of area placements – what if no service within person's area eg long term high needs? Who will make a decision on whether they are eligible/who funds it?
- In areas where specialist need cannot be met – how will it be provided?
- How will the social enterprises work with in-house services?
- What will happen to the elderly who choose to turn down services as they think it is too expensive?
- Delivering the strategy. Working towards refreshing strategy.
- Can vol sector have more information on existing structures and services? How do they link now? How will they link in the future?
- Concern over people who have both mental health and physical problem. Also learning difficulties and those who are deaf. How will they access services? What information/funding is available?
- How can people/groups learn more about the acute care services provision? What is their route to access services?
- Do organisations know they have funding for interpreters etc?
- Will there be funding to ensure everyone has equal access to service?
- Opportunity to work in community groups raising awareness of mental health issues.
- We identified the need to get links sorted out so there are no overlaps in provision.
- Basil can share more information about Building Bridges (this group found it very useful).

**Lesley Hutchinson, Assistant Director for Safeguarding and Personalisation, Health and Wellbeing Partnership and Dennis Little**

[http://www.thecareforum.org/publication\\_uploads/Mental\\_Health\\_Meeting\\_Jan\\_11.pdf](http://www.thecareforum.org/publication_uploads/Mental_Health_Meeting_Jan_11.pdf)

Safeguarding is not going away and we need to make sure protection is in from the beginning with personalisation. Traditionally, there has not been much input from GPs, but GPs will become the key health players. There will be the need to work with GPs in safeguarding cases. For GPs, there will be a balance between being a commissioner and deliverer. Good practice guidelines for alerters will be posted soon on their website. Theme 3: they are working on getting service user feedback. They have to report to each Partnership Board on safeguarding. It is scrutinised more for adults than children, but is on the agenda.

There is a carer rep on the safeguarding board and there was someone from the learning difficulties service representing other provider groups. There is now a gap and Ronnie will facilitate the election of a VCS rep to the board. Referrals for adults of working age with mental health issues is lower than in previous years. They have done some work with AWP. Lesley is concerned about CPA and safeguarding of adults policy being applied correctly. There is work to be done to understand collectively how it all links together.

Lesley confirmed that all mental health service providers can access safeguarding update training via the PCT training department free of charge.

**Date of next meeting: Thursday 24 March**