



the care forum
voluntary sector service

Bristol Mental Health Network Meeting

26 September 2011

Attended:

Jay Akerele, NHS North Somerset; Anu Alewologun, Fairbridge West; Sophia Ali, KWADS; Karen Allen, Rethink Carers Service; Mark Allen, NHS Bristol; Kate Archibald, NHS North Somerset; Heather Banks, Mental Health Matters; Kyra Bond, Womankind; Jim Conley, ; Helen Curtis, Missing Link Housing Association; Derek Dominey, Alzheimer's Society; Nicholas Duffin, Aisco CLC; Bruce Duffy, Bristol City Council; Aileen Edwards, Second Step Housing Association; Diana Elliott, National Autistic Society (NAS); Eileen Francis, Carr-Gomm Society Ltd; Francis Gichamba, Flega Care Solutions; Patrick Gorman, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP); Christina Gray, NHS Bristol; Ainslie Green, The Green House; Helen Gunson, Hartcliffe and Withywood Community Partnership; Roy Hackett, Bristol West Indian Parents and Friends Association; Keith Hall, Bristol Mind; Shabana Kausar, Novas Scarman Group; Sue Kelly, Fairbridge West; Geoff Loydon, Bristol LINK; Judy Mead, Care and Repair Bristol; Laurence Milburn, Community Action Around Alcohol And Drugs (CAAAD); Dawn Osborne-Tiller, St Mungos; Danni Pearson, University of the West of England (UWE); Katherine Piper, Shelter; Jon Ralphs, Lloyds Pharmacy; Tracey Richardson, Kinergy; Elizabeth Rogers, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP); Jean Smith, Nilaari; Paul Townsend, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP); Tony Walsh, Bristol LINK/WECIL Trustee; Catherine Wevill, Bristol City Council; Erica Wildgoose, Bristol MDF The Bipolar Organisation; Salena Williams, Bristol Royal Infirmary

Apologies:

Sal Ball, Self Injury Self Help Group (SISH); Rachel Barclay, Two Way Street; Michael Clark, Independent Complaints Advocacy Service (ICAS); Helen Coombes, West of England Centre for Inclusive Living (WECIL); Andy Coombs, Bristol LINK/WECIL Trustee; Una Corbett, Battle Against Tranquillisers; Karen Michael Cox, YWCA Counselling and Information For Young Women; Tim Douglas, Two Way Street; Michaela Fudge-Quinlen, Self Help Community Housing Association; Barbara Janke, Bristol City Council; Don Jones, Bristol LINK; Rebecca Jones, University of the West of England (UWE); Ian Lawry, Wellspring Healthy Living Centre; Michael Lennox, Lloyds Pharmacy; Matthew Nye, NHS Bristol; Suzanne Pearson, Chair Of Bristol Mind And Freelance Trainer; Carrie Piper, Headway - Bristol; Sue Tasker -Simmons, South Gloucestershire Council - Leisure and Community Resources; Jenny Smith, Bristol City Council; Victoria Smith, Bristol Mental Health Service; Helen Underhay, Mental Health Matters; Amber Williams, West of England Centre For Inclusive Living (WECIL)

Presentation:

Christina Gray, Associate Director of Public Health, Equality and Inclusion

<http://www.thecareforum.org/assets/files/Volunatry%20Sector/Presentations/Bristol%20/26%20SEPT%20MENTAL%20HEALTH%20NEEDS%20ASSESSMENT%20cq300811.pdf>

Christina is the lead for equality, diversity and inclusion and the lead for public mental health, she works very closely with commissioners. Christina emphasised that the mental health needs assessment is a draft, some sections in particular need further analysis before it forms part of the body of evidence that is given to the JSNA. She is concerned about mental health in the whole sense and is interested in both community mental health and population mental health.

Mental health is central to the understanding of the health of the population. Ultimately, when the report is signed off the findings will be incorporated into the JSNA. Primary mental health care is very new and we have not yet got a really strong primary mental health system. It is important that there are threads running through about values and principles. Our work is about building resilience. It is beyond the scope of this exercise to look at very specific groups. If you are working with a group that needs specific mental health assessments, it will should go as additional information to go with this document to the JSNA. Aileen Edwards' work on housing, for example, is referenced in the document. If any groups have done the work, let Christina know and it will go in as a reference or link. It should be possible to plan services which are holistic and appropriate.

Q: Do all those figures exclude dementia?

A: Yes. Exclusions are: dementia; drugs and alcohol; children and young people. Children and young people have their own mental health needs assessment, strategy and action plan. There are partnerships and pieces of work already going on in those areas and they did not want to duplicate. So for drugs and alcohol it is led by Safer Bristol and dementia will have its own strategy. They wanted to get the methodology right and then layer on those additional things.

Q: It does not talk about the effects of anti psychotic medicine. What about addiction to tranquillisers?

A: If there are any questions or omissions, please note them on the feedback form.

Forms can be posted back to Louise Hudson at The Care Forum, who will collate them. The deadline is 10 October.

Q: There is a group of people with borderline personality disorder which is not mentioned in the report. Sometimes, it can be a pejorative label and sometimes people can be excluded from services. Usually, inpatient care is not appropriate.

A: They are estimated numbers at the back of the report. The report estimates the number of people we would anticipate would be in Bristol with personality/borderline personality disorder.

Q: The cost of exclusion is enormous to society.

Q: What about drugs and alcohol?

A: They are two big exclusions. The reason for exclusion is that it is very complex, needs are not coherent. We will be getting together a team to look at these numbers, so that we can understand them better. We will be pulling together a steering group to begin an additional piece of work on dual diagnosis and mental health and alcohol and mental health.

We would like to pin this piece of work down, but clearly state that there is work still to be done. Catherine Wevill: A lot of work was done two or three years ago which could be referenced.

Q: On the client services slide, with the best guess, around 9000 people currently access specialist services.

A: The numbers are very crude. Understanding the numbers of people needs more work. 9000 is the figure from AWP. It equates to 2% of the adult population. We would not want more than 2% to be accessing services as more than 2% would show a very sick society. The 2% is thoses accessing psychiatric mental health services.

Q: It's partly about definition. What do you mean by specialist services?

A: Secondary mental health services, delivered at the moment by AWP.

Q: It can be an extraordinary journey to access these services, and people get dropped off at various levels. Does this 2% reflect need? If we develop resilience in the longer term, we will

need a catch up period if the strategy works. It will take a long-term commitment. I'm not convinced this meets real need in its broadest sense.

A: The level of need way outstrips the current supply. We need to do more work to understand the numbers. My view is that we would not want to see a system with lots of people in the top end of the system.

Q: There's a human rights issue, if you don't get mentoring and counselling

A (Catherine): You could compare it to diabetes, there is a huge number of people who have it, but only a small number need to see a consultant. There area raft of measures in place. We need to invest further down so that people don't escalate to the top.

Q: There is a long transitional period to get to that, and it needs long term commitment. People cannot be left without services in the meantime.

Q: Some voluntary sector organisations provide a similar service to the statutory ones, but it is not categorised in the same way.

A (Catherine Wevill): There will be feedback on the modernisation programme at the meeting on 5 October. The message coming through very strongly is that investment is needed downstream. Expensive services could be shifted to the voluntary and community sector, providing more recovery-based services.

Q: Looking at the different wards, how can community based organisations be acknowledged and how do we get recognition and link into the assessment?

A: Those areas simply emerged by applying crude analysis of risk factors to wards. There seems to be something happening in those three wards, where there is a lot of community activity that is having a protective impact on mental health. The impact of social support is better than not smoking or drinking. In these times, every organisation needs to attend to its business plan and make its case. Policy makers will see what the impact of cohesive, active communities is. The data is not validated. The public sector is shrinking and people are doing things for themselves. Those activities are not funded.

Q: The city farm is reliant on public funding.

A: But not all of the activities.

Q: The key is that there are valuable things provided by the voluntary sector, but they rely on public money.

Q: There's an increase in mental health problems due to unemployment. It has a knock on effect.

A: I agree.

Louise: It is important that individual organisations engage with the process and can provide the evidence base for the JSNA. The Care Forum can provide support for engagement.

Q: What is the timescale for the JSNA?

A: (Louise) It is to be fully rewritten in the next year.

A: (Christina) The JSNA is a process, rather than a thing. It tends to be refreshed annually and there are annual opportunities to participate.

Q: The Stella Project is a community project working with people who have experienced domestic violence and abuse.

A: That would go in the middle section. I would not reference a project, but if it comes out with a report and data the needs assessment can reference it.

Q: There's an issue with CAMHS and adult mental health. The report does not address a common issue about turning eighteen.

A: You are right. It is explicit, it address the needs of 16+. In modernising mental health, that issue has come up and we have flagged it here very strongly. It is beyond the scope of this to address it. If you think that it is not clearly enough stated, do say.

Q: The dementia programme is in parallel. We have learnt the need for training people who come into contact with people who have dementia. This is a recommendation that I would endorse.

A: Write it down.

Q: I would endorse that. Staff are not aware of the needs of people with mental health conditions.

Louise thanked Christina.

Report back from Jim Conley, voluntary and community sector representative on Bristol's Mental Health Partnership Board (formerly the Bristol Mental Health Local Implementation Team)

Jim explained his role on the Board. At the moment there is a lot of information about commissioning and planning. They aim to represent voluntary and community sector organisation on that group. Issues can be brought to him or Suzanne Pearson.

The modernising mental health programme is a standard agenda item. Jim added that he finds the level of involvement from a wide range of stakeholders, including service users and carers, is very valuable and urges groups to contact him.

At the conference on 5 October, there will be two half day sessions where feedback will be heard on the various consultation exercises.

There have been discussions around AWP's redesign process. There are some potential tendering opportunities which have been discussed. One of them is a men's crisis service with 24:7 provision. There may also be some opportunities for voluntary and community sector providers in the modernisation mental health programme. When Jim has the minutes, he will forward them to Louise for distribution.

There is an issue about Bristol City Council's social work teams in relation to AWP's community mental health teams working in an integrated way.

Catherine: This is because of the modernisation programme that NHS Bristol is conducting with AWP. This has left the social work staff, currently managed by AWP, working for Bristol City Council. The council felt that the social work team would be in a precarious position if NHS Bristol were to retender for services. Management responsibility for the social work team has returned to the local authority. This does not mean that they won't be co-located and work in a multi disciplinary way.

Q: What is the service user input to the Mental Health Partnership?

A: It is huge. There are representatives from Service Users Reference Group (SURG), carers, service users.

Evaluation:

What was the most significant outcome of the event for you?

- Understanding of current observations of mental health needs within Bristol and basis to which modernisation of mental health services can begin
- An idea of the needs in the city around mental health and how my service might be able to address those needs
- Gain an insight of the mental health needs assessment reports
- Great to hear a verbal presentation, talking through the methodology
- Confirmation of gathered statistics to be used in the modernisation programme
- Christina's run through of key findings
- Getting a clearer picture of service provision and how future plans may be informed and decided
- Understanding the needs assessment. Hearing other views.
- Understanding more about mental health needs of Bristol, as opposed to just my client group
- Wanting to be involved.
- Report findings
- I have learnt a great deal more from the speaker and Q&A at this meeting than any other meeting
- Knowledge
- Understanding more about Christina's report
- Presentation and report by Jim Conley

Do you have any suggestions regarding topics/speakers for future meetings?

- Identifying specialist voluntary sector services that support the population to cope with mental health symptoms.
- Where we go from here? Commissioning plans - useful contacts and timescales for commissioning
- Linking the needs assessment with the Bristol service consultation process.
- Follow on from this draft becoming a formal document
- I am very new to post so need to find out more about the meetings and general context
- I would like more information on the over presentation of Black and Ethnic minorities. What strategies are being implemented to address this issue?
- Commissioning arrangements
- If and when a private care home goes bust, who is responsible to pick up the pieces?

Are there any other comments you would like to make?

- Hand out presentation at the beginning, so we can make notes on it.
- The whole forum was very informative.
- Yes
- Useful presentation and discussion. Presentation handout would have been useful.
- Think it would be beneficial to allow more time to Jim Conley - to allow more Q&A times etc. Any future meetings, could you please arrange for minutes/agenda etc to be sent out on CD for visually impaired people to listen to beforehand.

Content	Average mark (out of 5)
Understanding of subject at start	2.8
Understanding of subject at end	4.0
Sessions	
Speakers	4.2
Other elements	4.0
Organisation	
Pre-event information	4.2
Facilitation	4.3
Organisation on day	4.3
Venue	
Access	4.8
Refreshments	4.6
Standard of room	4.7