



the care forum  
voluntary sector service

# North Somerset Mental Health Network Meeting

**12 November 2010**

## Attended:

Jo Orchard, AWP; Dali Sidebottom, North Somerset PCT; Wendy Bryant, Vans; Sue Youde, Voluntary Action North Somerset (VANS); Mary Fenner, CAMHS; Jenny Bragg, Mark Ellis, Friend

## Apologies:

Amanda Robbins, Housing 21; Wendy Bryant, Vans; Audrey Muranda, Nilaari; Sue Ricketts, Kaleidoscope; Julie Kell, NHS North Somerset; Jean Langmead ; Jenny Murphy, Crossroads - North Somerset; Nicole Wright, Richmond Fellowship; Alan Richardson, Crossroads - North Somerset; Miriam Robertson, Somerset Racial Equality Council;

## Report back from the LIT voluntary sector reps

There will be a Single Point of Access (SPA) for mental health services. In future, people will be able to self refer on line. Previously referral to secondary services was through GPs. The phone number is 888807 (the same as the previous Care Connect number). The contact for further information is Julie Kell. The UFM's (User Focus Management Group) evaluation of mental health teams report has been forwarded to funders. Copies will be distributed in the near future.

Q: Is that across the AWP area or just North Somerset?

A: I think it's across AWP. Clare thinks this has already started.

## Information share

- **Friend:** They are trying to widen its range of services and allow people to dip in and out of services. They have started a new project called Aspire, working on a 1:1 basis with clients, taking up voluntary work in the community, for example. There are two part time development workers, one based in Weston and the other in Clevedon. They can also help people to move into paid employment. The service is being promoted to early intervention teams and is attracting a younger client group, motivated to move out of mental health services. It is a major cultural change to talk about progression when someone has been dropping in for five years.  
This will probably take years, rather than months, to establish. The key is getting people's confidence and self esteem up.

Kate Oliver: That sounds similar to The Care Forum's New Routes project. **Action:** Kate to email Mark Ellis details of social prescribing event in B&NES on 24 November [done].

- **Rethink:** They are promoting their services in North Somerset and Somerset. It is a free service, offering housing support to people with dementia of any age. People can self refer. Their work is based on five housing related outcomes. **Action:** Caroline to put information about Rethink in next ebulletin.
- **Jenny Bragg:** makes visits to lunch clubs in Nailsea and Long Ashton.

- **LINK:** have produced a document to feed back to the community what they have been doing.

Q: Can you clarify the single point of access system?

A: It's the system for AWP, housing, IAPT and nursing. The idea is also to try and simplify the number of teams in AWP. It is not always clear which team to contact as there a lot of phone numbers. Some of it is contract related and the idea is to have one number and then triage from that. With the new service model there is no age barrier at 65 for functional mental illness. We should have clarity by the end of this year. There has been positive feedback from GPs about having one number to call. It is hoped that the model will be ready by January. With district nurses, the intention is to have someone in the back office with mental health knowledge.

Q: What about the online part?

A: It is linked into the Care Connect part at the moment. On line activity is increasing and they are trying to encourage more. Feedback would be useful. Joint information sharing is not easy to resolve and people get fed up with being asked the same questions again and again.

### **Dali Sidebottom – Commissioner of CAMHS**

The early years are critical in terms of the child's later life. There is the windscreen model in North Somerset with universal services, such as maternity services and critical service for picking up vulnerable women. Recent research around attachment shows how importance it is. Primary care GPs provide a universal service. The family nurse project links with health visitors and health visitors do a family health needs assessment. Only the health service provides universal services until children go to school, then services are school based.

Targeted services are often not so well resourced. In North Somerset, locality services have been developed which involve a range of professionals, such as school nurses, family support workers and youth workers. Some of the cut backs have put these services at risk. As housing, joblessness etc impact on people's lives, partnership working has become very important. If specialist support is required, people are referred to specialist services, such as CAMHS or youth offending. This is sometimes referred to as tier 3, but the terms normally used are: universal, targeted, specialist. CAMHS has primary mental health workers in the locality.

Q: What about services for children with disabilities?

A: We commission the voluntary sector, such as Springboard Opportunity Group (jointly with the local authority) and Home Start. Also, Barnardos and NCH (Action for Children) provide respite. SCF recently merged services to provide integrated service for children with disabilities as lead professional. Weston Trust provides CAMHS, paediatrics, etc.

In April there will be fewer universal services and more targeted ones. There is a huge gap in North Somerset between rich and poor and the local authority is very committed to narrowing the gap.

### **Dr Mary Fenner – CAMHS Consultant**

Most adult services are up to 65. Ages 0 to 5: perimental health specialist e.g attachment groups. 5 to 18: core CAMHS age group – less than 6 months is average length of service use. 16 to 18: planning for transition. CAMHS is commissioned up to 18. Adult mental health services are commissioned down to 16, so there is an overlap between ages 16 to 18. Adult services includes commissioning teams, crisis teams, mental health liaison team based in Weston General hospital, positive step (primary mental health service). Very few 16 to 18 year

olds are in adult mental health services because it is not appropriate. Early intervention and psychosis service ages 14 to 35. Learning disability mental health nurses are specialist part of CAMHS. 0 to 18, start to plan transition at 14 to 18. ADHD service in Bristol is for ages 18 and over. There is a big gap in North Somerset for ASD adult service – have to buy it in privately. CAMHS does not use much medication, whereas adults do. It is more difficult to diagnose, more responsive to treatment, change of circumstance. Mary would

Mary would have families and carers involved all the way through. “Think Family” is now “Total Family Total Space”. This is now a more common model. A consultant service is located in SSD but a CAMHS service provides adoption support – longer term as well as LAC support. Eating disorders – CAMHS service and then based at Southmead for 18 years upwards.

There is a protocol that CAMHS and adults professionals both attend several meetings to ease transition. CAMHS and AMHS meet regularly to discuss principles and issues and AWP has a transitions meeting every week, which has only been going for three to four months.

“Track” is a national symposium which has looked at transition in six Trusts in London and West Midlands found lots of unsuccessful transitions.

### **Jo Orchard – Avon and Wiltshire Mental Health NHS Trust (AWP) Early Intervention Service**

The Early Intervention Service is for 14 to 35 with psychotic symptoms. There are extended assessments and watching briefs. It is a three year service (although some people don't need a three year service). They use assertive outreach, CBT, and look at housing and jobs.

“Fairbridge is brilliant”. The non medical prescriber gives people lots of choice about medication and is very flexible, for example, meeting in McDonalds. Learning difficulties refers to ADHS, ASD and Aspergers in AMHS. Bristol capacity is a problem. With ADHD, there can be side effects of medication, so there is a need to be very careful around the dosage. With Aspergers, there are more individualised packages of care which are GP commissioned. It can be difficult to assess levels of need as people present with different needs. There is a gap in services for these people. ADHD is under diagnosed in the adult population. Schools are now more aware. There is no diagnosis service in North Somerset, but GP can refer in to the Bristol team. Shared Care is being developed between the Bristol team and GPs. Autism diagnosis for adults in North Somerset is difficult, but is to be addressed by the individual commissioning panel.

Q (Kate): Would it be helpful if there was voluntary sector involvement in some of the transition meetings?

A: The voluntary sector perspective would be helpful. The VCS was represented on the Children's Trust Management Board (set up by the previous Government) More locally determined arrangements had to be put in place. Dali could raise the issue at the Transitions Governance Board.

### **Evaluation:**

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

- Networking opportunities
- Information was comprehensive regarding services available for 16 to 18s
- Meeting others and picking up relevant information for SCL
- Information sharing Presentation

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

- Training and education - partnership working progression routes for mental health service users
- It would be good to hear from voluntary groups regarding their services for 16 to 18s
- Dementias changes in the service

**Are there any other comments you would like to make?**

- Enjoyed meeting

**Next meeting**

Monday 17 January, 10.30am.

Content	Average mark (out of 5)
Understanding of subject at start	2.8
Understanding of subject at end	4.0
<b>Sessions</b>	
Speakers	4.0
Other elements	3.5
<b>Organisation</b>	
Pre-event information	4.3
Facilitation	3.7
Organisation on day	4.0
<b>Venue</b>	
Access	4.5
Refreshments	4.3
Standard of room	4.3