North Somerset Mental Health Network Meeting Notes 17 September 2010

the care forum
voluntary sector service

Attended:
Alan Richardson, Crossroads - North Somerset; Claire Murphy, Friend Ltd - Weston Super Mare; Liz Byrd, Kaleidoscope; Roger Ingham, MFA; Gloria Ingham, Multicultural Friendship Association; Carmela Kellaway, Multicultural Friendship Association; Chris Born, NHS North Somerset; Phil Morgan, North Somerset PCT; Alison Yianni, Rethink; Laura Dumbelton, Richmond Fellowship; Virginia Lowe, Somerset Racial Equality Council; Triliria Newbury, Somerset Racial Equality Council; Jabez Croney, The For All Healthy Living Company; Kate Oliver, The Care Forum

Apologies:
Rosemary Dowie, North Somerset Community Group Forum; Katie Collins, Rethink; Martin Scott, Second Step Housing Association; Fay Derrick, Shake A Leg Committee; Sara Dean, Shaw Trust; Nina Farr, Vision North Somerset; Katie Collins, Rethink

Information Exchange

Richmond Fellowship
Supported housing flats in Clevedon. Individual flats provide tenancy, usually for one to two years. It signposts to different agencies, provides help with budgeting, floating support is community based and works with Recovery Star towards independence.

Positive Wellbeing Project at the Healthy Living Centre
BIG Lottery funding comes to an end in January. Activities include gardening, 1:1 support, keep fit. The projects are winding down before being handed over to the healthy living centre.
Phil: That is something that AWP could look at.
We're doing work with the healthy living centre. The wellbeing work will continue after the funding ends. We hope to do a celebration in January.

North Somerset Crossroads
The Carers Champion project was launched in May/June with a series of training courses to train people in organisations to recognise carers. On 16 September, a course ran with 90 people from the community, hospitals and other organisations. They are looking into expanding it. The invitation is being extended to every organisation to send one person. A carers' magazine is produced four times a year and information from other organisations is included.

MFA (multicultural friendship association)
This was formed two years ago and officially became MFA last year. They support each other in an informal environment and inform people about facilities. For some of the group, mental health is taboo and they don't know where to go for help. There is a talk on October 12. Speakers are welcomed to MFA at any time. Ethnic groups often do not know where a GP service is, and employers are not linked. People need to know where to go for advice.

Friend
Friend is involved with Second Step in arranging activities for world mental health day. Caroline at Friend is the contact (☎ 01275 622292). On 13 October, there is a football match at Hutton

Moor Sports Centre and a procession through town and the opportunity to take part in a drama. The contact is Martin Scott at Second Step (☎ 0117 909 6630, martin.scott@second-step.co.uk) On 1 November, Ruby Wax is participating in a large public event, the venue is yet to be confirmed. Contact Friend for more information. Advocates at Friend are doing a lot of presentations on IMCA (Independent Mental Capacity Act); they can come and talk to staff groups.

Phil: North Somerset Social Care also does mental health act training which is free to organisations in North Somerset. Contact the training department at North Somerset Council (☎ 01934 427 400).

Rethink
Dementia and memory loss can occur at any age. Rethink provides housing-related support, 1:1, maintaining independence in the home. A carers' support group is being set up as it is sometimes difficult to access information.

Kaleidoscope
The organisation operates mainly in Clevedon and Nailsea, but is trying to extend its activities to Portishead. Kaleidoscope exists for giving people support and a social outlet and keeping people up to date with things they should know in the mental health world. They are very encouraged by new members trying to form their own social activities.

SREC
SREC had a problem with funding for Tai Chi and didn't know where to go.
Kate suggested putting an item in the ebulletin about the kind of support they would like. To submit an item for The Care Forum's monthly ebulletin, contact kateoliver@thecareforum.org.uk

Chris Born, Chief Executive, NHS North Somerset

The PCT is always trying to improve, but the pressure to do so is greater than ever. The government is asking services to improve their quality and efficiency by huge amounts. Funding will be produced which will be put back into the health service. There's a growing population in North Somerset. New drugs for cancer, for example, are very good and very expensive. There has been a lot of planning in the last few months leading up to 2014. What we think we can do better is the journey through the services. Also, there are delays when people are in hospital, the system does not help staff. We are trying to streamline these pathways. Can we make sure that we get the right crisis service, particularly out of hours? We are trying to put more primary care GP element in the emergency department of the hospital. We are trying to support people to stay out of hospital and be supported in the community. There is a similar move in mental health services. We are trying to accelerate this. We are looking at various pathways; for example, an urgent look at the ambulance service. Many cases are not serious enough to hospitalise. There are lots of ways that we are trying to have more staff in the community. We are looking at some of the planned operations like orthopaedics. Physiotherapy might be better. Hospitals are trying to get more efficient and discharge people more appropriately. We are working with GPs and consultants in hospital to redesign the pathway. We are looking at who runs these services, currently the hospital is run by a National Health Service trust. The government wants hospitals to be more independent. The tests to become foundation trusts can be quite hard. We are looking at what we can do to strengthen them and support them to be more financially stable. Every hospital in the country will get smaller by 20% or more. If the hospital cannot become a foundation trust, it will need to become part of a bigger one by 2013, perhaps Bristol or Taunton. Community services, such as district nurses and health visitors, are currently run by the PCT, but by next year they will have to be part of another organisation. We have to decide where they go, possibly joining

organisations up and bringing the trust and community services together. We are still working it through. GPs like the idea as long as it keeps the focus on community and primary care. It is still being debated. Alongside the plans for integrated care, we are also preparing community services to be become an organisation in their own right, which would be a social enterprise. This has been done in Hull and Surrey, but there are lots of issues.

Q: Prevention beforehand is important. Often someone has a general illness and during the recovery period a problem with mental health develops.
A: That is very important and is one of the things in the white paper, bringing the health service into the council. The council needs to think more about health promotion.

Phil: Historically, we have not been good at dealing with people with complex needs. Dealing with people holistically fits in with personalisation.
A: The key is working closely with social services. There has been some very good work over the last few months working on the discharge process. The hospital has employed its own social worker.

Q: There's an issue with discharge before a mental health assessment.
A: We try and assess people in general hospitals all the way through. We have a specialist mental health nurse working in the emergency department. There are visiting consultants from psychiatric services.

Q: Alan is sitting in on the discharge process on behalf of the PCT. There are six work streams including: communication, tablets and medication, and the link with community teams. The biggest problem is with data not being integrated across different computer systems. A couple of wards are piloting different stages, for example, advising people of the anticipated time they will come out.
Phil: We are gathering stories as well.

Kate: Can you tell us about the plans in North Somerset for GP commissioning?
A: GPs are working with us in two groups in Weston and Woodspring on planning and commissioning services. There is a meeting in the next few weeks about what consortium they want to be part of. We are hoping they decide to form a North Somerset consortium. To find out about the consortium, contact Penny Hynds or Suzie Heller at the PCT. It is a big change and will take time to establish. We don't get the real budgets until 2013.

Q: Sometimes there is a problem with availability of translators. I have a specific example.
A: It would be best to follow that up with the Patient Advice and Liaison Service (PALS) and the children's hospital.

Phil Morgan: Personalisation - training for the voluntary sector

http://www.thecareforum.org/publication_uploads/personalisation%20and%20the%20third%20sector.pdf

http://www.thecareforum.org/publication_uploads/Bluffer%20Guide%20to%20Personalisation.pdf

Phil emphasised that voluntary sector services need to provide flexible services and be able to prove what they do in order to be commissioned.

Q: Can a personal budget be used for training to get back into employment?

A: Theoretically, yes. There are two eligible needs: health and wellbeing; learning new skills. Direct payments are lower in mental health, but that is improving. All the mental health team will be trained in personalisation by the end of the year.

Q: What about when someone is being discharged from services?
A: They have to be assessed to see if they meet eligibility criteria. Social workers say, however, that personal budgets are being sent back.

Q: Access to assessment: In North Somerset it is difficult to get on to the mental health team lists and it is a massive problem.
A: There is a long way to go in a) persuading people in mental health to be person centred and b) as statutory organisations make it complicated. Social care in Weston has a dedicated personalisation team. There is a half-day session on 22 Sept.

Q: Can people opt out and still get services?
A: Yes.

Q: Rigorous recording is needed. How do you stop the whole system being scammed? It is open to abuse. What happens if you employ someone for care needs and it goes wrong?
A: It is in the skill of the assessor deciding if the person is capable of taking responsibility for the money. If you've been a risk in the past, you won't be given that responsibility. Monitoring take places making sure that needs are being met.

Q: Administrative infrastructure could grow.
A: This form is less complicated. There is flexibility about who does the monitoring; it does not need to be social workers.

Q: The local authority was providing day care before at a rate. How does someone know that they will get the equivalent within their budget?
A: It is worked out with the advocate/social worker. All this goes through brokerage. It should be a simple process, recognising that the person who knows most about their condition is themselves.

Next mental health network meeting

Friday 12 November, 10.30am-12.30pm
Young people's mental health services and transition - with the commissioners for CAMHS, Dali Sidebotham, and for adult mental health services, Julie Kell.

Evaluation

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

- More workshops for children in schools and also for carers as you are introducing new medication
- Speakers from patients' experiences of services. Longer time for speaker's talk.

Are there any other comments you would like to make?

- Great opportunity for networking
- If the speaker can give speech in our group
- It was a good report back and with a lot of awareness

- Provide the email addresses of groups/persons present at the meetings. Need for timetables of each group activities.

Evaluation contd over page

Content	Average mark (out of 6)
Start and finish times	5.1
Pace of meeting	5.4
Opportunities for networking	5.3
Sessions	
Relevance of speaker one to my group	5.4
Relevance of speaker two to my group	5.4
Venue	
Access	5.6
Standard of room	5.4
Usefulness	
I feel better informed about the development of local services	5.1
I took part in debate and my questions were answered	5.0