



North Somerset Mental Health Network Meeting Notes 10 January 2012

Attended:

Justin Parsons	Age UK North Somerset
Tracey Ackland	Brunelcare
Anne Richards	Citizens Advice Bureau North Somerset
Alan Richardson	Crossroads North Somerset
Mark Ellis	Friend North Somerset Limited
Carrie Piper	Headway
Roger Ingham	Multicultural Friendship Association
Gloria Ingham	Multicultural Friendship Association
Maria Reeve	North Somerset Council
Chris Phillips	North Somerset LINK
Janette Gaunt	Richmond Fellowship
Pauline Russell	The Bridge Project North Somerset
Linda Shaw	The Bridge Project North Somerset
Heather Lowe	British Red Cross
Susan Hamilton	NHS North Somerset
Paul Davis	North Somerset Council

Apologies:

Judith Barnes	
Maggie Engels	
Val Harris	Bipolar Organisation North Somerset
Yasmin Shreeves	Knightstone Housing Association
Nikki Edwards	National Autistic Society (NAS)
Sandy Ross	Samaritans
Martin Scott	Second Step Housing Association
Jenny MacDonald	The Bridge Project North Somerset
Maggie Lyons	Woodspring Deposit Guarantee Board

Information Exchange

Headway Bristol

They are hoping to expand and have a one day a week outpost in North Somerset. Headway is a charity that supports people with brain injury.

Richmond Fellowship

Provides a housing service and floating support for people with mental health issues. It is unclear about funding changes.

Friend

Friend is a community mental health resource centre.

Age UK Somerset

Provides a voice for older people. They are trying to build social capital and map services for older people. The senior community link engages with the local authority and NHS North Somerset.

North Somerset LINK

The configuration of HealthWatch has been postponed until 2013. At a North Somerset Council Meeting on 9 January, confirmation was given that the LINK would continue until October 2012, but there will not be much extra funding between then and April 2013.

North Somerset Crossroads

Crossroads provides a carer support service. A free carers magazine is produced four times a year which includes information from other organisations. Funding has been received from the Department of Health (DH) to fund a two to three hour training session for carers champions. Alan will send details to Louise.

Citizens Advice Bureau (CAB) North Somerset

The CAB provides specific welfare benefits advice for people with mental health needs. They have developed a training course to help clients and service users to understand the benefits system. The course is for one and a half days, the first day focuses on the benefit system and the second day on the appeals process. The full cost is £65 or £50 for day 1 and £40 for day 2. Ann will send the flyer to Louise.

The Bridge Project

This project supports vulnerable people on the edge of statutory care. They provide recreational, creative activities. A lot of development work has taken place in the last six months, building a mentoring project. Linda Shaw is the project worker and has funding to do networking. They are putting in a bid to support the allotment at The Carlton Centre.

BrunelCare

Provides care services, primarily for the elderly.

NHS North Somerset

Is running dementia awareness training sessions at the end of January and on 3 February. The User Care Forum has a meeting on 31 January at 3.30pm and they are keen to get new members. Louise will circulate the information.

Maria Reeve, North Somerset Council: Future commissioning and the VCS

There is a process in place. The medium term finance plan has to be accepted at a meeting in mid February, before the next stage can begin. There are nine third sector contract areas at the moment and they will be looking at the details of how to break this down. They have not yet consulted formally with service users and hope to work closely with providers in this piece of work and would be willing to hear suggestions as to the best way to manage this. They recognise that there is stress and anxiety for service users at the moment. One of Maria's colleagues is working on a questionnaire for Supporting People service users. There will be fewer contracts, so it will be about sharing skills and resources. Organisations will need to be creative. It will be difficult but it is an opportunity to streamline services. It could be an opportunity to go through LINKs/HealthWatch to gain service users views.

Q: What will be the next step after the signing off?

A: We have spoken to organisations. We had a consultation before Christmas and last year, we consulted with the voluntary and community sector. There will be more consultation, but initially it will be electronic. We need to share ideas about the vision.

Q: There is no time for the consultation process if funding ends on 31 March.

A: You will receive notification of an extension to your contract, which is likely to be until September 2012, within a few days of the February meeting.

Supporting People is a small team managing seventy five services. We still need to measure outcomes. If we are reducing isolation, for example, we need to think about how we are measuring it. We will have many shared outcomes and may be there are some specialisms

Louise: Is there a document to give people an idea of what they should be working towards?

A: We hope that people will help us to develop the plan. There is nothing more to be circulated, we need to hear from people. The nine headings have been agreed by the Board. The information has been shared electronically and through VANS (Voluntary Action North Somerset).

Louise: People should check if they are receiving the information. Who circulates it?

A: Shaun or Amy, the administrator.

Q: Is the information available on the council's website?

A: The minutes of the previous meetings and date of the next one are. If there is some information that you need, contact Maria by email.

Q: I haven't seen a link worker for ages.

A: You will have a named person responsible for the CAB contract. You are in the third sector strategy. I will check it out.

Q: Will accreditation apply to the third sector?

A: We haven't yet decided, it is quite a long and complex process. The important thing is to get three year contracts. Alan Davis is the main link officer and I am hoping to feedback today's work.

Q: Will there be electronic updates after the February meeting?

A: There will be more work to be done on contract extensions and colleagues will meet with you. Some information will be sent out to confirm that the meeting has happened and that the plan has been signed off. There are governance rules which mean that contracts can not be extended until the plan has been signed off.

Q: Will there be financial envelopes under each of the nine headings after the meeting?

A: Yes, but there will be 30% less funding. We will be doing our utmost to keep services running on the ground.

Louise: The timescales are very tight.

A: It is short notice, but contracts will be extended.

Q: Staff should be on notice.

A: You should talk to your management committees about the best way forward.

Louise has copies of "Managing in tough times".

Kate Archibald, NHS North Somerset: Shaping the future of mental health services in North Somerset

In July 2009, North Somerset PCT decided to review mental health service design. The PCT, local authority and AWP are all on the project board. The project board has a team with third sector representation and there is also the user carer forum. As the project has evolved there have been different workstreams, such as finance, care pathways and work force.

It is following national advice from the DH that North Somerset is looking to implement payment by results (PbR) and the care cluster model. The DH has said that PbR for mental health will start this April. North Somerset is trying to make sure that the care cluster model is implemented in time. [handout] There are twenty one national definitions of care clusters, cluster 9 for drug treatment has been pulled out.

Clusters 1-8	Non psychosis.
Clusters 10-17	Psychosis. 18.
Clusters 18-21	Organic and acquired. For example, dementia or brain injury.

The clusters cover the spectrum of mild need to crisis. Each cluster has a specified minimum review period. For each cluster, there are evidence based treatments and interventions. Tariffs are complicated. In mental health, there will be another year to monitor activity and set tariffs. Nationally, this has to happen and there will be more guidance as the year goes on. They are now looking at implementation and its impact on service users and carers. It is payment by activity and work has been done around outcomes. AWP has been working to put all service users into mental health clusters.

The core dimensions outcomes work has been developed by Milestones in North Somerset Trust. It is about what individuals want to achieve and monitoring how we can help them to achieve it. The outcomes need to include older adult outcomes and substance addiction outcomes.

[handout] Cluster data from secondary services has been collected by GP practice and grouped to tie-in with North Somerset Locality Area teams. Needs have been grouped into locality group areas. Weston has the highest levels of demand, but there are significant demands for older adult needs in other areas. You need to think about where your services are geographically based. In the next few months, we will keep revisiting the data. AWP will be making sure people are in the right clusters.

Q: Is the information from GP practices?

A: It's all from AWP. Each GP practice holds a mental health register, for example someone who is Bi-polar will have a 15 month GP check. We want to cross check the GP and AWP registers.

Q: Will GPs be clustering?

A: As we move into the model, in six to twelve months time, clustering will be used more. At the moment, we are using clustering to plan the workforce etc. In April 2013, funding will follow the patient, in terms of need. We have GPs involved in the project. They would need to understand clustering and what a cluster allocation means for their patient, but they would not necessarily do the clustering.

PbR is around funding mechanisms. The model is about meeting the needs of individuals. [handout] This data will change in the next few months. We shouldn't get bouncing of referrals. The clustering model is an ageless model, so someone with early onset of dementia at age 45 would have the same access to services as a seventy five year old. It will take time and there needs to be robust monitoring. We are looking at outcomes for third sector contracts using the Milestones Dimensions framework.

The idea with the mapping work is to support Maria's team looking at the provision of mental health services across North Somerset. There will be cross referencing and every third sector organisation receiving NHS/Local Authority funding will be given the opportunity to use this.

Q: There are limitations with PbR, there may be a number of organisations contributing to someone's wellbeing.

A: At the moment, PbR is only for statutory contracts, but it will move to the third sector. Statutory bodies are having to make efficiencies. There maybe future opportunities if the third sector can demonstrate better outcomes and lower costs.

Louise: There are voluntary and community sector organisations without contracts.

A: That is what we are trying to capture. Treatments and interventions will be based on National Institute for Clinical Excellence (NICE) guidance, but equally important are social factors, such as accommodation and employment.

Louise: With the lower clusters, will whoever does the referral have access to the information about what is available?

A: Whoever does the commissioning needs information about which organisations are providing what services.

Q: With the computer model, clustering is done with the patient, which is good. It is important to remember that people are not stuck with one cluster.

A: At the moment, people have felt that the clustering is not being done in partnership. We need to do more work, the value of clustering is not quite out there yet.

Q: I'm intrigued by the low numbers in cluster 16.

A: It is based on the presenting needs in the previous two weeks. It also looks at the previous ones with less weighting. A component of all clusters is substance abuse. We've talked about it a lot in the mental health and substance disorder group and anticipated the figures would be low.

Q: There is the element of people not accessing services.

A: I do not think that the specialist drug and alcohol service data is included. I will need to check this.

Q: AWP make a distinction and won't provide a service to people abusing substances.

A: We have been working to ensure there are close operational practices between AWP and other substance misuse services. It is a really good point. I'll follow that up.

Q: The figures in 20 are quite low. People reach a certain level, are signed off and then there's a gap.

A: There are a lot of people in 20/21. Some of the 19s are reaching the residential threshold. There needs may be met by a residential provider. A responsible practitioner is still under discussion. People may receive a service from a variety of providers. It is already complicated and we need to work through it all. The project team includes a dementia practitioners with a broad range of involvement. The user care forum is on 31 January.

Louise: It is important that the voluntary and community sector plays a part in that. It is not an adjunct, but part of the package.

A: Statutory providers are looking to that joint working. There are concerns, in 2009 when this work started, we didn't have the Quality, Innovation, Productivity and Prevention (QIPP) programme and we didn't have other budget cuts. Capacity is changing.

[form filling]

Return the forms to Louise by Monday 16 January. Please contact Louise Hudson asap if you would still like to contribute to this process.

Q: We tend to refer mental health issues to another agency.

A: They are not all mental health specific, they are general outcomes. This is to make sure we don't lose anything. We need to identify important outcomes and how effectively they are delivered. Some people may only speak to one or two people and we need to capture that aspect of trust.

Action: Louise will re-send the form.

Mental health LIT

Louise described the role and explained that The Care Forum sends two reps: Martin Scott of Second Step and Janette Gaunt from the Richmond Fellowship.

Janette said that she had attended three meetings and a lot of different work is going on as there are a lot of changes. The December meeting had been cancelled. There is an autistic spectrum disorder action plan. There is a work programme on a project to support ten individuals into employment. There is a partnership between the National Autistic Society and the Carlton Centre. The NAS will identify five individuals and the job centre will identify another five. There is a two year fixed term joint social care and health funding post to support people on the autistic spectrum into mainstream services.

The Primary Care Liaison Service and Older Adult Service will be going into the liaison and later life strategic business unit. The assessment function will be maintained and will be available 24:7, alongside intensive service. The teams are all changing, the assertive outreach team will go under the umbrella of intensive service. The individual personnel are changing too. The service user and carer payment policy is to be reviewed against Department of Health guidance. The main agenda item is shaping the future and care clustering. Janette will send on the LIT workplan.

Action: Louise to contact Jay Akerele about the May meeting being about public health and mental health.

Louise had been to the shaping the future project group. One of the issues was care clustering. People have been assigned to clusters and there is concern from service users and no clear service user guidance about how it happens and what it means. The gap needs addressing. Something needs to be devised if it is not out there already.

Comment: AWP has an easy read team.

Next Meeting: Thursday 22 March, see attached invite. Meeting topic: Older people's mental health and dementia services. Speakers from North Somerset PCT and Alzheimer's Disease Society confirmed. To book contact Katharine Gonzales, email events@thecareforum.org.uk or tel: 0117 958 9345.

Future meeting dates: Wednesday 13 June: Mental health and public health. Speaker: Susan Hamilton, Public Health North Somerset (Senior Mental Health Promotion Specialist).

Wednesday, 26 September

Wednesday, 12 December

Evaluation:

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

- Networking
- Presentation of health cluster data by Kate Archibald
- Progression update on care clusters and objectives (carer dimension)
- Report by Kate Archibald
- Having been 'out of the scene' for a while - really helpful to catch up on strategy and developments

- Future commissioning and the voluntary and community sector
- First time attended this meeting, useful to meet other service reps that attend. To increase knowledge of clusters.
- Good overview of changes

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

- Public health
- Not sure, but ongoing changes within voluntary sector and AWP/NHs changes within PCT.

Are there any other comments you would like to make?

- Didn't know you had to pay for parking
- Regular updates of Kate's work would be useful
- Cold room. Surely monitoring section of the form should relate to your organisation, not you as an individual?

Content	Average mark (out of 5)
Understanding of subject at start	3.1
Understanding of subject at end	3.8
Sessions	
Speakers – Maria Reeve	4.1
Speakers – Kate Archibald	4.5
Other elements	4.0
Organisation	
Pre-event information	4.3
Facilitation	4.4
Organisation on day	4.6
Venue	
Access	4.3
Refreshments	3.8
Standard of room	3.6