



South Glos Mental Health Network Meeting

14 September 2010

Attendees:

Derek Dominey, Alzheimers Society - Bristol Branch; Una Corbett, Battle Against Tranquillisers; Diana Elliott, National Autistic Society; Jean Grant, Nhs South Gloucestershire; Jane Kilpatrick, Nhs South Gloucestershire; Debi Amor, Rethink; Mark Earl, Rethink; Gill Pickford, Second Step Housing Association; Janet Biggin, South Glos Council – Councillor

Apologies:

April Begley, Crossroads - South Glos; Kate Croucher, Headway - Bristol; Alison Weaver, Nhs South Gloucestershire; Jacky Keane, North Bristol NHS Healthcare Trust (NBT); Sue Tasker, South Glos Council - Leisure & Community Resources; Sarah Booker, South Glos Link; Earle Kessler, South Glos Link; Terry Jones, Survive; Emma Reardon, Tracscare; Kyra Bond, Womankind

Update from Jean Grant, the Joint Mental Health Commissioning Manager for South Glos

The recent white paper *Liberating the NHS* means considerable change for the Primary Care Trusts.

GPs consortia will be leading on commissioning in the future including mental health. There is one GP consortium for South Glos. From next April, there will be a shadowing arrangement with the primary care trust and the GP consortium will gradually be taking over. The PCT in its current form will cease to exist. We don't know what this will mean long term for mental health.

Louise Rickitt has taken over from Roger Pedley, as the Primary Care Trust's lead Assistant Director on mental health.

The recent Mental Health and Wellbeing conference in South Glos was useful for getting people together. It was originally to be the launch of the New Horizons vision. Document. We are now waiting for a national mental health strategy and another one on public health, both due in the next few months, and which will be based on the *New Horizon* vision.

The Quality Innovation Productivity and Prevention (QIPP) Programme

This relates to the process for increasing efficiency in health services, reducing management cost whilst safeguarding the quality of front line services. The key areas of work are about becoming less reliant on hospital beds, reducing delays in transfer back to the community and reducing out of area placements. We need to look at how to strengthen community services and manage crisis situations, overall reducing the need for going to hospital (although sometimes hospital is the right place).

Avon and Wiltshire Mental Health NHS Partnership Trust (AWP) Reconfiguration of Services - we have been waiting for this for a while. The issues for AWP are about modernising the service, ensuring that services are age non specific i.e. that there is equal

access to services whatever the person's age, getting the skill mix right, providing services within the required budget, and the QIPP framework

AWP has produced a business plan as part of the application for Foundation Trust status and has a programme with thirteen work streams undertaking preparatory work in relation to the service re-designed.

The first South Gloucestershire Project Board to address both the re-design work and QIPP is arranged for 14 September 2010. The QIPP process will need to be included in the AWP redesign, with the ethos of New Horizons running through. There is an issue about how we link back to services like housing and leisure when the situation is changing too.

New Horizons promotes working across departments, agencies and age groups... Public health is to be part of local authorities which will facilitate work on health needs and prevention strategies.

The Local Implementation Team (LIT) has been used as a reference group in the past. It is general purpose and generally reactive, and provides an opportunity for information exchange. From now on there will be a local QIPP Board, chaired by Louise Rickitt with senior managers overseeing the service development to give it the necessary authority. The LIT may well become the Project group from which the other work streams will grow. This is under discussion. There is also work underway to improve user and carer consultation by creating a more formal way of collating feedback to inform service development..

LIT work plan

The LIT has a variety of subgroups which have not always been clear about their role: and the problem they are trying to solve.

- Performance Group
- Housing Sub Group
- Mental Health Training Sub Group
- Mentally Disordered Offenders Sub Group
- Integration Project Group

There are a number of other issues that need work but rather than setting up more subgroups there will be monthly seminars on each of these topics between now and Christmas. These could include:

- Housing October 12 11.30 Emersons Green Village Hall
- Personality Disorder. October 21, 3.- 5pm Brook House (near road to Monarch Court and the Treatment Centre)
- Dual diagnosis October 28 2-4pm in Room A Monarch Court.
- Employment tbc
- The Delivering Race Equality (DRE) project is looking at the mental health needs of black and minority ethnic people. The previous post holder left some months ago and the PCT is not now able to recruit tbc

(Dates added in after meeting. All welcome to attend these-please inform Jean or Sue Cooper if you intend to come)

The key findings from these seminars will form the basis of the LIT work plan and also be fed into the redesign process.

Autumn Assessment:

Under the National Service Framework (NSF) there was annual self assessment against the targets. The NSF is now completed. In its place are a number of ambitions (which form the basis of the self assessment handout). People have to rate themselves green, amber or red, according to extent the criteria have been met and the tasks achieved.

Place of Safety - Police cells are no longer the only place of safety. At Callington Road, there now a place of safety suite to assess people, but people can still be taken to a police station if the suite is already occupied, to wait until it is free.

(Under the old Act Mental Health Acc, people could not be transferred, but now they can be detained then transferred to another place of safety such as Callington Road)

Questions and Comments

Q: Why is there no one in the DRE post?

A: It is very disappointing. Funding is no longer ring fenced. There are problems with support for the post. so we tried to look at linking the public health dimension with the mental health dimension. and changed the job description and then hit the cuts.

Jane Kilpatrick - DRE was a Government must-do but there was never funding from the Department of Health. Simon, the previous worker, did mapping and community development work on the ground.

I can put a bit of my time towards it.

Q: It would be helpful if the information produced by the DRE team could be shared with providers.

Jane Kilpatrick - An exit report was written a year ago when Simon left, which highlighted the work in prisons and with the gypsy and traveller community. Simon made a podcast which was directed at the younger generation about looking after their elders.

Q: It would be interesting to see the mapping report.

Action: Jane to identify where the documents are so that they can be shared with the network

Q: Can you have a joint post with Bristol?

A: Nilaari appointed a dual diagnosis worker. A bit of our £10k has gone towards it.

Q What about a seminar on DRE?

Q: There is no employment group in South Glos, but there should be. The learning difficulties partnership board meeting is coming up. All the people involved with employment need to get together. The Bristol group is meeting and taking it forward. There is more contact with employers.

A: Ongoing subgroups are not the answer. Linking with agencies/services is preferable. I'm in favour of a joint meeting and we have had one. There is a launch tomorrow at Frome Valley Farm of Organic Blooms, which is funded for a year. The issue is about linking up. I'll suggest a cross service group to Kenny.

Q: At the conference, Malcolm Sinclair gave a presentation, but dual diagnosis was absent from the slides. Are there any further developments?

A: It will be discussed at the meeting this afternoon. There are pockets of work without authority behind them. Sarah Telford is very active in dual diagnosis. We can look at what else can be done, apart from training.

Q: Will the dual diagnosis strategy meeting go ahead?

A: No, as the subgroups are being revamped, monthly seminars are being planned.

Q: Will there be information from this afternoon's meeting?

A: If there is anything, Sue can send something to LIT members. There might not be an outcome as such.

Q: It's very complicated and AWP seems to be secretive about the changes it is developing. Could you relay that back to them about being open?

A: Now we're in a competitive world, some of the information is sensitive.

Q: The LINK has a strategy group with AWP. When Malcolm Sinclair gave a presentation a few weeks ago, he was very open. The detail relied on consultations with individual commissioners. The next stage is what is needed in particular areas and that is to be discussed with commissioners.

A: We will have to set up a local group, but the PCT did not know what had been agreed and how my work would fit in. There should be an on-going discussion.

Q: Through the LINK, we can ask the right questions.

Q: Is the commissioning group of GPs made up of all the GPs?

A: Yes. There is one consortium for South Glos. They now have to be part of it.

Q: What happened to integration of mental health services

A: Formal Integration was supposed to happen on 21 July, but it ran into legal difficulties.

Report from Voluntary Sector Reps on the mental health LIT Team. Gill Pickford, Second Step and Debi Amor, Rethink

Personalisation was discussed at the LIT. How does it fit with the cuts?

Jean Grant - The expectation was that personalisation would save money.

Q. Are you aware of people on direct payments not choosing Rethink?

Some service users do seem to be choosing personal care type packages rather than specialist mental health providers. Care coordinators have the power to signpost people to where they choose. Personal assistant type of care is against the recovery way of working.

There was a briefing session on personalisation in July from Support Solutions organised by The Care Forum. There will be more training in November.

The council also runs quarterly personalisation seminars. At the last LIT meeting in August, we were given a copy of the White Paper with lots of questions and answers about GP commissioning.

Action: Sue Cooper to send to Gill

Well Aware is The Care Forum's community care database. We hope that care coordinators and brokers will use this to signpost. It is important that all voluntary sector providers are on the database. It is free and updated regularly.

Q. What is happening with Improving Access to Psychological Therapies (IAPT)?

Jean: Improving Access to Psychological Therapies (IAPT) - the contract was set up in haste. It was a temporary contract for eighteen months. The original intention was to retender from last April for a permanent provider, but we were not able to do it. We are now in the process of preparing a report for the GP commissioners forum to clarify what needs to be done in the short term.

Q: The Chinese community prefer to see a Chinese speaking therapist, but there isn't one and they can't be referred to another authority. The issue has been raised through LINK.

Jean: - We could have skill sharing across authorities. So specialists whether it is for the language they speak or for other specialties can be used by more than one area.

The two reps had discussed how to engage and get more feedback that can be taken back to the LIT.

Jean Grant said she was impressed by the way they do that at the moment.

Gill P said that it doesn't work so well when things happen in between.

It's also useful to have the agenda as early as possible so that it can be sent out.

Agreed: It would be useful to have a reference group of people prepared to be contacted at short notice by email. Una Corbett; Janet Biggin; Diana Elliott; Derek Dominey volunteered to be part of the group.

Q. The LINK is a good networking group and all are welcome from other organisations.

Gill Turner reminded everyone that The Care Forum is an umbrella group and can make representations on behalf of the voluntary sector particularly when individual organisations don't want to do this.

Gill Pickford said that with all the changes in commissioning, the direct dialogue in this meeting is useful. Is there a contact for mental health in GP commissioning?

Jean Grant said that they have pushed for a GP lead in mental health, but have not yet got a name.

Gill Pickford and Debi Amor were thanked for their work as reps.

Issues for voluntary sector organisations and Information share

The Autism planning group has a training subgroup. A training programme is being set up of twelve ½ days of basic awareness, which is being delivered by the National Autistic Society.

Rethink's service was audited a couple of months ago and was very close to amber. The feedback was to try and create more of a move-on of carers through the service and more goal setting for carers. Rethink is now looking at recovery plans for carers as well.

Employment for carers is important.

There is now a dedicated service in South Glos for getting carers into the work place.

There is a drop-in at Easton Community Service with Bristol and South Glos clients. They don't have to be part of a care plan. It is very gentle and there are no time restrictions.

Alzheimers Society has reorganised itself since April. The Bristol and South Glos branch doesn't exist. Now it's the old Avon area and Lorna Robertson is the locality Manager for the whole area. Paula Shears is the new service manager covering Bristol and South Glos.

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The National Treatment agency no longer exists.
When female prisoners are released it's very difficult to access the treatments they need.
Contact LINKs for more information.

Evaluation:

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

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

Are there any other comments you would like to make?

| Content | Average mark (out of 5) |
|-----------------------------------|------------------------------------|
| Understanding of subject at start | |
| Understanding of subject at end | |
| Sessions | |
| Speakers | |
| Other elements | |
| Organisation | |
| Pre-event information | |
| Facilitation | |
| Organisation on day | |
| Venue | |
| Access | |
| Refreshments | |
| Standard of room | |