



the care forum
voluntary sector service

South Glos Mental Health Network Meeting 6 September 2011

Attended:

Debi Amor, Rethink; Peter Tiley, ICAS; Jean Grant, NHS South Gloucestershire; Sue Tasker-Simmons, South Glos Council; Richard Pople, City of Bristol College; Una Corbett, Battle Against Tranquillisers; Paula Shears, Alzheimer's Society; Joy Rodwell, Kinergy; Lyn Mitchell, Bristol LINK; Helen Curtis, Missing Link; Gill Pickford, Second Step Housing Association; Francis Gichamba, Flega Care Solutions; Nisba Ahmed, South Glos Council - Councillor

Apologies:

Diana Elliott, National Autistic Society; Colin Young, Battle Against Tranquillisers; Heather Child, Milestones Trust; Karen Biddel, Local Medical Practice; Pat Penny, Drugs And Homelessness Initiative; Dawn Osborne-Tiller, St Mungos

1: Report from Voluntary Sector Reps on the Mental Health Local Implementation Team (LIT): Gill Pickford, Second Step and Debi Amor, Rethink

Contact E: gill.pickford@second-step.co.uk

Report from the August LIT Meeting.

Avon and Wiltshire Mental Health Trust's (AWP) service redesign had proposed a single point of access, but there is now a new proposal for a mental health liaison service which will be the first point of contact. There is no service specification for this as yet.

Jean Grant updates on this below.

It is important this new service is aware of voluntary and community sector services (VCS) and will signpost to the VCS. There is a lack of awareness of the services that the voluntary and community sector are providing. Well Aware database is a good tool for them to use. Voluntary organisations also need to be reminded to use Well Aware. Any new service however small should be registered on Well Aware so that when people are using it to signpost to voluntary services they can see what is available.

Comments:

- With services being decommissioned and the threat of cuts, it will be all about who promotes their services best.
- Kinergy for instance has a waiting list, but is not funded by South South Glos. How can we access funding once GP commissioning comes in?
- We rarely see people who are eligible for direct payments.
- We need to keep reiterating the point about where the voluntary and community sector is going to get its funding from. A lot of our services will not be funded by direct payments as many of the people voluntary organisations work with will not be eligible.
- The new Health Act emphasises prevention. We need to keep using those documents.

AWP Service Specifications

In July the reps emailed the Network for feedback on Avon and Wiltshire Mental Health Partnership NHS Trust's (AWP) draft specifications for Adult Mental Health Assessment and Brief Intervention/ Intensive Services and Adult MH Recovery Services but only had a very short time to get feedback to AWP. The reps felt that the short consultation period was not long enough to get the voluntary and community sector properly involved. However some

organisations did manage to respond. Gill Pickford circulated the response she had put together, with points raised by the voluntary and community sector. She thanked everyone who had responded at such short notice. The response is attached. The next consultation paper on the service specification for the new Mental Health Liaison Service is due shortly.

There had been a lot of comments on recovery and this was discussed at the LIT.

There was concern about the reduction in hospitalisation and the knock on effect when the carers service is being cut.

Comments

- With direct payments it is all about outcomes. You can be creative and actually save money.
- It's about people having the ability to be creative. Nobody is reviewing what is happening with direct payments.
- It is very early days, but the resource allocation system (RAS) is looking at carers' support. The system generates a number of hours per week.
- You only get direct payments if you are eligible for fair access to care.
- More choice and control with direct payments would be good.
- There is a reablement pilot, which is looking at short term care for six weeks after discharge from hospital. The "Have Your Say" event will be from Thurs 7 Oct from 1 to 4.30pm at the Vassall Centre.

Reps:

There is ongoing discussion at the LIT about service user and carer involvement.

There are links to be made with the Service User Reference Group (SURG). This group is made up of representatives from service user and survivor groups in the old Avon area. SURG has a place for a service user rep at the LIT.

SURG is funded by the primary care trust and the focus is on service users using secondary care. It is long established with active members, but there is low representation from South Glos service users. Andrew Milliner is trying to bolster representation.

For more information on SURG go to <http://www.bristolmind.org.uk/get-involved/service-user-reference-group>

AWP have been given notice that their services in Bristol will be put out to tender. There will be a complex re-commissioning process.

No Health without Mental Health; a guide for community organisations

The Centre for Mental Health has launched two briefings in conjunction with the Mental Health Strategic Partnership, aimed at general practice and community organisations. The two briefings, No Health without Mental Health; a guide for general practice and No Health without Mental Health; a guide for community organisations explain in practical terms the ways in which general practitioners, community groups and voluntary organisations can improve life chances for people with mental health conditions. Go to

http://www.mhpf.org.uk/documentLibrary.asp?asset_ID=1

2: Nisba Ahmed, Community Engagement Officer, Community Care and Housing Department, South Gloucestershire Council – New Post

E: Nisba.Ahmed@southglos.gov.uk

Nisba explained that her post is a trial one for a year, looking into service user engagement in South Glos. There are various workstreams: mental health, older people and physical and sensory impairment. The council realised that they were engaging with the public, but not service users. There was no service user engagement around mental health, so the project was started to investigate that. The scoping exercise is almost complete. They are trying to get service users together, possibly as a network. There will be a recreational side to it and both the council and primary care trust will be involved. They will work with as many service users as possible to seek their views. There are quite a few self help groups, but they are mainly in Bristol.

The physical and sensory impairment strategy has been completed and they have had a lot of feedback. They are conducting workshops with service users to get them to inform the action plan. People have been saying that they do not have enough information, so they are trying to raise awareness of, for example, the One Stop Shop in Yate. There are a lot of issues around transport.

For older people, there are the new extra care housing schemes coming on stream and residential homes being closed. Extra care housing schemes are: Cadbury Green; Badminton Gardens and Kingswood, which will be finished in November. At Kingswood, there will be a day care centre for people with dementia. The Downend day centre will move to Kingswood. There is no feedback mechanism when people are discharged or get a care plan following an assessment by a social worker. They have produced a draft questionnaire, which has been given to the LIT for feedback.

3: Issues for Voluntary Sector Organisations and Information Share

Alzheimers Society is working with Bristol and South Glos LINKs and South West Partnership on a series of service user involvement events for people with dementia: Tuesday 4 October - Your experience of diagnosis; Tuesday 8 November - Your experience of support at home or in the community; Tuesday 6 December - Your experience of hospital treatment; Tuesday 10 January 2012 - Living well with dementia. Two will be in Patchway and two in Lawrence Hill and lunch will be provided. The events are about building on good experiences and hearing about difficulties. Contact: Kris Leaworthy on 0117 9672975 or email: kristian.leaworthy@alzheimers.org.uk

Kinergy has recently moved to the Kingswood Foundation, Britannia Road, BS15 8DB. There are three outreach "centres" in Knowle, Bradley Stoke and Yate. There are people already on the waiting list. Email: contact@kinergy.org.uk

Independent Complaints Advocacy Service (ICAS), which supports patients and carers making a complain about NHS services, will continue until 2013. Next year will be a transition year and the work may be taken over by HealthWatch. There have been a lot of complaints about mental health service provision and ICAS is trying to meet with AWP. There are a lot of issues around the discharge process and there have been a lot of complaints where carers are involved. There are vague trends. There are a lot of complaints that do not go anywhere with no resolution for various reasons. Often service users are discharged, the carer doesn't know why and finds it very difficult. It is often sudden. Some of the transition issues are about signposting to the voluntary and community sector. ICAS will report back at the next meeting. HealthWatch may replace LINKs, but the timescale has slipped and it is not clear what their responsibilities will be. There might not be common service provision across the UK. ICAS is looking to give its expertise during the transition process.

City of Bristol College: To date, the certificate in community mental health has only been offered to AWP staff. It is possible this can be offered to voluntary and community sector organisations, costs are being looked into and a flyer is being prepared.

Battle Against Tranquillisers is moving to the Coniston Centre in Patchway. They are holding an 'Any Questions' event, incorporating their AGM, on Thursday 20 October, 7pm, The Harry Crook Building, Raleigh Road, BS3 1AP. This is a chance to put questions about benzodiazepines to a panel. Tel: 0117 966 3629, E: natasha@bataid.org

The Care Forum: A joint meeting with South Glos LINK about the new Mental Health Liaison Service and Improving Access to Psychological Therapies (IAPT) is being held on 31 October, 1-2.30pm at the Vassall Centre, BS16 2QQ. To book contact Katharine Gonzales 0117 958 9345 or events@thecareforum.org.uk

4: Update from Jean Grant, Joint Commissioning Manager (Mental Health)

Jean thanked Gill Pickford for sending through comments from the voluntary and community sector on Avon and Wiltshire Mental Health Trust's (AWP) new service specifications and apologised for the last minute consultation. The process had been very useful and the service specification for improved access to mental health advice and care will be ready shortly. AWP's redesign has been going on for a long time. The plan had initially been for one point of access point but in its place, as a result of consultation, there will be a new mental health liaison service which will be the main access route to South Glos mental health services. There is a good practice example of this already operating in older people's service and it is hoped that some of the learning from this can be transferred to adults under 65.

Figures from AWP show that, after assessment, only one third of people referred by their GPs actually need secondary mental health services. The rest need support within primary care. The Mental Health Liaison service would offer a range of services including:

- Advice and support for primary care staff to manage patients' mental health needs and determine whether a formal assessment is necessary
- Triage and full assessment for all those referred by GPs
- Treatment according to need
- Signposting, advice and onward referral (straight to the secondary care service where this is clinically indicated)
- Brief intervention: up to six contacts with a qualified mental health practitioner
- Allocation to structured/on-going treatment – into one of the secondary care treatment clusters with associated evidence-based care packages
- Management of discharge and step-down planning back to full primary care/GP management of service users
- For out-of-hours services it is proposed that access should be through the intervention teams; work will need to be undertaken, through the development of the service specification and with AWP to strengthen and enhance the intervention teams to support the out-of-hours access model.

AWP Primary Care Liaison will be an ageless service with one access telephone number. It is envisaged that this service will be put in place during 2011-12. It is effectively a transfer of existing resources from Community Mental Health Team (CMHT) type services (assessment and brief intervention functions) and is expected to be cost-neutral. A service specification is being developed and voluntary organisations will have the opportunity to contribute.

Payment by Results (PbR) and Clustering.

There will be a menu of choices with 21 categories to trigger what people can be offered. It will be easier to have a clearer understanding of where money is going and should lead to a more dynamic sense of commissioning. There are implications for care packages and how the voluntary sector is contracted. It is due to be up and running by April, but in South Glos is in the early stages. It is hoped that at the next meeting of the LIT, there will be a demonstration of how care clustering will work. They are trying to get a stronger process which will involve service users and carers. A feedback loop is needed. There will be a consultation on 7 October. (Have your say about Mental Health Services in your area...Make yourself heard. Friday 7 October, 1pm to 4.30pm, The Vassall Centre, BS16 2QQ. Contact Nisba Ahmed (Community Engagement Officer) South Gloucestershire Council, Tel: 01454 868274 or by email: nisba.ahmed@southglos.gov.uk)

PbR is quite well developed in North Somerset.

The Network asked for training on PbR and it was agreed that the New Year would probably be the right time.

Q: Is Bristol decommissioning AWP's services?

A: They will be put out to tender. Re-tendering has not been discussed in South Glos recently. There will be an 18 month period before we know the outcome in Bristol and AWP may be the successful bidders.

The government is developing the concept of any qualified provider where people can become accredited. We are talking to people in contracting in Bristol to understand what it means. Improving Access to Psychological Therapies (IAPT) is a very important building block, which fills a gap. Currently it is under block contract. The government is talking about buying in any qualified provider into health services, and the local IAPT service is likely to be a National pilot. South Glos has in place the basis for any qualified provider. The government is rolling out the concept of choice in mental health. Care pathways are a challenge with multiple providers.

Q: At Kinergy, we have a lot of IAPT referrals, but no funding. I am hopeful that PbR will help, but with any qualified provider will funding be directed to larger, umbrella organisations?

There will be accreditation. There will be tariffs or cost per episode of treatment, so services could be expanded and we will have to hope that this will improve those services. This is more about individual spot purchasing, breaking away from block contracts. Therapists would be accredited and then go on a list from which people will choose.

Q: If it's all spot purchase, this would have an impact on small organisations.

A: Service level agreements helped organisations maintain a level of income. I think that there will need to be transition funding.

Q: There are concerns about funding for the voluntary and community sector during the period of change.

A: It is not all going to happen on 1 April, there will be a shadow year.

Q: If there is to be a choice for service users, services will need to continue.

A: It is in everyone's interests to make sure the interim is taken care of.

Q: If it is not single point of access, how accessible will the new service be?

A: GPs will send in referrals every day to a core base, a small team will go to the surgery regularly. We are not yet talking about self referral, but it will be a 24 hour service with a single number, including out of hours.

Q: Will the primary care liaison team refer people to the voluntary and community sector?

A: That is a good question. How will they do their job if they do not?

Q: Maybe that should be made explicit.

A: I am trying to make a list of all the organisations that might be useful to the teams. The challenge is agreeing a tariff for packages. It is visionary at the moment, but the detail needs to be worked out.

Q: The Alzheimers Society has done some very positive work with the primary liaison team working with older people – it is a good model.

Next Meeting:

Tuesday 6 December, 10am-12 noon, the Vassall Centre, Fishponds, BS16 2QQ.

Evaluation:

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

- Excellent updating of current developments; helpful to have people who are bringing key elements/important issues to the meeting so able to keep informed of situations.
- Opportunity to ensure up to date with changes in funding/service provision
- The whole concept was a new development for me in terms of maintaining my knowledge
- Discussion/update on changes to AWP services and payment by results
- More information provided in impending changes to mental health services
- Discussion and feedback into PbR and core clustering
- Information sharing and speaker. Made a difference to my understanding of current progress with mental health services

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

- Being kept up to date with the developments
- More about changes to funding/contracting opportunities - need to be sure we are as up to date as possible to respond effectively
- Mental Health issues in terms of future development
- payment by results, personalisation
- What a care plan is? How it is written, how service users find them useful/not useful, accurate?
- Continuous dialogue in core clusters
- How to support the voluntary sector with learning and development

Are there any other comments you would like to make?

- Good to know reps are bringing a lot of information to this meeting. Thank you
- I find these meetings extremely useful. Thank you.
- The meeting was well presented by all speakers
- Possibly like to see the group working towards helping organisations to engage more effectively with the statutory commissioners and providers
- Well structured meeting. Thank you

Content	Average mark (out of 5)
Understanding of subject at start	3.1

Understanding of subject at end	4.3
Sessions	
Speakers	4.3
Other elements	4.0
Organisation	
Pre-event information	4.0
Facilitation	4.7
Organisation on day	4.7
Venue	
Access	4.4
Refreshments	4.3
Standard of room	4.4