



the care forum
voluntary sector service

South Glos Mental Health Network Meeting 7 June 2011

Attended:

Debi Amor, Rethink; Derek Dominey, South Glos LINK; Mark Ellis, Friend North Somerset Ltd; Duncan Garner, Avon & Wiltshire Mental Health Partnership Nhs Trust (Awp); Carly Hinton, National Autistic Society; Patrick McKee, AWP; Lyn Mitchell, Bristol LINK; Gill Pickford, Second Step Housing Association; Carrie Piper, Headway; Joy Rodwell, Kinergy; Paula Shears, Alzheimer's Society; Steve Spiers, Breakthrough Mentoring; Janice Vincent, ICAS; Keith David Williams; Sue Hope, South Glos Council; Katharine Gonzales, Gillian Turner, The Care Forum.

Apologies:

Bryony Campbell, British Red Cross; Diana Elliott, National Autistic Society; Frank Palma, South Glos LINK; Richard Pople, City of Bristol College

Presentation: Payment by Results

Patrick McKee, Head of Quality and Practice Improvement, Avon and Wiltshire Mental Health NHS Trust (AWP)

The presentation is on The Care Forum's website

<http://careforum.pixillionserver.co.uk/assets/files/Volunatry%20Sector/Presentations/South%20Glos/Paddy's%20PbR%20slides%20%2004-04-11.pdf>

The aim of Payment by Results (PbR) is to control costs and increase efficiency as significant differences had been found in costs for the same procedures in different NHS trusts in the country. For example, a hip operation might cost £3,000 in one trust and £900 in another, as some were doing a lot of pre operation care whereas others were doing just one day's care. The trusts wanted PbR to be unit based and to have control of capacity and the government accepted the argument. But the problem for mental health services is that it is very difficult to get a unit cost, for example with a schizophrenic episode. There is a challenge in how to apply PbR to both learning difficulties and mental health. Work has been done in South West Yorkshire looking into capacity management of case loads and developing a support tool for clinical decisions which is needs driven. A model of 21 care clusters was defined:

Clusters 1-3 – usually managed in primary care = Common mental health problems
Would include: IAPT (Improving Access to Psychological Therapies)
(Drug and alcohol specialist services)

Clusters 4-8 = Severe and complex Non Psychotic
Would include: Depression and anxiety / OCD / Personality disorder / PTSD / Eating disorders
Including relevant home treatment and inpatient services

Clusters 10-17 = Ongoing and recurring psychosis,
Would include: Schizophrenia/schizoaffective / Bipolar affective disorder / Psychosis uncertain aetiology
Including relevant home treatment and inpatient services

Clusters 18-21 = Organic and developmental mental health,

Would include: Dementia / Head injury / Neuropsychology / ADHD /Autism/Aspbergers / Neuropsychiatry /Learning disabilities

Including relevant home treatment and inpatient services

The Department of Health set up six pilot sites across the country using HONOS (Health of the Nation Outcome Scales) This scores people between 0 and 4, with 12 available fields. The HONOS tool has been in use for 15 years, but only looked at a two week window. The pilot work expanded the tool and added five historical fields (such as bereavement). Twelve are numerically scored and five alphabetically. The pilot sites took the scores and matched them to care clusters. The government has said that the third sector (secondary mental health providers) will have to deliver HONOS scores as well. PbR offers a lot of opportunities for the third sector. The trusts have been set a deadline of 31 December for everyone receiving services to be clustered. The PCT needs to start work with the voluntary and community sector, so it is incorporated in PbR contracts.

A lot of work has been done in the Trust about how you get a unit cost against each cluster. For example in cluster 3, one package might be a GP managing medication and another package might be for 12 sessions of Cognitive Behavioural Therapy (CBT). Clusters have a start and end point and time frames are nationally specified. HONOS scores can be reviewed again in, for example, three months for CBT, though in Cluster 14, there might be a review every month. In cluster 11, for example, there might be an annual review if dramatic change is not expected. Frequency of review can be negotiated. There will be a dialogue about the impact of your intervention at a key point.

Clusters are interchangeable. For example, someone might have a drug problem, is taking methadone and it is well managed. They might take ecstasy at a party and hit a crisis. They could go from cluster 2 to 14, then back to cluster 2. Someone else might go from cluster 2 to 14 to 12 and these changes are referred to as transition points. AWP staff can now cluster people within 2.5 minutes.

Comments and Questions

Q: I think that service users don't understand what is going on and need to be told what it all means for them.

A: I have picked up on concerns from service users. More people are being managed in primary care and there is concern amongst service users that if they are moved from secondary to primary care their benefits will be affected.

Q: If the government and GP consortia endorse that, I worry if they're going to draw the line with drugs and alcohol or with schizophrenia.

A: Drugs and alcohol stays out of it. Something positive with the clustering tool is that it forces clinicians and the third sector to sit with the service user, explain their symptoms and then sit down again a few months later to review progress against the cluster scores.

Q: How long will the dialogue take? Is there a rule of thumb?

A: No, contact time can vary. There's an interesting issue about how you cost these contracts. The commissioners require us to introduce clusters, introduce care packages and monitor interventions. The challenge is the information systems required to track. In AWP, we have written care packages for each cluster and we want to build a care plan builder.

Q: There is an issue with administration costs for the voluntary and community sector.

A: The government has realised that and told PCTs that they need to talk to the third sector.

Q: Has the work that has been done on developing the cluster group tool been acknowledged nationally?

A: It was in partnership with North Somerset PCT and has been presented to the Department of Health.

Q: How was it tested? It seems like a crude tool.

A: Cluster tool tested via national pilots and are relatively well received. Assessment takes as long as it takes. There is a cluster scoring mechanism. HONOS was the most validated tool.

Q: Being totally dependent on data raises other questions.

A: It has all been done bottom up. We are trialling ours. We will have to sit down with the PCT and agree activity and outcome measures. There is a lot of opportunity for the third sector.

Q: There are cash flow issues for the voluntary sector. At Friend, we work right across care clusters and there's a disincentive to progress people.

A: The argument is that you should be trying to be successful. We will see more people as we get more efficient. The risk is greater to the big providers, less for the third sector as they may be able to offer more cost effective packages. With personalisation, the ultimate aim is to sit someone in front of a screen, with a person providing support and advice, and for them to build their own care plan.

Q: It is accurate to say payment by packages of interventions.

A: No. It is payment by results, if not getting the result by intervention.

Q: HONOS is useful in residential rehabilitation, but you get a snapshot at the beginning and end of the intervention.

A: It is not perfect. Recovery star was introduced so that people can measure themselves.

Q: In the last ten days, I have heard criticism of the voluntary sector's use of recovery star from service users. They felt it was an audit tool for the voluntary sector, rather than a therapeutic tool.

Confirmation was given that Cathy Bolton is the PCT lead in South Glos.

It was agreed that the Network would like more training on PbR and that Gillian Turner would liaise with Patrick and the PCT.

Report from Voluntary Sector Reps on the Mental Health Local Implementation Team (LIT)

Gill Pickford, Second Step and Debi Amor, Rethink

Funding for the Carers Centre (PRTCC) has been cut. The current carers groups are coming to an end. It seems that the groups themselves can apply for funding in September. Thirteen groups of approximately ten members are run by Rethink/The Carers Centre. A new Community Engagement Officer for Carers and Service Users has been recruited within the Council.

There was some discussion in the Network about how carers work is now being organised and questions about why the council seems to be funding this work internally.

Action: Gill Turner to follow this up to find out what is the situation regarding carers provision.

The engagement officer has been invited to attend the next LIT meeting in July. The carer and user involvement on the LIT has fallen apart. In the future where will support come from?

There is just one person representing service users. The Rethink post has now gone. Dr Peter Bradshaw is the GP lead identified for PbR and GP commissioning. He has one session a week for this.

Action: Gill to follow up with Jean Grant and invite him to any future training on PbR.

The LIT also discussed:

- proposals for closing beds. Nationally, South Glos is the highest user of beds in the country (this was queried at this meeting as not everyone is from South Glos).
- the contract with Milestones is being changed to offer more short term housing.
- the IAPT contract is being retendered in the next financial year.
- the high level of concern from service users about benefits.
- Well Aware and how much people are using it. It now has a mental health portal, but more people need to be made aware of it.
- LINKs/HealthWatch.

Derek Dominey, South Glos LINK, explained that the LINK depends on individuals giving their time. The regional view is that more organisations need to be affiliated to HealthWatch. The views of people with experience and information should be involved. There is a strong association between HealthWatch and this type of network.

Working with affiliated organisations also provides an opportunity to get the views of the seldom heard.

The Network asked for more information on HealthWatch. The Care Forum has produced an information sheet: <http://careforum.pixillionserver.co.uk/pagejuly-2011.html>

Following events at Winterbourne View an update on safeguarding adults might be useful. The safeguarding board are carrying out an investigation. Jan Gresham is the voluntary sector safeguarding adults rep.

The Care Forum has produced an article on safeguarding, go to <http://careforum.pixillionserver.co.uk/pagejuly-20112.html>

Issues for Voluntary Sector Organisations and Information Share

- It was reported that there is more than £2 million funding from the council to support the voluntary sector. £1.6m is going to the Big Society Fund to deliver the localism agenda and £230k to South Glos CVS to support voluntary and community sector infrastructure. £200k is going to area forums as grants/small grants and £100k to police community support officers.
- Headway has created a new resource and information library which provides a service for people who are affected by head injuries as well as their families and carers. Appointments for one-to-one support are available if appropriate. Headway is offering tours to give professionals who may refer individuals to Headway to see what the library has to offer and

how it may benefit people who contact your service. Upcoming tours are 12.30-1.15pm on 27 July and 18 August. To book a place e-mail info@headwaybristol.org.uk or Tel: 0117 340 3771. It is available on a drop in basis and the information consists of anything related to brain injury.

- Kinergy, the counselling service for survivors of sexual abuse and rape is moving office in July to the Kingswood Foundation Estate. They have a new website <http://www.kinergy.org.uk>
- AWP has a carers satisfaction survey for AWP service users. A mail shot had been done and PALS has more copies.
- The Care Forum is running a training session on 27 June from 1pm to 2.15pm on fire safety in the home for volunteers or workers who visit people in their homes.

Next meeting: **Tuesday 6 September, 10am-12 noon, the Vassall Centre, Gill Avenue, Fishponds, BS16 2QQ.**

Evaluation:

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

- Payment by results. Very interesting, although due to own limited knowledge, information was a bit in depth at times
- Information about PbR
- Provided intro into PbR. Will be very interested in any follow up sessions, good to get feedback from reps.
- Big learning - about new systems being developed, interesting to have vol reaction to this.
- Searching issues - questions not completely answered on this occasion, but will be addressed
- Information on payment by results
- Presentation of payment by results
- Increased knowledge of payment by results
- Information on payment by results
- Interesting to hear about PbR and use of clusters. Keen to learn more about these and the use of this in the voluntary sector

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

- More information on safeguarding and update on CQC as a result of current issues
- Keeping up to date with GP commissioning
- More input about PbR. To be kept up to date with commissioning issues/GP consortium
- Greater clarity of the vision of AWP's involvement with the government mission
- Personalisation. Commissioning in the future
- Joint commissioning. Joint targets, pooled budgets, community budgets
- More information about clusters and PbR. More discussion of Healthwatch

Are there any other comments you would like to make?

- Useful as a learning and networking experience.
- Good network time and hearing from the LIT reps, thank you.
- Well run. Opportunities were given for people to take part.
- Too much information from speaker for 1 session. Great idea to have future 2 day seminar

Content	Average mark (out of 5)
Understanding of subject at start	2.4
Understanding of subject at end	3.5
Sessions	
Speakers	3.8
Other elements	4.0
Organisation	
Pre-event information	3.6
Facilitation	4.3
Organisation on day	4.4
Venue	
Access	4.2
Refreshments	3.7
Standard of room	4.1