

North Somerset Mental Health Network Meeting

Thursday 10 December 2009

The Badger Centre, Weston-super-Mare



Attended:

Jane Halls, Age Concern Somerset; Susan Ham, AWP; Ann Harley, North Somerset Council - Councillors; Hema Karve, Weston DIAL; Reyna Knight, North Somerset Council - Councillors; Louise Lee, Richmond Fellowship; Liz Meakin-Ward, PALS AWP; Claire Murphy, Friend Ltd - Weston Super Mare; Alan Richardson, Crossroads - North Somerset

Apologies:

Denyse Branaghan, Knightstone Housing; Max Kammerling, NHS North Somerset; Jane Lewthwaite, Age Concern - North Somerset; Jean Major-Eyre, Knightstone Housing; Sue Ricketts, Kaleidoscope; Debbie Spaul, AWP; Carrie White, Friend Ltd - Weston Super Mare

1. Presentation: 'The New Older People's Strategy for North Somerset'

Hilary Guy, Project Manager – Mental Health, NHS North Somerset

http://www.thecareforum.org/publication_uploads/North%20Somerset%20Joint%20Commissioning%20Strategy%20network%20Nov2009.pdf

Hilary began her presentation by explaining that she had taken up the post of Service Improvement Manager ten years ago. This was a joint post between North Somerset Council and PCT. She is now working two days a week as strategic lead for the Mental Capacity Act and joint strategic lead for developing older people's mental health services.

The PCT mental health team in North Somerset realised that older people's services were a long way behind what was being done for people of working age, so decided on this joint strategy. This resulted in two action plans, one around the general development of services for older people with mental health problems, and another around the new national dementia strategy, which has now been formally agreed and ratified.

At the outset, there was an older people task group which was linked to the older people's mental health team. The third sector was involved in this from the start, as it was recognised that the likes of the Alzheimer's Society and Dementia Care were already providing valuable services. Older service users and carers were part of the group, and there was also strong involvement from someone who had not only been a district nurse and carer for her mother with dementia, but also had a husband with a diagnosis of dementia as well.

The consultation process for the strategy involved a wide range of groups. The mental health team worked with the LIT, and also talked with the Health Overview and Scrutiny Commission, who had provided valuable input in the past (for example, when there had been a problem a few years previously with bed numbers). The team spoke to specialist staff at AWP, and twenty-five GP centres were also visited. Engaging with Weston hospital was harder, but it was essential to have their participation.

Seventy families were involved on the service user side. The journey of service user and carer was followed, and there were five drafts of the strategy before it was felt that all comments had been taken on board. It was fortunate that in adult services there was an independent user focused monitoring project, and valuable for this strategy that the project had focused on carers a couple of years previously. The report it produced through this monitoring had been critical of provision, but was included in the strategy nonetheless, and North Somerset was recommended as an area of best practice by the South West Strategic Health Authority for taking on board that report and using its comments.

In North Somerset, the strategy team also had a successful POPP (Partnership for Older People's Projects) to learn from. This had already looked at, for example, improving pavements and promoting equal access to services. The PCT and council decided to continue funding for integrated teams, for one stop shops for services, and for services for BME groups.

The national dementia strategy contained seventeen new priorities. There is a requirement to improve public and professional awareness, for example by skilling up GPs. The strategy also wants dementia advisors based in GP services to pick up people with memory problems and implement early intervention. It talks too about every town having a memory clinic. North Somerset currently has two, one in Weston General Hospital and one at Windmill House in Clevedon (run by AWP, the Avon and Wiltshire Partnership for Mental Health Trust). NHS North Somerset are going to reconfigure this provision to ensure the guidelines in this mental health strategy are followed. The team is learning from the third sector, for example, from the Forget Me Not project, which looks at helping keep people at home if that is what they want.

In the next thirty years, the number of people suffering from dementia will double. There is £150m nationally to deal with this. Areas have been asked to bid to be demonstrator sites, but this status is now only going to large local authorities. There is concern that money will not be ring fenced, and we will have to wait to see what happens. We have been reviewed and held up as an area of best practice in two or three services. In the South West, there is an expectation that North Somerset will be further ahead than other areas (we were one of the first areas in the South West to achieve a joint commissioning strategy).

Key priorities for North Somerset would include the middle stepping stone of intermediate care that helps service users out of hospital. Psychiatric liaison have very good service in A&E but need to put specialist staff into specialist wards. We will see if that works and has outcomes we want – £100k will be needed to support this. Other areas would include:

- Quick win on carers. We have identified 15 hours of carer support time to help people support and implement care plans in older people's teams. Carer support is so key and first quick win. They will be based in existing carers support service for mental health.
- New technology can help people stay in care homes; it is acutely apparent that some are not doing their job in this respect and are causing concern.
- General hospital settings, for example, introducing a red tray service which indicates that person needs support with feeding.
- Development of an Alzheimer's Service Dementia Advisor who can take referrals from GPs and provide continuity of support.

Q: Does Weston General Hospital have a dementia unit?

A: Yes.

Q: Did the consultation involve battered women? Research shows they frequently go on to have mental health problems.

A: They were involved through our consultations with the voluntary sector.

Q: How will the number of dementia workers be expanded?

A: The Alzheimer's Society already have advisers in their Forget Me Not service, so we will work with that established service until we know how the national £150m will be distributed and we begin to bid. We can't commit more, but if we can demonstrate the service has been started, we will have more chance of rolling it out.

Q: Where would these posts be?

A: Forget Me Not is mostly running in Clevedon. If we get these two posts, we will put one in the north of the local authority and one in the south. Where exactly has not been decided yet. If we are lucky enough to identify two full time equivalent full time posts instead, we may be able to put the service in more areas. There are lots of needs, for example, around language problems, non-verbal communication, cultural issues, and so on – we will want to involve people in developing that.

Q: I am concerned that when a patient is admitted, planning their care pathway should be paramount.

A: Psychiatric liaison will pick that up now.

Q: But when it is picked up, what is done with it?

A: To me, the philosophy should be the minute that person walks through the door, you are planning for discharge.

Q: I'm concerned about support in community.

A: In terms of community support, we are aware of problems in the rural community in particular.

Q: I cared for mother at home for fifteen years. In that time she only had one night in hospital. For the first six years, she was able to attend a memory clinic. Circumstances then changed, but we got the support we needed and there were people there to help us. For example, in 2006, I started getting respite care from Crossroads for three hours a week. Then in 2007, after my mother had had a stroke, I was given a full care package and seen by integrated care. Equipment brought in helped. The POPP project came along and I was able to take part in the project as carer, including taking part in a lot of social activity. I'm now a volunteer with Crossroads and want to share my positive story as widely as possible, and see that other people get the benefits I did.

A: That is inspiring example of statutory and voluntary services working together – thank you for sharing it with us.

Q: We have a rapidly growing ageing population. There will be other mental health problems among this group as well, for example, increased depression and anxiety.

A: Most referrals for dementia are from people in a caring role. Positive Step should meet older people – they currently don't take referrals for dementia, and I have concern there, even if psychological therapy for dementia-type illness is limited.

Q: It is as if GPs just accept that people will get depressed as they are older.

Q: What about people suffering from social isolation?

A: In some ways, we are lucky, because North Somerset has the third sector out there doing peer research. There is the ability to help with these things there and I'm very focused on the fact that if you go and talk to people about them you can start to build support.

A: On training course I attended recently, there was someone from Positive Step who seemed to be picking up isolation. The community mental health team have now made link with that resource too. There are a lot of things out there in the community.

Q: I'm still concerned about people not being treated for anxiety/depression.

A: This strategy is just the start of a long journey. But we have started something and we can do a lot in North Somerset. If anyone wants to contact me about the strategy, my email is Hilary.Guy@nsomerset-pct.nhs.uk

2. Update from LIT Reps.

LIT reps Martin Scott and Claire Murphy gave an update. Martin has been on the LIT previously. Claire is new, and is doing it together with Carrie White as a job share. The December LIT had been mostly given over to two reviews by statutory services.

NHS Bristol and North Somerset Council are jointly reviewing the way they deliver secondary mental health services. They had recently gathered together as many people as possible working in the field, including third sector representatives, for a "Rapid Improvement Day". The feeling is that North Somerset wants to slim down services and get more focused on delivering services in the community. The network was promised reps on the lowest level committees discussed at the Rapid Improvement Day, so the third sector will have a place, albeit at the bottom of the decision-making tree.

The Avon and Wiltshire Partnership Mental Health Trust review is looking at all services commissioned from AWP, in order to find better ways of doing things. Part of role of LIT is to look at performance of AWP. Some of things looked at the LIT have been critical, for example, reporting on care plans not considered accurate by the LIT. For this reason, it is good that the network has now got a stronger voice on the LIT by having another voluntary sector rep place on it.

If you have any issues you would like to taken to the LIT, which meets on the second Tuesday of each month, your representatives' contact details are as follows:

- Martin Scott: Second Step – Martin.Scott@second-step.co.uk – 01934 645 999
- Carrie White/Claire Murphy (job share): Friend – bpdworker@friendcmhrc.com / advocacyworker@friendcmhrc.com – 01934 622292

3. Information Share

Somerset Race Equality Council has a directory of BME groups in North Somerset. Though BME groups previously not acknowledged have been supported through POPP, support has been generally inconsistent. BME groups in North Somerset want good liaison with statutory sector, but find they are being hampered because no long-term is funding is available to support older people from BME communities.

Crossroads have produced a number of new resources, including a leaflet about services and a booklet about services and information for carers in North Somerset. Their new carer volunteer, Alan Richardson, is willing to come and talk about carers' experiences and what is being done to help them to any audience – he can be contacted on agr1949wsm@btinternet.com

Age Concern have two new services. It has Village Agents in three areas (plus one at Weston General) helping to prevent hospital admission. There is also the Together service, which is

built on an old befriending type service, and aims to get older people out of the house and address social isolation.

Second Step have piloted an eight-week course to help adults with the transition from specialist mental health services (including supported housing) to general services. Issues covered include how to look after accommodation, keep well and other training topics. The findings from the pilot were presented to the LIT, with the recommendation that delivery be user-led/by peers.

4. Evaluations

Six evaluation forms were handed in for this meeting – thank you to all participants who returned one. As you can see from the scores below, our main speaker provided a passionate and well-received talk on the new older people’s strategy. Hearing details about the strategy direct from her was the most important outcome of the meeting for several participants – as one put it, gaining ‘a full understanding of older persons mental health services’.

Other important outcomes focused on the opportunity to raise issues, for example around BME community needs, and the opportunity to network and share information more generally. Or as on participant, attending for the first time, put it, ‘learning about the different groups that attend, their input, news and future plans - the purpose of the meeting really!’

In terms of venue, the issue of unclear signage at the entrance to the Badger Centre was mentioned, as well as one participant being directed to the wrong room at reception. These issues will be taken up with Centre and should improve next time.

The following table lists the average scores out of six for all of the various aspects of the meeting:

Content	Average mark (out of 6)
Interest	5.2
Usefulness	5.3
Facilitation	5.6
Sessions	
Speaker	5.0
Discussion	4.8
Other elements	4.5
Organisation	
Initial publicity	4.8
Pre-event information	4.6
Organisation on day	4.4
Venue	
Access	4.4
Refreshments	4.4
Standard of room	4.2

5. Next Meeting

The next network meeting takes place Monday 29 March, 1-3pm, at the Badger Centre and will look at services that contribute to mental wellbeing but are delivered by non mental health projects. Lunch will be provided! Contact Katharine Gonzales on events@thecareforum.org.uk or ☎ 0117 958 9345 to book.