



The Care Forum

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South Glos Mental Health Network Meeting Tuesday 3 June

Attendees

Kay Tily, Access-Ability; Rosie Brandon, Avon & Wiltshire Mental Health Partnership NHS Trust; Sally Wood, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP); Una Corbett, Battle Against Tranquillisers; Diana Elliott, National Autistic Society; Frank Palma, PPI-South Glos; Iain Davidson, South Glos PCT; Catherine Elliott, Intermediate Care Service; Melanie Gibbs, South Gloucestershire PCT; Gilly Husk, intermediate Care Service; Jill Panes; Gillian Turner, The Care Forum.

Apologies

Rosa Hui, Bristol & Avon Chinese Women's Group; Jane Andrews, Headway – Bristol; Kerrie Ford, Raphael House; Sue Hope, South Glos Council – Councillor; John Calway, South Glos Council - Executive Department; Amanda Cheesley, South Gloucestershire PCT

Notes of the Meeting

AWP Patient and Public Involvement

Speakers: Sally Wood, Patient and Public Involvement Project Manager (PPI), Avon & Wiltshire Mental Health NHS Partnership Trust (AWP).

Rosie Brandon, Patient Advice and Liaison Service (PALS).

Sally is part of the new Engagement and Responsiveness Department. There are 14 members of the team (see diagram).

It is part of the Integrated Governance and Nursing Directorate.

They aim to improve the experience of service users. With consultation people should be involved from the beginning and they want to build on existing links. They are happy to visit groups.

Sally liaises closely with the Head of Carer Engagement (Lu Duhig) and the Head of Service User Involvement (Hannah Roy). Alison Griffin is Assistant Director of Engagement & Responsiveness and Jane Britton is Deputy Director of the Integrated Governance and Nursing Directorate.

There is a Clinical Lead for Carers (Gina Smith) and they are hoping to have a clinical lead for service users.

The Patient Advice and Liaison Service (PALS) team has been set up and they should shortly have all five PALS officers in post.

The team provides support and advice across the whole of AWP.

They are developing a three year AWP wide involvement strategy and producing patient information. They want to be able to show that they have made a difference.

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The Service User Involvement Team

is working to increase the involvement of service users in the training of staff

There is a good involvement with recruitment but they want more service users on panels and more involvement in the selection process.

A Trust wide service user group is planned.

Carers

There is already a trust wide carers' group.

There are also Carers' Packs and they aim to ensure that these are widely available.

Want to ensure people talk about carers as well as service users.

Patient Advice and Liaison Service (PALS)

PALS started in March 2008. The service is based within AWP. They have already had 300 queries.

They provide information and signposting on people's issues and concerns.

They will help resolve situations and concerns quickly without having to go through the formal complaints system but will signpost people and give information if people wish to make a formal complaint.

The process has started to highlight patterns and they will be reporting back into the organisation to ensure effective change. There is a new system for compiling information to feed back in. It is also important that positive feedback is recorded which can also improve services.

Questions and Comments

Q Does AWP sub contract any work, e.g. advocacy

A Not on the whole. I will get back to you on that.

Q Do you deal with problems in accessing services in the first place

A We work with PALS in the Primary Care Trusts on access issues and look at signposting people to voluntary and community services and other routes for help if AWP services are not appropriate.

Q The criteria for eligibility for services differs between teams and over the very large AWP area.

A Services are not the same in all areas. We can work with commissioning to highlight these issues. AWP is working to ensure there is an equal service across the Trust.

Q AWP covers Avon & Wilts. The Trust Board should move around its patch and not always have meetings in the same place. It is useful for the community to access the Trust Board.

Q The Patient and Public Involvement Forum (PPIF) looked at the effectiveness of PALS – who will do that now?

PPIFs have now been replaced by Local Involvement Networks (LINKs). LINKs are able to have access to quarterly PALS reports.

Sally is the Trust contact for LINKs. Alison Griffin is the strategic lead. AWP wants a good relationship with LINKs. They want to find ways to share info with LINKs. AWP is proposing a LINKs stakeholder group as one way to share information. They are asking for two reps from each LINK. The next meeting is in September (TBC).

The national Community Mental Health Service User Survey highlighted issues of dignity and respect as potential areas for improvement within AWP.

Service user led work – a workshop in summer will inform trust policy and staff training.

Expecting results of the 2007/8 survey shortly.

Q How do you promote PALS?

A Through mail shots and presentations to groups. Also engage with patients directly on wards. Information goes out to all teams.

Q Recent research from MIND raised concerns about dual diagnosis. This is a big worry. I would be grateful if you could look at dual diagnosis. There is no consistency.

Q How do you keep PALS etc separate from the organisation

A There is a physical separation in the building. PALS staff do go out to meet with patients in different parts of the Trust.

AWP is applying for Foundation Trust (FT) status. The assessment process is continuing. There will be consultation events in the late summer/ autumn

Initial Foundation Trust consultation suggests we need to do more work around tackling stigma and raising awareness.

Mental health awareness campaign has started.

Q More service users are treated in the community than as inpatients.

A That is true. We do talk about service users rather than patients, but not everyone is happy with it.

Q How does patient choice come into mental health? The criteria for getting mental health service is so high that it wouldn't work.

A. I'd have to come back to you on that.

Q What is the advantage to Foundation Trust (FT) status? Don't you have to go for it?

A The biggest difference with an FT is that it is run locally, with local people becoming members and having a say in how the organisation responds to local needs, whilst also meeting all NHS duties; an example of this involvement is how members will elect people to the Board of Governors.

Q Do clients who access services get offered membership?

A Yes. We are encouraging all people who are interested to join. The numbers of members will need to reflect our communities and our demographics. Monitor will performance manage our delivery of a truly representative membership.

Q What improvements would you like to see over the next year?

A Improve service user involvement and carers engagement in training and other areas. Also, there are many good things going on involving service users and carers which need to be celebrated.

We have not had a dedicated service user worker for South Glos so it will be a positive thing when, by late Autumn, we have service user involvement workers trust wide. Each area will be linked to a Strategic Business Unit (SBU). The Service User Involvement workers will cover a specific area but will have trust wide responsibility for a service area e.g. one post will link in with adult services etc.

Q This will be a change because they were area based.

A They will still be area based but will have trust wide responsibility for a service area.

Q What about a Public Involvement strategy

A It is coming

We have a Trust wide readers' panel who read publications in advance e.g. Annual reports. It is made up of staff and service users and carers.

Q Do you have to fit Fair Access to Care criteria to use PALS? Can you use it if you are not getting support?

A You can go to PALS and we can go to teams and see why a person was turned down for a service and look for other routes e.g. the voluntary and community sector.

Q. I am concerned about the awareness of Aspergers and how services for people with Aspergers fit in.

A. We are aware of this concern. People with Aspergers do not generally fit mental health assessment criteria.

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South Glos Primary Mental Healthcare Team

Gateway Workers,

Speakers: Iain Davidson and Graham

The team had 3,000 referrals in the past year. They offer a range of workshops and groups including stress management, anger management, depression management. They have run more than 100 groups in different localities. They also offer general counselling and cognitive behavioural therapy (CBT) post traumatic stress treatment clinic.

The Gateway worker post is a new post which came from the National Service Framework (NSF) on improving access to mental health services.

The Mental Health Gateway nurses have a background in mental health nursing and psychotherapy. The aim is to reduce referrals to secondary care.

Secondary care has raised the criteria for accessing statutory services so that they are mainly available to people with severe and enduring mental illness. People who might once have got the service are now bounced back to their GPs.

Gateway workers signpost to services in the NHS, voluntary and community sector and private sector.

The Gateway workers take referrals from GPs or from any mental health professional. People who are identified with mild or moderate mental health problems are referred to the Gateway workers. They get ½ hour appointments – and will be directed to the most appropriate service. This could

be counselling or workshops as mentioned above, the voluntary and community sector for example Cruse Bereavement or Triumph over Phobia. Sometimes the half hour they have with the worker is enough. The Gateway workers give feedback to the person who made the referral. If they have a more serious mental health problem the worker might suggest secondary care and the GP can then refer although this does not happen very often.

Gateway Workers can also attend the assessment by Community Mental Health Team (CMHT) with the individual.

There are currently two fulltime gateway posts working in eight practices out of the 28 in South Glos. They plan to extend and hope to get money through the Improving Access to Psychological Therapies initiative. If they do they will expand across all practices and bring in staff trained in CBT.

Q We work in Intermediate care – we do similar work and would like to network. We cover all of South Glos. The team is taking a high number of clients. We work to get people out of hospital quickly. There are lots of mental health issues around depression etc and we signpost. We liaise with the voluntary and community sector eg Alzheimer's Society. People are slipping through the net who go into hospital. (A leaflet about the Intermediate Care Service has been sent out by post)

Q You have highlighted the need for a pan South Glos meeting for workers working with people with mental health issues. There was one and we were told it was going to be reconvened because it was so useful.

Una Corbett agreed to find out who organized the previous meeting.

Q The Locality director for mental health should be brought to task. There is a lot of talk about seamless services. How many of 3000 referrals actually got a service?

A We offer the service to everyone who is referred.

Q When people have an appointment with the Gateway workers can they bring someone to support them. Will you talk to carers or family who are sometimes not consulted or allowed to be present? People often can't remember what happened at an appointment unless they have a companion.

A Patients do bring friends etc, they are welcome.

Q We get calls from adults with Aspergers/Autism who are not getting mental health services. They no longer meet the criteria. They come to the voluntary and community sector. I am concerned that six weeks CBT is not going to help. They need an appropriate referral. I am concerned that GPs etc are sending people to niche groups.

A We are looking at how to mainstream to clients helped by learning difficulty services and making our service available to them.

Q People with Asperger's fall through the net. They often have significant moderate mental health illness. The Primary Care Trust is looking at Asperger's. There is a higher incidence here than the national average.

A We need to look at how we can assess clients with Aspergers and what services can we give them. We are looking at how and if we can adapt services.

Q The Primary Care Trust (PCT) publishes its commissioning intentions. If there are gaps in provision interested parties can make comment.

The Gateway worker role is not just one of assessment and triage. There is also a counselling role and an education and liaison role with GP practices, skilling up and informing GPs. The role has gone down well with GP practices who are all keen to get their own Gateway workers.

Q. If people are helped by your service they will not then go into secondary care.

A. 25% of referrals for counselling were originally from secondary care. This has gone down as GPs become more aware of our services. They refer to us instead of to secondary care.

Q Is it just for people living in South Glos ?

A It is for patients registered with GPs in South Glos which is slightly different.

Q Access to drug and alcohol services are based on a person's address.

A AWP has moved to postcodes – the PCT is reconsidering this.

Q Are there age limits

A Anyone who is over 18. But Anger Management and counselling is for over 25's because these are already available to under 25s.

Q Where is the service based

A Christchurch medical Centre.

Q What is the waiting list for counselling?

A 4-8 weeks but average is six weeks

People get six sessions because of resources. If we get new money we will be able to expand sessions and be flexible.

Q I have heard very positive feedback about the Post Traumatic Stress work.

A This is not available in many places, it came out of a research project.

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Information share

Dual Diagnosis Working group has been set up. It meets for the first time in June.

South Glos Drug and Alcohol services have a rolling programme highlighting four important topics the first one is on Benzodiazepines.

Contact Una Corbett, Battle Against Tranquillisers for details

una@notranx.fsnet.co.uk

Lindsay Gee, Joint Commissioning Manager (Mental Health), South Gloucestershire PCT/Community Care and Housing Department is going on secondment to work in children's commissioning.

Date of Next Meeting: 16 September, 10am-12 noon, the Vassall Centre.

