



# FEEDBACK

Dec 2010 - Jan 2011

by **Carer and Service User representative members**  
of the **Lancashire Mental Health and Social Care Partnership Board (LPB)**

Issue No. 15

In this issue -

- ❖ **Mental Health "Under the Spotlight"**
- ❖ **Emergency Information Card (E Card)**
- ❖ **Service User Experiences and Views**
- ❖ **MIND - supported accommodation**

The LPB was established in 2005 to lead and support a programme of change within mental health services across Lancashire

## Lancashire Mental Health Inpatient Services "Under the Spotlight"

Proposals to re-organise inpatient mental health services in Lancashire are being reviewed in light of the coalition government's new rules on service change in the NHS. The proposed changes – which are the result of an extensive public consultation in 2006 – will be reviewed by all five Lancashire Primary Care Trusts (PCTs) with support from doctors and mental health clinicians.

The proposals in the 2006 consultation included reducing the number of inpatient facilities to establish a smaller number of new purpose-built inpatient sites. This was based on the evidence that too many people were going into hospital (inpatient services) and staying there simply because there were not enough suitable alternatives in their communities.

The care most people with mental health problems need can be provided very effectively in communities rather than hospital. The consultation proposed that there should be more options and choices in the community for support and treatment when people have mental health crises in their lives.

The review has come about because the government has asked the NHS to revisit completed consultations to ensure they are consistent with four tests for service change. All proposed health service reconfigurations must demonstrate:

- Support from GP Commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with patient choice

The review (taking place from October 2010 to February 2011) includes engagement with stakeholders including service users and carers, staff, the public and partner organisations.

The proposals outlined in the 2006 consultation, which had broad support, aim to bring services up to date with current best practice to meet the needs of service users and their families. This includes making sure there is more treatment and support for people in their communities so that they only have to go to hospital when it is clinically appropriate. Since the consultation in 2006, many improvements have already occurred.

The Lancashire PCTs now spend over £23million a year on specialist community mental health services across the county, enabling more people to be treated at home, promoting recovery and independence. In fact, the financial 'spend' per head of population on specialist community and crisis mental health services by PCTs and Local Authorities, is higher in Lancashire than the overall England average.

Examples of investment in specialist community mental health services across Lancashire include:

- Early Intervention Services
- Crisis Intervention/Home Treatment Services
- Assertive Outreach Services

An independent report carried out by the National Clinical Advisory Team (NCAT), supports proposals to reorganise mental health inpatient services.

*Lancashire in Winter 2010*



*Spring Wood, Whalley, Lancashire*

Supporting background information and related documents are available for download on the Partnership Board's website at <http://www.lancashirementalhealth.co.uk/oct2010.htm>

**The Lancashire Mental Health and Social Care Partnership Board**





For better  
mental health

Chorley South Ribble & Blackburn Mind

Promoting  
**Positive**  
Mental Health

**Do you or someone you care for have a mental health diagnosis, and require independent living and housing related support ?**

**We have a female vacancy within a Mind managed property in Chorley !**



**Housing related support for Mind tenants may include the following :**

Support to access correct benefit entitlement. Assistance to maintain appropriate budgeting skills and advice and support to ensure payment of rent and service charges. Advice and guidance on undertaking essential daily living tasks. Advice and Guidance on self care and good health. Advice and guidance on home improvements and upkeep of home. Encouragement to engage and establish regular contact with social networks, including support services and to maintain positive relationships. Signposting to counselling/emotional groups which are appropriate to cultural needs. Assistance to move from short term accommodation into appropriate long term accommodation. Socially inclusive activities via our wellbeing and recovery service.

**To find out further information about this vacancy, please contact Lis Udall on tel 01257 260714 or email [lisudall@csrmind.org.uk](mailto:lisudall@csrmind.org.uk)**

## **Mental Health "Under the Spotlight" Public Meetings Held**

A series of public meetings was held by PCT Commissioners and the Partnership Team in Preston, Blackpool, Accrington, Lancaster, Skelmersdale and Blackburn during October 2010 to discuss the current mental health services review.

The meetings formed part of a stakeholder engagement process, as part of the Government's initiative for the NHS to re-visit existing consultation proposals. The review is not a public consultation. A formal public consultation is bound by a number of statutory requirements e.g. a minimum period of 12 weeks for stakeholder meetings and questionnaires. The current engagement exercise was an opportunity enabling Commissioners to listen to peoples' views. It additionally aimed to fulfil the NHS constitution (2009) where people have the right to be involved in the planning of health care services, the development and consideration of proposals for changes in the way those services are provided and in decisions to be made affecting the operation of those services.

Copies of the notes and presentation slides from each public meeting are available to download from the LPB website <http://www.lancashirementalhealth.co.uk/oct2010.htm> with further supporting background information and related documents. A final report of the findings will also be available on the website shortly.

In summary there is much to be learned from the feedback gathered. Some of the key issues noted include:-

- Services have improved
- People want to be supported at home/in their own community
- Crisis care needs to be available around the clock
- Service responses should be reliable and consistent wherever you live
- Some services should be very local
- There should be good co-ordination and communication between services

**We would like to thank those people who were able to attend the meetings at short notice and offered their comments.**

### **Next Steps**

A brief summary of feedback messages gathered from the public meetings was used in a "Case for Change" document presented to PCT Boards in November/December 2010.

With the "Case for Change" approved by PCT Boards, the next stage of the re-test process will be the Technical Appraisal of proposals. The information gathered in this engagement exercise will be used to guide the requirement for future services.

## **Brian - Service User Representative for Central Lancashire**

**"My thoughts about the present Mental Health Services in Central Lancashire, which includes the large rural area of West Lancashire."**

**Recovery** - I have serious concerns about the lack of Crisis Services, and the Primary Care Teams being able to truly keep service users in useful employment. When response times to a crisis or setback for individuals are in terms of several days rather than hours; employers will not put up with these waiting times. I personally have waited 8 weeks from GP referral to the Primary Care Team recently. There is a lot of concern around the provision of day services in my area, but because LCFT (Lancashire Care NHS Foundation Trust) are presently changing the system, I shall give it time to bed in before I reach a verdict. I am convinced that service users are once again not being listened to before plans are being implemented!

**Hospital care beds** - As a service user, the thought of spending several days in a acute hospital complex for a short stay crisis, miles away from my family, frightens the life out of me and I suspect thousands of others think the same. While I agree in principle that large hospitals are needed for lots of good sound clinical reasons, the lack of promised crisis units covering, in particular isolated rural areas, has been one of biggest let downs of the last few years, to put it mildly. Myself and lots of others within Lancashire would rather be treated at a small unit close by where we live and not parked off to some far off part of the county, already ill, then isolated with no visitors.

My personal opinion would be to have fewer major hospitals in the county with lots of early response teams, and units with facilities for respite care too!!! The costs could be kept to a minimum with the sharing of clinical staff. Travel costs, and the quality of life can be enhanced for both staff and service users, who recover more quickly.

## Maureen - Service User Representative for East Lancashire

There seems to be a great deal of change at the moment in mental health services. This coupled with the coalition government's spending review, especially with regard to the benefits system is in my experience causing people who currently use services and are reliant on benefits a great deal of anxiety, to say the least.

The 'acid test' of all service delivery within the whole welfare system, depends on the front line workers ability to understand the depth of their power within the relationship they share with the person in receipt of their service. To be fair mostly I have been left with a feeling of well-being as a consequence of such contact. However, there have been many occasions when I have felt much worse. This is not because I haven't been offered the services I thought I needed, or awarded a financial benefit, it is because of the attitude of the person paid to help me in my recovery.

I would like to share here two examples of such attitudes. I have chosen these because they fall in with 'government policy' for change at this time.

### Assessment of Need

The first falls in with the new stepped care approach to services, when 18 months ago I decided I wanted to move on from supported living (classed as a secondary health service), to independent living in the wider community (classed as primary services).

I needed to go through an 'assessment of need'. The outcome of which determines the level of need that I presented at that particular time. For me, this fell into primary services, this meant that I would be 'discharged' from the service of a Care Coordinator and my consultant, and have the option to move into independent living. So on balance, it was the result I wanted, and moreover needed.

The first obstacle was that I could not find suitable accommodation in the town I was living in. But eventually, I did find a lovely little bed-sit in a neighbouring town 6 miles away.

Deciding to move there created a mountain to climb in terms of care service delivery. As in moving, I had changed boroughs at a time when the workforce within services was coming to grips with the transfer of all services into the 'stepped care' approach. It may be me, but moving a mere 6 miles doesn't seem unusual for people in general to do these days, but in terms of services, I may as well have emigrated to China!

I was appreciative of the offer that existing support services should remain for a few weeks, and offer one support visit each week. This all seemed ok until two weeks after I had moved, the support worker didn't arrive as planned. I contacted the service, primarily out of concern, as the worker would have been driving. It was a surprise when the worker concerned answered the phone and informed me that I hadn't turned up for my support! Although the week before I had received support in my new home.

Now the logistics of this in business terms are easy to understand, but her attitude was unacceptable and although the service took this on board to a degree, they decided they could no longer offer their support. Without a doubt, this contact left me with a distinct feeling of ill-being.

There I was, in a new home, a new town, facing independence alone. I had to see a new GP, had appointments at benefit offices etc. and I hadn't been on such appointments alone for five years. Struck by fear and the only consolation in my mind was a piece of paper entitled "Crisis Care Plan". How I got through that night without ringing them, because I was indeed in crisis, remains unknown to me.

The day after I rang the CMHT (Community Mental Health Team) Manager from my former area, she came up trumps. I was allocated an excellent STR (Support, Time and Recovery) worker.

However, it would be twelve months after this workers withdrawal, before I was offered 'talk therapy' within the 'stepped care' services. For me this is the service that I needed, and the support I have received from this person in my recovery is one I will cherish throughout my life.

### Independence

From a financial perspective I am still reliant on the state, and this is something I am also working on, which brings me to my second example. I want to work to be independent, so the coalition spending review and their promise to make work for people like me, fits in with my plans.

Having secured a part time job at a local football club as a match day steward, I went to Jobcentre Plus to inform them of my work. The adviser was another excellent worker, giving me sound advice about; a stepped approach back to work, how this would affect my benefits, and giving me a key contact for support.

Again their contact was excellent, from this service I have received help i.e. formulate CV's, interview skills, training etc.

This worker thought it would be best if I used the benefits of the 'permitted' working arrangements to assist in this process. This means that benefits in theory are protected for 52 weeks, in terms of Incapacity Benefit to the sum of up to £95, as long as you work no more than 16 hours per week. I needed to check this out on an individual basis with the people from Incapacity. Again this person was warm in attitude and she offered me good, sound advice.

### Stumbling Block

The stumbling block came from the attitude of the worker attached to the Income Support Service. For those readers not aware, premier league football teams play 19 home games a season, stewards earn £29 for each match; a season lasts 8 months of the year. The rule for income support where permitted work applies is that all earnings over £20 each week over a 7 week period are deducted from this benefit. However my earnings average out at £10.63 each week across one year. I was coldly informed by the worker on the phone that the system does not take into consideration averages, so:-

*"Every week you steward, £9 will be deducted from your income support, and you need to bear in mind that we can ask for your payslips at anytime, and you must supply them as originals to us or you will lose your total benefit".*

By the time the conversation ended I felt like I had been in the sketch of the TV programme 'Little Britain'. You know, the one where the holiday rep says "the computer says no!"

This person's attitude left me feeling that the whole idea of working was a waste of time. Ok, rules are rules, but a kind word with the news, couched with soft tones and a bit of sympathy would have been much appreciated.

Furthermore, on checking this out, this initial information proved to be incorrect, and the system does indeed work out averages.

The reference to 'Little Britain' is from my understanding a very good analogy to make when discussing the so called 'Welfare State'. Many workers within the service provide very good value for money.

The workforce is at a time of change and may take the brunt of future budget cuts under the spending review, it makes sense to me that we find a way of riding this particular storm together – what's the alternative?

So to those workers charged with the decision of acute service planning reviews, it may be wise for them to remember that no matter what state a building is in, the "fit for purpose" element that means the most to people who are mentally acutely ill, is the innate human skill of the chosen workforce.



# Lancashire Constabulary

police and communities together

## The E Card

### The Emergency Information Card

The E card is an information card to provide clear details quickly to emergency services, such as Next of Kin or contact person, medical information or if certain support measures are required, for example communication aid, British Sign Language etc.

5,000 E cards were distributed across Lancashire to various disability organisations as part of a pilot scheme. Due to the success of the E card funding from Lancashire Partnership Against Crime (LANPAC), Lancashire County Council - PDSI services (Physical Disability and Sensory Impairment) and the Lancashire Fire and Rescue Service there will be another 15,000 E cards available.

For more information or to obtain a card please contact: 01772 412017 or email [diversity@lancashire.pnn.police.uk](mailto:diversity@lancashire.pnn.police.uk)

The E card is a credit card size card which comes with a self seal laminating pouch (this will help protect the card from being damaged). All the information should be written in CAPITALS so that it will be easier to read. All the information can be written by the individual person, a family member, support worker or personal assistants etc.

The E card can have important information on it such as:

- The person's name and a space for a passport size photo which is optional, which can be a double reassurance that the card belongs to the carrier.
- Details of the Next of Kin/contact person, relationship to them and a contact number for that person.
- Medical information (e.g. I have a learning disability, I have an acquired brain injury or I have diabetes etc).
- Useful information (what a person might need to help them in an emergency or if they are unable to tell you what they might need such as medication or communication aids)

The E Card **MUST** be carried somewhere, where it will be **INSTANTLY SEEN** such as the front of a wallet/purse.



### Useful website links:-

**Care Quality Commission (CQC)** report on "Mental health acute inpatient service users survey for Lancashire Care Foundation Trust"

[http://www.cqc.org.uk/\\_db/\\_documents/AAB\\_NHS\\_MH\\_survey\\_2009\\_RTQ.pdf](http://www.cqc.org.uk/_db/_documents/AAB_NHS_MH_survey_2009_RTQ.pdf)

**Lancashire LINKS - Newsletters**

<http://www.lancashirelink.org.uk>

**Lancashire Third Sector Consortium for Mental Health (LTSC)**

<http://www.ltscmentalhealth.org.uk>

**National Policing Improvement Agency (NPIA)**

"Guidance on responding to people with mental ill health or learning disabilities"

<http://www.npia.police.uk/en/15863.htm>

### Service User and Carer Representatives

**Angela**

Carer Representative for the Fylde Coast

**Brian**

Service User Representative for Central Lancashire

**Ian**

Carer Representative for North Lancashire

**Marjorie**

Carer Representative for Central & West Lancashire

**Maureen**

Service User Representative for East Lancashire

**Rod**

Service User Representative for North Lancashire

**Waheda**

Carer Representative for Lancashire BME Communities

If you would like to make contact with your area representative or register your details to be kept informed of our current work, please contact **The Mental Health Partnership Team**, Guide Business Centre, School Lane, Blackburn BB1 2QH - Tel: 01254 282229 Fax: 01254 282233

Email: [lancashirementalhealth@bwd.nhs.uk](mailto:lancashirementalhealth@bwd.nhs.uk) - your details will be held in the strictest confidence

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