

Overview & Scrutiny

Response to Letter from County Durham and Darlington Mental Health Forum



23rd June 2010

Report of David Shipman and Karen Vasey

Purpose of the Report

- 1 To respond to a letter received the Overview and Scrutiny Committee on 26th April, 2010 from County Durham and Darlington Mental Health Forum.

Background

- 2 A report on the progress made by the In-house Provider of Day Services (Mental Health), now Support and Recovery, had been circulated prior to the Overview and Scrutiny Committee meeting of 26th April and the members of County Durham and Darlington Mental Health Forum wished to respond as they had some queries and concerns with reference to the report.

Response to the Issues Raised in the Letter

- 3 It is noted that the County Durham and Darlington Mental Health Forum recognise the challenges of improving existing services and it is asked that the process of bringing about a significant organisational and cultural change within a wide range of localities with their own unique characteristics is also acknowledged. The pace of improvement has been specific to each locality as it will be specific to each individual receiving a service.

- 4 Point 1 – Why did it take so long to complete Individual Recovery Plans?

All areas were given information about Individual Recovery Plans at the same time but support to complete them was rolled out locality by locality – this was due to the availability of limited resources.

Point 2 – Some service users are confused about the differences between an Individual Recovery Plan and a Care Plan

It is recognised that some people will take a long time to gain a clear understanding but staff are consistently working to dissipate this confusion by providing more information on this matter. Information on the differences will be published in the next newsletter and further advice and guidance will be given by the staff team to try to clear up any confusion.

Point 3 – Why some service users who attend day services do not have a Care Co-ordinator

This issue has been formally taken up with County Durham and Darlington Community Health Services and with Tees, Esk and Wear Valley Health Services and has resulted in a formal review of the Community Intervention Teams taking place.

It should be noted that there have been a number of vacant posts and a high turnover of staff within the Community Intervention Teams which has exacerbated this problem.

Also, sometimes the provider service has not been informed of service users who have been discharged by their Care Co-ordinator as they are no longer meet the requirements for a secondary service. This has resulted in people receiving a service that they no longer require. Work is on-going with the commissioning teams to resolve this issue which may result in people being moved on from the Support & Recovery service. This process will be undertaken in a careful way, being mindful of the service users needs, but as this is a commissioned service, only people who meet the Fair Access to Care Services criteria are eligible for this provision.

Point 4 – Service Users are confused by the differences between a My Space and a Safe Space

The process of introducing these new ways of working is still in its very early stages and on-going work is taking place to try to remove this confusion. Many of the service users who have engaged with the service user involvement days and who have participated in writing the Principles of a Safe Space do appear to have a greater level of understanding. However, this issue will continue to be addressed and information will be communicated in a variety of ways, including via the newsletter, update; through service user meetings and by staff talking to service users in an informal way.

Point 5 – Existing activities are not improvements

The improvements were that the activities are now taking place out in community venues or that support had been offered to existing groups to help them increase their membership. It was explained to Overview and Scrutiny on 26th April, that some were new groups but others were existing groups that had either received support in a variety of ways or had moved out into community venues - thus promoting social inclusion and supporting local community locations.

Point 6 – Why is there no service user led group in Derwentside

A service user led group has been set up in Derwentside. It will take place on a Wednesday morning in the Community Rooms at Shield Row. Negotiations have been taking place for some time as it is felt important that service users are involved in the process and that it is taken at a pace to suit the people we are there to support. The format of the group is still being discussed by the people who attend it to ensure that the activities they decide on are relevant to them.

Point 7 – Why are the service users still in a temporary base

Again, negotiations with the Community Rooms in Shield Row have been on-going for some time now and the service users will be moving to new accommodation during June 2010.

Point 8 – Is the new base suitable?

The vast majority of the service users believe that the new base is suitable, although some have expressed concern that it may not be big enough, etc. although many are happy that they will still be receiving a service in their local community. Also, as it has taken several years to find a new base, compromises have had to be made. In respect of the size of the base, discussions are underway to consider the possibility of extending the space available, perhaps with the addition of a conservatory.

Point 9 – Will the move result in a reduction in service

Although the drop-ins will reduce from two days to one day, a service user led group has been started up on the morning of the previous drop-in day and staff will be able to undertake individual recovery work on that afternoon. The benefits of these changes will mean that if service users are discharged by their Care Co-ordinator as they no longer require a secondary service, ex-service users will still be able to attend the service user led group on a Wednesday morning. As some of the current service users may not reach the Fair Access to Care Services criteria, this new provision will enable them to maintain contact with their friends and peers in a familiar space.

Point 10 – The issues in Derwentside should have been a priority

The issues in Derwentside have indeed been a priority and a great number of human resources have been expended in trying to source a suitable venue and set up a service user led group. Thanks and praise have been given to the staff team for their efforts in supporting the service users through the process of finding a new base, both for the drop-in and for the service user led group.

Point 11 – Loss of the manager in Derwentside

A reconfiguration of the management and staffing structure, after all appropriate consultations, including involvement of Human Resources, the Trade Unions and the staff teams, had taken place and it was agreed that to enable the service to be more equitable, in terms of management responsibility, it would be appropriate to join the Derwentside, Chester-le-Street and Durham areas into the “North Area”. It is not appropriate for one manager to be responsible for two staff members whilst another is responsible for ten. However, this has not resulted in a loss of a manager for Derwentside; rather this area will have a different manager. Unfortunately, due to retirement, promotion, ill health, reconfiguration etc. it is impossible to guarantee total consistency of the management / staff team.

On a positive note, most of the service users have met / know the manager for the new North Durham Area and are reassured by the familiar face.

Point 12 – Why was the day of the week that the service in Teesdale was to be made available made by the organisation?

Many of the various partners met to discuss the provision of a service in Teesdale, unfortunately, on that one occasion; no service users were present, although they had been invited to every meeting. As the host venue wanted to know which day the partners (MIND, Mental Health Matters, Stonham, Richmond Fellowship, Support & Recovery, County Durham and Darlington Community Health Services etc.) would wish to use the building, a decision was made to choose a day. However, as this service is being developed to meet the needs of the service users, if the day needed to change, then other arrangements would be made. It was viewed as more important to progress the project rather than delay it further as changes could be made at a later date. Involvement by service users is seen as key to this project and consultations are on-going.

Point 13 – Sharing of information in the development of services in Teesdale

Information will be shared with the members of the County Durham and Darlington Mental Health Forum and further consultation will take place with a range of providers and service users being involved all the way through. Forum members will be invited to participate in any future events. A precise model for Teesdale has not yet been formulated but will be done so in conjunction with all relevant parties.

Point 14 – Feedback from the Consultation

The figure of 50 people responding with a “no” in the Consultation was based on an analysis of the documents carried out by the Change Manager and reported to the Project Board. No-one is denying that there weren’t any clear “no” replies but when the feedback forms have been reviewed, there are many where people ticked “no” but then stated they agreed with many of the principles of recovery etc. However, in hindsight, the information could have been clearer but, given the time constraints and the amount of work to be undertaken by one person, it is understandable that certain aspects were not explained as straightforwardly as they could have been. This is certainly a lesson that can be learnt from that exercise. It must also be noted that the Service User and Carers Involvement Team management felt that the Consultation had been an excellent exercise and went over and above what was generally required.

The Consultation exercise had never been viewed as a ballot but rather was information that was included in the overall picture. Other sources of advice and guidance that were taken into consideration included:

- Government White Papers etc.
- NICE guidelines
- Fair Access to Care Services criteria
- Feedback from Member of Parliament

- Feedback from County Councillors
- Feedback from service user and public events (including from service users, carers and the general public)
- Feedback from General Practitioners
- Feedback from Mental Health Professionals
- Feedback from other organisations
- The Joint Commissioning Strategy
- Information from national lead on day services for mental health
- Latest research into good practice etc.

A balanced decision on the way forward, i.e. that the main thrust of the in-house service would become person centred and recovery focussed, was taken after all the information had been analysed and agreed by all the relevant management teams and the Project Board. The over-riding view was that a recovery service should be developed but that the issues raised in the consultation must be addressed and given proper consideration; which is what County Durham Care and Support have aimed to do at every stage of the process.

Point 15 – Update via a Public Event

Now that the first phase of feedback has been completed; in that the Portfolio Holder has visited all of the Resource Centres to feedback to the service users and to ask for their thoughts and opinions, the second phase of giving feedback to members of the wider arena can now take place. Dates for two public events have now been scheduled for September by which time many key developments will have been established. To ensure that these events are properly publicised and the widest possible audience is reached, the information will be detailed in the County Durham News as this publication goes to every household in the County.

Conclusion

- 4 It is believed that the new Support and Recovery service is moving forward with service users to provide a more flexible, responsive and person centred service. All comments made by County Durham and Darlington Mental Health Forum are valued and any improvements that can be made to try to improve communication and partnership working between the organisation's, are welcome.

Recommendations

- 5 The following recommendations will be advanced by the Commissioning Team and / or Support and Recovery as required.
 - To provide further clarification on the differences between an Individual Recovery Plan and a Care Plan
 - To investigate why some service users do not have a Care Co-ordinator and where appropriate, to advocate on behalf of those service users to achieve relevant professional support
 - To give further advice on the differences between a “My Space” and a “Safe Space”

- To continue to progress with My Spaces to provide a valuable service to vulnerable people who no longer meet the criteria for secondary services
- To continue to work with all members of the informal Teesdale Consortium to provide a person centred service
- To organise and successfully publicise the planned public events in September

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Appendix 1: Implications

LGR - N/A

Finance – N/A

Staffing - N/A

Equality and Diversity -

Accommodation –

Crime and disorder-

Sustainability –

Human Rights –

Localities and Rurality–

Young people –

Consultation –

Health –

Personalisation -