

Thinking Together

Mental Health Services Event

July 6th 2016: Newbury Baptist Church

Contents

1. Introduction.....	P2
1.1. Event Details	P2
1.2. Acknowledgements.....	P2
1.3. Disclaimer.....	P2
1.4. How did we get here?.....	P3
2. Feedback.....	P4
2.1. Question & Answer Session.....	P5
2.2. Table top Discussions.....	P6
2.3. Further Questions and Comments.....	P10
3. Responses	P11
3.1. Newbury & District Clinical Commissioning Group (CCG).....	P11
3.2. West Berkshire Council (WBC).....	P11
3.3. Berkshire Healthcare Foundation Trust (BHFT).....	P12
4. Thinking To the Future.....	P12
5. Appendices.....	P12
5.1. Appendix 1: Question and Answer session notes.....	P12

1. Introduction

The ‘Thinking Together’ event was a collaboration between West Berkshire Council Adult Social Care, Berkshire Healthcare Foundation Trust and the Newbury and District Clinical Commissioning Group. The event was facilitated by Healthwatch West Berkshire and held at Newbury Baptist Church on Wednesday 6th July 2016.

1.1. Event Details

Thinking Together	
Event Location	Newbury Baptist Church
Date and Time	6th July, 12-3pm
Speakers	Tandra Forster, <i>WBC (Adult Social Care)</i> Ian Dawe, <i>WBC (Adult Social Care)</i> Kim Dodd, <i>WBC (Adult Social Care)</i> Dr. Abid Irfan, <i>CCG</i> Ian Mundy, <i>BHFT</i>
Contact Details	Healthwatch West Berkshire 2 nd Floor Broadway House 4-8 The Broadway Newbury RG14 1BA

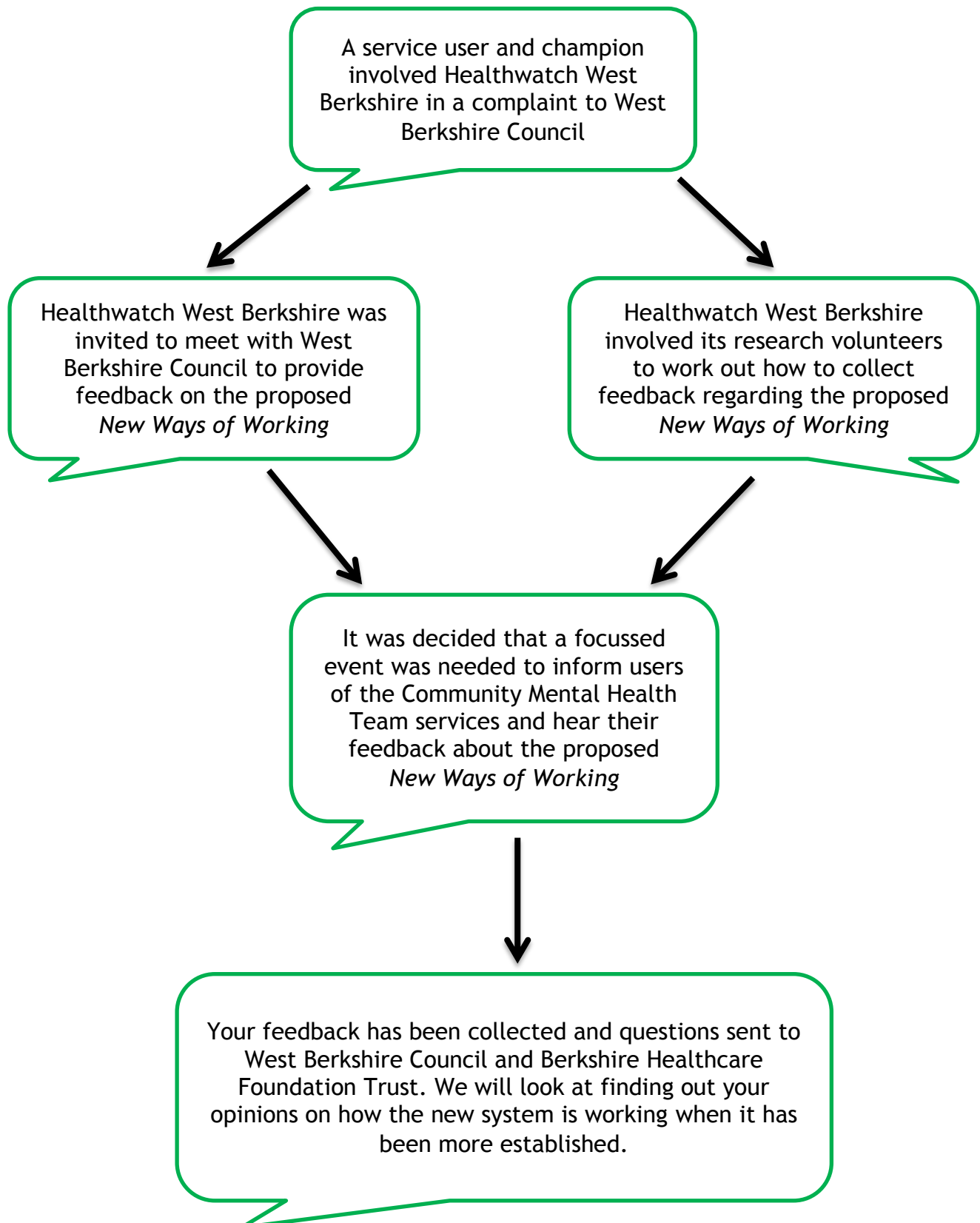
1.2. Acknowledgements

Healthwatch West Berkshire would like to thank West Berkshire Council (WBC), Berkshire Healthcare Foundation Trust (BHFT) and Newbury and District Clinical Commissioning Group (CCG) for their collaboration to put this event together. Thanks also go to all the service users and representatives who attended the event, as well as our volunteers who helped on the day.

1.3. Disclaimer

Please note that this report relates to findings observed on the specific date and time set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time, and any feedback received relating to the event.

1.4. How Did We Get Here?



2. Feedback

Members from West Berkshire Council, Berkshire Healthcare Foundation Trust, and Newbury and District Clinical Commissioning Group discussed the proposed *New Ways of Working*. This was facilitated by Andrew Sharp from Healthwatch West Berkshire.

Tandra Forster spoke about how many of the changes have been driven by the 'Care Act', and that Adult Social Care in West Berkshire is being reorganised across all areas and not just in Mental Health service provision. There will be three locality teams: East, West and Central. People will be allocated to these teams according to the GP surgery they are registered with. This will result in GP surgery clusters, which feed into Adult Social Care services. There will also be a Sensory Needs Team and a Hospital Discharge Team.

Ian Mundy mentioned that West Berkshire itself is one of six localities across Berkshire. Hillcroft House will no longer be a centre for Mental Health services, but for social care more generally, as it will be one of the localities. Health (i.e. BHFT) will continue to provide the health element of this service, and so the staff will work with all three localities: Hillcroft House, West House and Turnham's Green.

He also raised the issue that health staff may not be able to provide the current level of service with just 10 staff members, however they are working through many of the details with Adult Social Care, as it is still a work in progress. The changes are due to take place from October, but some staff will be moving across from 1st August.

Tandra Forster confirmed that the Approved Mental Health Professionals (AMHP team) are being maintained at Hillcroft House, but there is a move to working with people in the community rather than at one centre.

Ian Mundy highlighted that there will be a move away from having a single care co-ordinator as there is at present, meaning that service users may have to have several conversations rather than one. Adult Social Care have to do what they are doing to meet the terms of the Care Act.

A question from a member of the audience was raised, who said:

"It seems as if it's all to do with money and that physical and mental health are being separated."

Tandra Forster answered by saying they are already separate, but the changes are about drivers. For Adult Social Care it's about being person-centred and working with the family. There are contracts held by the CCG around particular clinical needs. She noted that they can join up, for example, if someone comes and they have health needs, they would be given help to get to where they need to go.

There was general concern and frustration among people communicating the difficulties since the removal of the bus passes for people with Mental Health problems. It was agreed by the speakers and Healthwatch West Berkshire that today was not the forum for the issue of the bus passes, as transport were not being represented. However, Jackie Wilkinson gave some advice to people affected by this, by saying that if you have been told you can't drive then you are eligible for a bus pass. She also told people to contact the transport team at West Berkshire council to get more clarification and to reapply for a bus pass. It was then agreed that people should write down any points or questions they had for the Question and Answer

session, that Healthwatch West Berkshire would write to the council and Tandra Forster would take these concerns and feed back to the council.

Dr. Abid Irfan discussed how the CCG have been investing in Mental Health, for example Street Triage and Children and Adolescent Mental Health Services (CAMHS). They have been increasingly working with multidisciplinary teams, a way of working that is very important. The most important thing for a GP is to know where to send patients for the help they need.

An issue was then raised from the audience about the communication between Prospect Park Hospital and the patient's GP. They mentioned they had to follow things up themselves, for example about changing medication. The patient has lost faith in their GP surgery. Dr. Irfan explained that he would hope GPs had enough of an understanding of Mental Health to be able to resolve these types of issues.

2.1. Question and Answer Session

Here is a summary of the Question and Answer session. For the full notes, please see Appendix 1 (Section 5.2) at the end of this document.

Questions were asked about how exactly the new structure would work. The main thing for service users to understand at this moment is that when they call the locality teams, the person they first speak to should be the person that sticks with them. AMHPs will support colleagues in health and social care and this should fill gaps that currently exist.

For people who have had a conversation with their existing key worker, what they have said is what will happen in your case. BHFT have spent a lot of time to make sure that people get the key worker who will be right for their circumstances. This means some people will change from a social care professional to a healthcare professional and vice versa. However, all your needs should be able to be met by the one team at your locality, which means both health and social care needs. This means you may have access to social care when you previously didn't.

With regards to having to speak to more than one person, the council and BHFT are aiming to have a shared view of each service user, sharing information between the two sides where appropriate and on a need-to-know basis. One professional should stick to each person but should support them in moving forward to another professional if this is necessary for further support.

The *New Ways of Working* aims to achieve a more strengths-based model in line with the Care Act. The Better Care Fund has had an emphasis on Physical Health but there are plans in development for its use with Mental Health integration.

There was also concern about accessing sports and swimming outside of Newbury, where all the free/cheaper exercise opportunities are. This makes it difficult for people in Thatcham and other places in West Berkshire to exercise,

especially since bus passes have been removed. The response to this by Ian Mundy was that BHFT and the CCG have driven exercise initiatives throughout Berkshire, and the CCG have topped up funding for Sport in Mind in the past. As Sport in Mind is a third sector organisation, BHFT can't control where their services are, but they can feed these concerns back to the charity.

Dr. Irfan responded to concerns regarding access and waiting times for specialist GP services, saying that GPs should be able to prescribe and check medication as well as physical health in line with side effects. They can also refer you to more specialist services if needed, and it is your right to ask for and access this. However, your GP should be your first point of contact for Mental Health concerns and issues relating to medication. There are long waits for clinical psychology and more specialist help, but talking-based therapies are important tools in managing your condition and so it's worth continuing to wait and following this up.

Tandra Forster will feed back the concern following the closure of the Hillcroft Resource Centre a few years ago, but also recognised that there are many new independent resource centres such as Pulling Together, for people to access.

2.2. Table Top Discussions

Adrian & Judy

- I'm concerned it seems to be going away from integration
- There's a risk people, especially more serious cases, won't take themselves to Hillcroft
- The local authority is meant to have an inspection once a year but aren't [not CQC, but unsure which inspection]
- People with serious conditions need monitoring by a health or a social worker
- I have bipolar and need psychotherapy but can't get any, it should be more important than medication - medication doesn't improve the situation, it just maintains it and access to psychotherapy needs to be easier. Appointments for after 6pm (I work) are difficult. You normally get 6 sessions, which can help if someone has a lapse but if it's a bigger problem you may need longer.
- Often need help straight away, urgently, but the crisis team doesn't act quickly enough, they try and put you off as much as possible. Lack of clarity - if you're not ringing from our own house they say to ring the police, then the police say to ring the crisis team. The crisis team will only come to your own house.
- It couldn't be any worse here if they tried.
- There are no peer support facilities. Somewhere you can drift in and out and talk if you want to. E.g. in a café in Brighton where you can do that. It's no having a support group you go to once a week; you need to be able to drop in.

“The crisis team doesn't act quickly enough.”

- It's dangerous to change people's drugs when they're in the community (e.g. by AMHPs) - they need to be monitored every day.
- The statutory guidance says if people under section 117 of the Mental Health Act are placed in accommodation as part of a care plan to stop them going into hospital, that should be free. In this example that's not the case, and they have a support worker for less than 1.5 hours a week.

Annette

Service user 1:

- 2 Stays at Prospect Park and 12 Hospital admissions over the last 5 yrs but has no case worker only a G.P. They have to call the crisis number every time they spot the signs that something is not right.

“A regular forum is needed so it doesn't build up.”

- They live on the border of Reading and West Berkshire. All resource they are offered is based in Newbury takes 40 minutes plus money on a bus to be able to access any service. Why do they not have the option to choose where they get their help. A partner lives in Reading and has access to much more it would also mean they had someone to go with and not be so daunting.
- The crisis number has asked them to call back later when they can “be calm” at the point of calling this is not an option so seems contrary to how things should be handled.
- This service user only found out about a diagnosis they had been given at Prospect Park 2 years later on reading it in their notes.
- How will getting to people before “Crisis” work in practice things are stretched enough.
- Understands that this meeting may not be able to solve all issues and is only on “New Ways of Working” but they are given so little opportunity to speak about their frustrations with the services they use it is hard not to share all you have experienced.
- A regular forum is needed then it would not all build up. Service providers need to integrate to find out what people feel.
- Took 4 months to get a medication review

Attendee:

- Saddened and frustrated that they are not integrating health/mental health (is there a cost benefit?)
- Integration is key
- Social workers would be based at G.P.s
- How will Dementia be handled.

“Where do we go for advice? Often get told different conflicting information by different sources”

All at the table:

- Explanations given today were too high level, they needed practical advice - What number will you call, who will you speak to, who will be your case worker for different circumstances. Practical examples with simple straight forward language.
- Where do we go for advice, often get told different conflicting information by different sources.
- You need to battle for any help you receive what happens to the most vulnerable.
- All G.P.'s aren't sure where you go to you may be caught in a cycle of referral/not right when seen/referred back to G.P./referral/ this could go on for years. Need more than just prescribed drugs, need access to the right therapy. Health is more straight forward there is a flow to your care.

Service User 2:

- Their experience has been very difficult. Since moving area they were left with no case worker, psychiatrist or anyone to monitor them which led to a crisis and hospital stay.
- The psychiatrist they saw had no notes or history on them. They had to explain what drugs they were on and what had happened - no communication between area or hospital.

Bus Passes 2:

- Continue to be an issue particularly because of the spread out services in West Berkshire. Has increased feelings of isolation and stress.
- The way it was communicated was terrible. People didn't necessarily need to lose their passes some were still eligible but were not told.

Main feelings:

- Lack of communication between organisations/care/service user
- Difficulty for users living outside of centres like Newbury unable to cross borders for the help they need

- Lack of Integration of services
- You need to know where to go to get the help you need.
- More of this event please.
- Waiting times!!!

“Crisis Assessments are done very quickly and not necessarily thoroughly.”

Andrew

Crisis Assessments

- Done very quickly and not necessarily thoroughly
- Often 5 minute phone call and it seems that all fine!!!!

Richmond Fellow Ship Contact

- Often leads to increased Substance abuse
- Assessment not complete enough
- Rushed and not in depth enough
- Feels like scratching the surface

“Does this new change mean more specialised help or less?”

General Points

- Does new change mean more specialised help or less? If splitting will they do in more in-depth.
- Dis-integrating Health and Social care - isn't that against integration?
- How do people self refer etc what are recovery referral routes? Why do clients need a Finance assessment before they can get support from Richmond. Who does make decision on finance as it's a barrier to recovery
- If more divisions in care isn't there more chance things will be lost
- Worry that MH patients will be dealt with by non specialists
- How will social workers respond to working out of their skill area?
- Social Worker Retention -will this drive them away and leave profession?

Jo

- Fulltime Carer - who is on PIP rings the Hub - ASC talked to husband, he says what they want to hear. As his Carer she is not being heard, impacting on her Health and Wellbeing.
- If on PIP are you entitled to free Dental Care. Currently registered with an NHS dentist Thatcham Dental Practice on A4.
- Assessment at Home?
- Steve - Carers assessment done at home in front of husband - another done since.

Cléa

- Very happy with service I'm getting
- A lot of GPs and CPNs, consultants have been corrupt and insulted me in the past. Things have improved.
- Bus passes - Glad other people feel the same (indignant). Fortunately, my GP helped me get back mine.
- Things have improved vastly since I first became involved with the Mental Health Team in 1985.

“Things have improved vastly since I first became involved with the Mental Health team”

2.3. Further Questions / Comments

Here are some questions asked by attendees, for specific response by email. These questions have been fed back, along with the email addresses of the people who asked the questions, to those speaking at the event for response.

- If someone has contact with crisis & it is clear they need follow up help e.g. talking to psychologist/psychiatrist/talking therapies and needs to be very quick what will happen? Will they get the help they need or first have to wait? Will they have to keep chasing for an appointment? If they have to wait or chase, this can be detrimental to their health.
- If someone ends up in A&E due to mental health - e.g. attempted suicide - & had not been under CMHT - what will happen? Will they get the help + support they need? How long will they have to wait?
- Is there going to be help and support for young people and children?

3. Responses

3.1. Newbury and District Clinical Commissioning Group (CCG)

“We will be working closely with all the key stakeholders and the West Berkshire Council as they introduce the New Ways of Working. The priority will be to ensure that patients continue to receive the highest quality of specialist mental health and social care advice and service. It will be critical to ensure that during any transition period that it is clear for all patients and GPs on how to access the service via simple pathways and patient journeys. All new arrangements will be actively reviewed with our partners to ensure patients continue to receive a high level service that has been delivered to date.”

3.2. West Berkshire Council (WBC)

“We welcomed the opportunity to talk about the changes we are making and to get feedback. Having reviewed the feedback from the roundtable discussion we feel that four key themes emerged that the Council need to respond to:

- a. Integration: The Care Act (2014) has meant that we needed to change the way we work with people who may be in need of support or care. In the current arrangement individuals will have to meet the criteria for a health service before they can get access to social care. The changes mean we need to be able to help people by preventing, reducing or delaying the need for formal care and to do that we need to be able to increase access.

We expect the changes we are making to create a stronger link with social care staff with the local area. We have designed our teams around GP practices and the plan is to integrate more with primary care so that we can help people stay living independently in the community and reducing their need for more acute services.

- b. Practical advice: We will adopt the principle of ‘No wrong doors’ - meaning that whichever of our teams you first approach, we will work with you to identify your needs and if it becomes clear that you need support from another team (e.g. specialist mental health practitioners, primary care, etc) we will make sure that you can access that team (with our support as required). This principle is shared by both Health and Social Care services.

Therefore, you can use the general Adult Social Care number of 01635 503050 as well as the existing numbers for CPE/CMHT.

- c. More dialogue: We agree that ongoing engagement is important and are supportive of establishing regular opportunities to continue the dialogue. We will do this in partnership with Healthwatch and Health Services.
- d. Relationship with GPs, GP knowledge of social care: We have designed our teams around GP practices and are making contact to ensure we meet regularly with GPs and their teams as we believe that we can be more effective together. We understand that GPs need to understand more about what social care can offer and believe that regular engagement will build and strengthen knowledge and this can only be of benefit to the patient.”

3.3. Berkshire Healthcare Foundation Trust (BHFT)

“BHFT were delighted to be part of this Thinking Together Event, believing it is an opportunity to start thinking together with service users, we are dedicated to participating in more Thinking Together events. The Health Care Pathways team will be reviewing the way in which it works to focus on the health needs of people, this will mean working closely with service such as Crisis and CPE [Common Point of Entry] as well as building close links with the new Adult Social Care Localities.

BHFT are committed to ensuring high quality care, we have pledged to ensuring that people get the support they need, we will have open communication with the local authority, during and following the transition period. We are planning to work closely with local organisations to ensure the support of services who work and come into contact with people who have mental health problems.

If anyone has individual issues they would like to discuss, please raise these with their individual workers or via the GP.”

4. Thinking To the Future

Based on the successful turn out and the positive responses we received about holding this event, we are planning to organise another one for later in the year. You will be told about any future events or chances for engagement with as much notice as possible.

*“I wanted to thank you all
for your help and support,
I feel very privileged to be
here today”*

5. Appendices

5.1. Appendix 1: Question and Answer session notes

Item No.	Question / Answer
1.	<p>Who should I contact moving forward if I am in a crisis or need medication changing? There’s no clarity.</p> <p>Ian Dawe: <i>The person you first encounter should stick with you, and this person will be able to answer these questions for you.</i></p>
2.	<p>Will AMHPs be over stretched as only they can do assessments?</p> <p>Mandy James: <i>They will support other colleagues in health etc. and should fill gaps that currently exist.</i></p>

<p>3.</p>	<p>What will happen now that the Hillcroft resource centre has closed? This was a lifeline to many people.</p> <p><i>Tandra Forster: This decision was made in 2010, and we have seen new resource centres grow in this time which has been positive and resulted in more independent services, such as pulling together. There are new plans in development should help fill this gap too, but TF will feed back the concern.</i></p>
<p>4.</p>	<p>There seems to be a huge separation between health and social care. Are you using the Better Care Fund in Mental Health integration? Where does the personal budget come in? What about people on section 117 and the Care Act?</p> <p><i>Tandra Forster: With regards to the Care Act, what we are trying to achieve through the New Ways of Working is absolutely in line with this, moving towards a strengths-based model. The Better Care Fund has had an emphasis on Physical Health but plans are in development for its use with Mental Health integration.</i></p>
<p>5.</p>	<p>There is a disparity in equal opportunities. People with Mental Health difficulties can access sports and swimming for free/cheaper in Newbury (through Sport in Mind?) but this isn't the case in Thatcham. Especially with the removal of bus passes, it makes it difficult for people with Mental Health difficulties outside of Newbury to access exercise.</p> <p><i>Ian Mundy: Sport in Mind is a charity but the CCG have topped up their funding in the past. BHFT and CCG have driven exercise initiatives throughout Berkshire, and looked to have that across the area. As Sport in Mind is a third sector organisation, we can't control where their services are, but BHFT will feed back these concerns to Sport in Mind.</i></p>
<p>6.</p>	<p>Will this change affect access to specialist GP services at Hillcroft? Where can people go to get this specialist Mental Health GP service, as the GP has not been good enough in my experience?</p> <p><i>Arbid Irfan: The GPs should prescribe and check medication as well as physical health in line with side effects. They can also refer someone to a more specialist service if this is needed, as it is your right to ask for and access this. However, the GP should be your first point of contact for Mental Health concerns, and issues relating to medication etc.</i></p>
<p>7.</p>	<p>We have a key worker, CPA, care package etc. The key worker has said we are to be transferred to health, will we get another key worker under health?</p> <p><i>Maureen Rawson: You will get a CPN if that is the conversation you have had with your key worker. BHFT have done work on this to make sure everyone is getting a key worker who is right for their circumstances, which means that some people will change from a social care professional to a healthcare professional and vice versa.</i></p>
<p>8.</p>	<p>Will people still have different hats on?</p> <p><i>Jackie Wilkinson: This will change? You're told you have a care coordinator, but you may now have to speak to more than one person. On the health side, this will be the CPN or other named professional. The social side will focus on your social needs.</i></p> <p><i>Mandy James: All the needs will be able to be met by the one team at your locality – both health and social care.</i></p> <p><i>Jackie Wilkinson: This means you may have access to social care help when you didn't previously.</i></p>

<p>9.</p>	<p>How are you going to support people so they don't have to keep going over their story to get help from different professionals?</p> <p>Ian Dawe: <i>One professional will stick with that person and help them to move forward to another professional if this is necessary so that the person is supported in sharing this information about themselves.</i></p> <p>Tandra Forster: <i>We are aiming to have a shared view (health side and social care side) of that person, sharing information between the two sides where appropriate and on a need-to-know basis.</i></p>
<p>10.</p>	<p>I have been on a waiting list for 5 years for therapy. I don't just want medication increases, I want to be able to talk to someone. The communication hasn't been very good, having to ring many times and not being called back when they said they would. Would it be better for me to start again with the whole process or keep waiting?</p> <p>Arbid Irfan: <i>Unfortunately there are long waits for clinical psychology and more specialist help, but it's an important tool in helping to manage your condition and so it's worth continuing to wait and following this up.</i></p>

List of acronyms:

- CCG** – Clinical Commissioning Group
- BHFT** – Berkshire Healthcare NHS Foundation Trust
- CPN** – Community Psychiatric Nurse
- AMHP** – Approved Mental Health Practitioner
- GP** – General Practitioner
- CPA** – Care Programme Approach