



Mental Health Forums Meeting with CFT 29 Nov 11

Present: Phil Confue (CFT Chief Exec), Vicky Wood (CFT Chair)
Graham Hancock & Alan Ibbotson (east forum reps), Jenny Perrin (west forum rep),
Jane Haslam (CIVS rep), Nicki Sweeney
Apologies: Julie Wilson (CFT Community Services Lead)

NB: Paul Reeve was invited but he said that, "It's worth noting that the focus of my work was the consultation and as this is now complete, the process moving forward will be led by CFT." Therefore, it was felt that his attendance was not needed.

Questions about day services:

- To what extent have the voluntary sector been brought in on discussions around the running of services from centres in the future? Who will commission them to provide additional services?
- Could CFT give day centres some examples of possible restructuring of services at centres as many people are not necessarily able to think strategically about what centres could look like in the future?
- Day resource centre buildings (Council owned) - how long is the lease? What happens when the leases run out; who will be expected to manage them?
- How long will CFT continue to hold the buildings?
- Who is responsible for co-ordinating and implementing any proposed changes at each centre?
- Can we have a definitive time frame for the day centres' transition?
- Where does CFT see day services in 5 years' time?

General discussion on day services and PC gave the following information:

CFT have had discussions with several voluntary sector organisations and some are interested in running aspects of their services at day centres. However, CFT are not contributing any funds to the 3rd sector for this. Each organisation will have its own existing contract with the PCT or other body to provide mental health services in Cornwall; how this continues in the future is up to each organisation and their relevant commissioning body but CFT will not be involved in this aspect. Typically, though, the PCT commission 3rd sector organisations as part of their QIPP (Quality, Innovation, Productivity and Prevention – see notes at the end for more info) programme and will be looking at how the 3rd sector can provide support to adults with mental health issues within current funding arrangements, as there is no new money - its about helping the voluntary sector to do things more efficiently than others have done before.

In fact, the PCT have confirmed that there will be further funding cuts across the voluntary sector. It is expected that every commissioned organisation will receive a 1.5% cut in next year's funding. (NS)

Other organisations can only use day centres that continue to be used by CFT, as CFT will not finance the buildings just for other organisations to use. But, because of the notable wish of service users to have social/drop-in type provision (evidenced through the consultation process) CFT is liaising with possible providers. CFT is not aiming to pay for this type of service as does not see it as its remit to provide this type service any longer. Some of the day centre buildings are owned by CFT (6) and some by the Council (6). Those that are owned by the Council cannot be given over to any other group or organisation in order to run day services as CFT would have to sell them to the relevant group and can't do this, not being the owner. PC said the buildings, on the whole, are not DDA (Disability Discrimination Act) compliant so are not fit for purpose anyway

The process of implementing change to day services has been fraught with difficulties. Ron Coleman (ex-service user) was brought in at the beginning to help promote the idea of social inclusion and recovery-based services but the message received by many service users was that they were expected to stop using services and go out to work, causing a lot of anxiety. The PCT then commissioned Paul Reeve from Pentreath to consult with day centre members about what they wanted day services of the future to look like. It was agreed in the meeting discussion that, in many cases, members may not have the ability to think strategically or understand the financial constraints that CFT are working to so, for some, expectations about what might be possible in the future were high and probably unfeasible. This may lead people to feel frustrated and let down by the process once this becomes apparent. PC said that CFT were not allowed to influence any service user decision-making in this consultation by putting forward any example models or frameworks that service users could refer to so their hands were tied in this part of the process.

However, they are now in the middle of producing a document which will clarify their plan for the future of day services. They are undergoing an Overview and Scrutiny Committee inspection around Personal Budgets in January so the day services document will have to be completed by the end of December. PC offered to send this document to NS for circulation to reps and service users and supported the suggestion that we promote the information in this document through our mental health forums in January.

PC said that CFT's plan for the future, in a nutshell, is to be more inclusive and recovery-focussed. The focus should be away from 'day care' and more about the transition of people into work, social and life structures. This means that day services will, from April 2012, be provided to those who meet the 'substantial' and 'critical' criteria of FACS (Fair Access to Care Services), however, there will be a flexible and generous approach to this criteria; the service that CFT offers will be looking to encourage service users to be involved in activities and groups that might also be used by people in the community who do not have mental health problems, and which will help people return to work. PC mentioned the Clubhouse model as an example of how this might work (see notes at the end). PC said that future CFT day services must "have a way in and have a way out". CFT are hoping that their new service will be starting in April 2012.

Other questions:

- Service users would like to be part of the Home Treatment Team/OOH training. Would CFT consider this and, if so, how will they make this happen?

PC said yes they are considering service user involvement in Home Treatment Team Crisis Services (which includes the Out of Hours service) training. CFT will let us know more when they have further info.

- Some people felt that the choice of support offered to them is either Outlook South West or day resource centres. People felt the choices seemed pretty limited. The PCT have recently run a Patient Engagement survey and a key priority that emerged from this survey is access to psychological therapies; people wanting more than just CBT. What is CFT doing to improve access to other talking therapies?

PC said that CFT are not commissioned to provide psychological therapies but agreed that the current trend towards offering CBT (Cognitive Behavioural Therapy) to the majority of people presenting with mental health issues is of limited help and is not appropriate for everyone. Newer therapies are being considered.

Notes

Taken from the Dept of Health website
NB: SHA = Strategic Health Authority

Quality & Productivity

The Government has reaffirmed the need to place quality of care at the heart of the NHS. The White Paper, *Equity and Excellence: Liberating the NHS* (July 2010) makes it clear that quality cannot be delivered through top down targets but by focusing on outcomes, giving real power to patients and devolving power and accountability to the frontline.

Despite the recent good funding settlement for health, the NHS needs to make savings because of growing demand. With factors such as an ageing population putting the NHS under increasing pressure, it is not possible to go on as before.

Now, more than ever before, the NHS has to achieve value for money and the best possible quality so that patients get the greatest benefit.

The Quality, Innovation, Productivity and Prevention (QIPP) programme is all about ensuring that each pound spent is used to bring maximum benefit and quality of care to patients.

The NHS needs to achieve up to £20 billion of efficiency savings by 2015 through a focus on quality, innovation, productivity and prevention. Every saving made will be reinvested in patient care by supporting frontline staff, funding innovative treatments and giving patients more choice.

Quality, Innovation, Productivity and Prevention (QIPP)

QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care.

QIPP is engaging large numbers of NHS staff to lead and support change. At a regional and local level SHAs have been developing integrated QIPP plans that address the quality and productivity challenge, and these are supported by the national QIPP workstreams which are producing tools and programmes to help local change leaders in successful implementation.

There are a number of national workstreams designed to support the NHS to achieve the quality and productivity challenge it has been set. Some deal broadly with how we commission care, for example covering long-term conditions, or ensuring patients get the right care at the right time. Others deal with how we run, staff and supply our organisations, for example supporting NHS organisations to improve staff productivity, non-clinical procurement, the use and procurement of medicines, and workforce.

For more info visit:

<http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm>

Clubhouses

“The emergence of Clubhouses around the world demonstrates that people with mental illness can successfully participate in society through education, employment and other social activities.

“ICCD Clubhouses offer people who have mental illness hope and opportunities to achieve their full human potential. They provide:

- A place where people with serious mental illness – who are known as “members” – participate in their own recovery process by working and socializing together in a safe and welcoming environment.
- An organization that operates on proven standards coordinated by ICCD and effective in over 300 Clubhouses worldwide since 1989.
- A community-based approach that complements available psychiatric treatment.
-

“The personal stories of members and their families and an increasing body of research provide evidence that Clubhouses provide a holistic, inspiring and cost-effective solution for people living with mental illness.

“ICCD Clubhouses ...are a powerful demonstration of the fact that people with mental illness can and do lead normal, productive lives. ICCD Clubhouses provide members with opportunities to build long-term relationships that, in turn, support them in obtaining employment, education and housing. They are community centers that offer members:

- a work-ordered day in which the talents and abilities of members are recognized and utilized within the Clubhouse;

- participation in consensus-based decision making regarding all important matters relating to the running of the Clubhouse;
- opportunities to obtain paid employment in mainstream businesses and industries through a Clubhouse-created Transitional Employment Program. In addition, members participate in Clubhouse-supported and independent programs;
- assistance in accessing community-based educational resources;
- access to crisis intervention services when needed;
- evening/weekend social and recreational events; and
- assistance in securing and sustaining safe, decent and affordable housing.”

Taken from <http://www.iccd.org>