

EAST SUSSEX LINK

The County's Local Involvement Network in Health and Social Care

**REPORT OF MEETINGS HELD ON
WEDNESDAY 9th SEPTEMBER 2009
THE HASTINGS CENTRE
10.00am – 12.30pm Mental Health
2.00pm – 4.30pm Putting People First**

Present: See attached list

In attendance:

Speakers:

Morning session– Mental Health: Martin Robinson General Manager, Recovery, Sussex Partnership NHS Trust.

Afternoon session – Putting People First: David Liley, Programme Manager, East Sussex County Council, Adult Social Care.

Morag Murray, Service Director, Substance misuse and Learning Disability Services, Sussex Partnership NHS Foundation Trust.

Elizabeth Mackie (LINK Manager), Jan Cutting (LINK Development Worker), Val Young (LINK Development Worker), Jane Hay – notes (LINK Administrator).

Apologies: Maureen Macve, Isla Dowds, Dave Rogers, Fred Cullen, Roger Sweetman, Paul Smith, Les Tostevin, Ambrose O'Boyle, Margaret Stanton, Maureen Lawrence, Sue Weiner, Mary-Ann Iwanski, Dorothy Corbett, Mauri Baldwin, Debbie McGreevy, Eileen Weeks, Diana Grice, Chris Beaumont, Damien Brennan, Carolyn Manthorpe.

MORNING SESSION

1. Welcome and Introductions

Elizabeth welcomed all to the morning meeting, made introductions and ran through the housekeeping of the venue.

2. LINK update from Chair

Janet Colvert, Chair of the East Sussex LINK Core Group thanked delegates for their attendance, gave a summary of the work of the Core Group and thanked those from the Core Group in attendance.

She stated that improving health and social care services was what the LINK was here for and that it is an independent initiative, learning as we go.

There are sub groups in place such as the Training, IT, Finance, Policies

and Priorities groups. The Priorities group help to decide what LINK can do and what to pass on. There is a need to start a Communications sub group and an Information group has just come together to help develop a library of the large quantity of information that comes in from the areas of Health and Social Care. We are keen to expand our Focus groups. The Children and Young People (CYP) group looks at the area of health and well-being for young people, but LINK can not be involved with Social Services of this age group. Janet then went on to mention the Out of Hours focus group of which Core Group member June Jarrett is the lead; Older People, the lead being Core Group member Ivy Elsey; Dentistry of which Core Group Vice Chair Geoff Thomas is the lead (and currently only member;) and Pharmacy which is over seen currently by Janet and Elizabeth Mackie. After the meeting today, perhaps a Focus group looking at Putting People First may be set up.

LINK is not there just to find fault. Community Health, the Sussex Partnership Trust and Patient Pathways need to track changes. We have to monitor what we do and how effective we are. Our first year involved putting procedures in place.

We have representation at a large number of Health and Social Care meetings and can ask about consultation.

Janet went on to mention the East Sussex LINK website and that paper copies of documents, reports and the newsletter were available if requested from the office.

Agreement of the minutes from the last Meeting in Public:

Janet proposed agreement of the minutes of the last meeting held at Pett Village Hall, Pett on 6th November 2008.

The motion to agree the minutes was proposed by Geoff Thomas and seconded by Judi Dettmar.

Delegate Rodney Ash queried that it seemed that no Commissioners were present at that meeting. Ali Davies, Project Manager Residential Services re-commissioning, East Sussex County Council made herself known to the current meeting. He also commented that the question:

Is there something in the Ambulance Service contract to ensure that when people are taken home there is someone there to receive them?

and the answers given did not tie up.

Brian Rockell commented that it was important that the duty of care was answered to at today's meeting.

3. Guest speaker: Martin Robinson

Martin began by saying it was good to meet all attending the meeting and that it was an opportunity for welcome feedback about services. His responsibility revolves around working age adults receiving long-term mental health care and he stated that some people are not familiar with the processes. He was asked what his job title meant and he explained that he manages the managers who work in Community Mental Health.

Twenty years ago, community care was introduced and now things were moving toward another sea change with a continuing move away from institutional care to community services. There is a 'recovery' approach to Mental Health – hope is important for users and carers. You can have a mental health problem and still have a life.

People have asked for a large input into how their care should be organised and Social Services are required to alter their services to allow people to have more personal management.

They are governed by guidance from NICE (National Institute for Health and Clinical Excellence) which looks at the way services are delivered. Government Guidelines have to be adhered to and there are many recommendations. Health and Social Care are working toward a culture of efficiency, for example seeing people within one week. The Health of the Nation Scores are a series of questions that help assess practise. He monitors this and reports back to commissioners. Most people who receive services need indicators as a way of measuring performance.

Martin went on to say that the recession has impacted on mental health. The funding of statutory services will be restricted and investment levels reduced. There will be more need and less money available. He also mentioned the Government document 'New Horizons' which outlines the vision for Mental Health over the next 10/15 years. It promotes working in partnership with people.

There needs to be recognition that to have good Mental Health services, you need good mental health. The priorities include:

- Continued development of Mental Health in Primary Care services, linking to GPs.
- Development of Increased Access to Psychological Therapies (IAPT).
- Re commissioning of residential services to provide more appropriate and local support to people with high level needs.
- A stepped approach to care – as need increases, support increases.
- Continuity with people.
- Support of The National Dementia Strategy.

- Partnership approaches for people with Dual Diagnosis i.e. Mental Health/ Substance Misuse and Mental Health/ Learning Disability.
- Support to new providers of Day and Vocational Services.
- Developing challenging behaviour services.
- Reconfiguration of specialist services.
- A new hospital for young people and the redevelopment of Millview in Brighton.
- Workforce increase – more bank workers instead of agency staff.
- The employment of more people with experience of mental health services.
- Anti-stigma campaigns.
- Support to Carers strategy.
- Management reorganisation and the management of staff will move back to Social Services.

Martin then requested that anyone interested in being involved get in touch.

4. Feedback from the community – hosted by Val Young, East Sussex LINK Development Worker for Lewes and Wealden.

Val presented some of the comments that the office had received, from those who were unable to attend the meeting. She explained that she and Jan (Development Worker for Hastings and Rother) had also been collecting views and comments during their outreach work in the county. Val then mentioned that there would be further Meetings in Public on the same themes as today across the county. She then gave her presentation (Appendix 1 attached) and referred to the comments sheet in the delegate pack.

Discussions then took place on each table to feed back further views and comments:

- A service user since January 2008 involved in Day care in Uckfield with implementation from Sussex Partnership NHS Trust and East Sussex County Council, firstly complimented the service he had received from Sussex Overview. He then stated that the biggest concern of the Crowborough Users Group was transport and drivers and with a shortage of or no drivers, it could mean no clients and therefore no daycare. He also queried the eligibility criteria for access to day care saying that the East Sussex County Council and Primary Care Trust criteria and standards were

difficult. There was also no appeals procedure and it was a human right to be able to appeal.

He also stated that there was no trace of a review of transport costs by Sussex Partnership NHS Trust. He asked if free transport services would be removed? And did the responsibility for transport ultimately lie with Sussex Partnership NHS Trust? He commented that if a commissioner commissions the services, they must surely be involved with a service review.

- Another delegate commented that more positive comments ought to be put forward about what is being done right. Things needed to be more focused and one problem dealt with at a time. She suggested that perhaps the Crowborough community could get together to try and help with the continuation of transport services. People needed to look in a positive way as to how they might help themselves, by raising money for example.
- The response was given that transport is a problem across the whole county.
- The suggestion was made that perhaps those tested by the police for substance misuse for example, might also be tested for mental health problems (before they went to court?)
- People are assessed prior to going to court.
- Martin Robinson stated that transport services would not be finishing at the end of September '09.

Table top discussions to identify questions to put to the panel then took place.

5. Question and Answer session

Jan Cutting then took questions from delegates for the panel to answer. The panel comprised: Judi Dettmar – Quality and Consultation Manager, Adult Social Care, Sara Geater – Engagement & Equalities Manager, Hastings & Rother PCT, Martin Robinson – General Manager, Recovery, NHS Sussex Partnership Trust, David Fordham – Rethink Carers and Janet Colvert – East Sussex LINK Core Group Chair.

A selection of questions and answers would also be quoted in the next issue of the East Sussex LINK newsletter.

Comment: Care workers don't earn a living wage and the wages are low in general of those who work in care homes.

A. Judi Dettmar first wanted to state that she would aim to collect questions asked today and have answers in full for this report.

The Care Quality Commission monitor all residential care homes, look at individual care and make sure that they are up to scratch and look after their staff. Adult Social Care also monitor the homes where they place people.

The comment was then made by a delegate that the Government ought to put more money into those who work in the Care industry.

Judi responded by saying that the Government is keen that people have the right qualifications and is investing in training.

Another comment was made by a delegate who used to work in a residential home that people get good care, but the carers also need to be looked after.

Janet stated that home carers have some issues and that organisations need monitoring.

Please see Appendix 2 for additional comment by Judi Dettmar.

Q. Do Community Carers have a CRB (Criminal Records Bureau) check?

A. Judi responded that all Social Care workers are checked and that the relevant organisation pays for the checks.

Q. Why does it seem that the value of continuity is not appreciated by decision-makers?

People get moved around and so it is difficult for a relationship/confidence to build between users and services.

A. Martin responded that movement is part of life. Current organisational changes must be published when they are finalised. The personalisation of services means that users can request specific people. **Also see Appendix 2.**

Q. How do you control racism in Mental Health Services and ensure, for example, that volunteer drivers act appropriately?

A. Martin responded that addressing racism nationally is a real issue. Locally, Social Services have employed development workers to help develop relationships. Drivers do have contracts and any problems would be reported to him.

Judi answered that Adult Social Care has developed an Equalities Toolkit to enable all staff to be aware of equalities issues and this is available for volunteers. We also have clear Equalities Policies and Procedures in place that all staff must follow.

Sara added that it is mandatory that workers comply with Equality legislation.

Q. How accessible are Mental Health services in more rural areas?

A. Martin stated that in comparison, they are not as well provided for. Many people in rural areas experience a different form of exclusion around housing or the stigma around mental health for example. The models of care are to be looked at with a reorganisation of the rural Mental Health service in North–east Sussex.

Jan then went on to present comments that had been received prior to the meeting that were shown on screen.

Counselling: Martin responded that there was an awareness of the ‘postcode lottery’ and that other psychological therapy services are increasing. Sara added that Mental Health commissioners were being spoken to.

Transport: Martin stated that Sussex Partnership NHS Trust would continue to provide transport, though a review is necessary. Different ways of providing transport and to what degree and for how long it is provided are to be looked at. Also eligibility criteria and access to grants and mobility allowances.

The question was asked by a delegate whether the comments listed on the sheet given in the delegate pack would be answered in the report/minutes of this meeting? **See Appendix 2.**

6. Key concerns for LINK to take forward

- Raise public awareness of LINK.
- Volunteer drivers and their continued service across the county.
- Not enough members of the public present at the meeting.
- Approach South East Coast Ambulance Service (SECAMB) about their training around Mental Health.
- Continuity of care workers and wages.

7. Three Priorities to take forward:

The concerns that received the most votes from delegates were:

1. The maintenance of volunteer drivers across the County.
2. South East Coast Ambulance Service (SECAMB) and their expertise around Mental Health.
3. Continuity of care workers and the standard of wages.

8. Meeting close

Core Group Chair Janet Colvert closed the meeting, thanking those who had organised it and those who had travelled from a distance to attend.

AFTERNOON SESSION

1. Welcome and Introductions

As morning meeting

2. LINK update from Chair

As morning session with particular mention of the Work Programme and that the term 'Focus' has been chosen over 'Activity' for sub groups.

3. Guest speaker: David Liley

David firstly thanked everyone for attending. He explained that he was employed by East Sussex County Council and that he hailed from East Belfast. He worked as a Social Worker and still retains a place on the register. His perspective therefore comes from a practise and management perspective. The Putting People First agreement has been signed up to by a range of Regulatory bodies. He then proceeded with his Power Point presentation (**see Appendix 3**). The 'four pillars' of Putting People First are: Universal Services, Early Intervention and Prevention, Social Capital, Choice and Control.

East Sussex is ahead in re-investing in early intervention, re-enablement and homecare services without financial assessment. This is now being replicated by other Authorities.

Partnerships for Older People Projects (POPPs) have been sustained and funded locally. The Government is encouraging local authorities to show commitment about giving people independence. There is information, guidance, advice and support for those not eligible for the services provided. The Social Care pathway is about reviewing and commissioning.

Social Capital will be used for individuals, families or communities and all resources will be available. Money is available for education, transport etc. and some can be used to help improve people's quality of life and increase support. The Navigator Service can help re-engage those who may be isolated. It is a free service aimed at helping people aged 60 and over to live independently at home for as long as they choose.

Choice and Control means personalised services and the control of services received. With Personal Budgets, people will know how much is likely to be spent providing social care services for them. Users can give their ideas about the best way to spend their budget. Personal Budgets do get

confused with 'Cash' or 'Direct' payments. These can be part of a Personal Budget.

Putting People First has a three year period to make changes with this current period being a time for planning and implementation following the period of analysis.

October will see the rolling out of Personal Budgets and the process of the 'self-directed support pathway'. People do not have to manage a Personal Budget if they don't want to.

Morag Murray

Morag described her role as being two part-time jobs. Choice and Control is the key relative to Learning Disabilities and a new contract is in place around Substance misuse and a Crime Reduction Initiative (CRI). Access ought to be better. Previously when people were discharged from the service, they did not come back for further support. Now they are encouraged to come back and are followed up.

The quality of care across the County is to be raised, with a link contact in each area – Morag is focused on Hastings and Rother.

4. Feedback from the community – hosted by Val Young

Val again presented as the morning session, the comments and questions that had been received, this time around Putting People First followed by:

Discussion time and refreshments

5. Question and Answer session

The decision was made to go straight into the Question and Answer session. This was again led by Jan and the panel comprised: David Liley - Programme Manager, Putting People First, Dan Saxby – Director, A4E, Sue Ashford –Co-ordinator, Safeguarding Vulnerable Adults, Adult Social Care, Kev Towner – Vice Chair, East Sussex Disability Association.

Q. Are there safeguards to ensure that service-users, including disabled people and their organisations are in control of services and not the public or private sector?

A. David responded that user-led organisations (such as ESDA) have a high profile. The Department of Health issued key milestones of what they would like to achieve and when. One of those milestones refers to user-led organisations making a significant impact on how the market place operates. The agenda is about capacity.

Kev Towner replied that ESDA had a strong enough capacity and is a pan-impairment organisation.

Q. How will Putting People First changes affect small groups doing small activities such as making lunches?

A. David responded that small community enterprises can act as models of brokerage and sources of support and information. People who belong to a village or community of common interest, would often prefer that help in a support plan that is provided by their own local people and that the 'brokerage' negotiating the personal budget and the support plan is done around their own community. This makes it all the more important that we help to build capacity in the voluntary and self-help sector and find ways to incubate and encourage social enterprise and volunteering.

It is important to note that East Sussex County Council Adult Social Care is not the only agency with a legitimate interest in this kind of community development work.

Q. Why is there so much emphasis on people receiving an individual budget rather than ensuring people realise that they have a choice, that they can remain with the same care package?

A. Kev Towner commented that it does need to be made clearer, that there is a choice not to have a choice. The comment was also made that someone who has looked after themselves financially and insists that they can continue but realistically they are really unable to is an example that not everyone could cope with the option.

The point that the type of care required may not be available and that this was a worry was also made.

Comment raised about Vetting and Barring and Safeguarding Vulnerable Adults.

Sue stated that safeguarding processes were being looked at across Sussex and awareness was being raised through the Police, PCTs, Health Services and libraries for example as to how people can make referrals to the team. Partnership working was important and quality assurance, with teams auditing performance and also how staff teams are placed within Vetting and Barring.

The whole system will alter within the next year with the Independent Safeguarding Authority taking over the existing Protection of Vulnerable Adults (POVA) list. Anyone who undertakes employment around vulnerable adults or children, or who employs someone unchecked, will be breaking the law. Those working in a caring role need to be registered.

Q. How will service users with learning or mental health difficulties, manage their own finances (particularly if they go into crisis)?

A. Morag commented that there is support for finance management whether by request or necessity.

David Liley responded that there was a balance to be made between allowing people to make a calculated and considered risk (which is part of normal everyday life for everyone) and being foolhardy. There is no specific reason why someone with a learning disability or a mental health problem might make more or less risky decisions than anyone else. There is an entirely separate issue of whether someone has the capacity to manage their own affairs. There may also be separate 'safeguarding' issues and Adult Social Care has processes and procedures for dealing with those situations. In the normal run of things we will help people make decisions about finances that are legal, affordable, proportionate and which address their needs.

Dan Saxby added that safeguards needed to be in place for a significant number of people and that the Local Authority was reviewing the process.

Q. What happens if people do not have the capacity to initiate support?

A. Dan Saxby continued by saying that people have fluctuating conditions and that a plan can be put together with someone they trust should things deteriorate.

David Liley added that the resolution of difficult cases comes through the experience of working through them. It is about treating people as individuals and the personalisation of services. David recognised that this enquiry concerned a specific service and he offered to talk later with the delegate who had asked this question and to take the point raised back for PPF consideration.

Q. Which services and benefits currently provided by East Sussex County Council and others will be taken over by Putting People First to allocate funds and are there enough quality care and services in the private sector to provide that care in Hastings?

A. Putting People First is not a replacement or alternative to Adult Social Care. The main intention is to make ASC more personalised and to help people be more independent by having more choice and control. Personal Budgets are already offered to over 10% of all service users through direct payments and carer grants.

The PPF programme will offer all service users, current and new, the opportunity to know the value of the funds set aside to meet their care needs and if they are able, to manage that budget themselves and decide (with approval) how those funds will be spent. Our aim will be to provide at least 30% of our service users with Personal Budgets by April 2011.

Q. Will day services be affected by PPF changes?

A. Dan Saxby stated that this depended on usage. There would be some changes.

Q. Will people who decide to have Personal Budgets and choose to stay at the Day Service that they already attend, be able to stay with it?

A. David Liley and Dan Saxby both responded with the answer yes as the Personal Budget means personal choice.

Kevin Towner commented that he does not know how much his support package is worth.

Q. If people are happy with what they have, they will not want to change, so why bother?

A. David Liley responded that if people do not want their services to change and their circumstances do not change, then they will not be obliged to manage their personal budget. Therefore, for some people this will be a big change and for others a small one. But it is right that everyone should at least know how much public money is being spent on their support package. By April 2010, every new service user will be offered a Personal Budget and this will be rolled out to existing users by October 2010.

Comment: The Putting People First pilot scheme ought to be in Hastings rather than Lewes and Wealden – the population of Hastings is 86,120 which is one sixth of the population of East Sussex. There is a large elderly population, poverty is prominent and it is one of the most deprived areas in the country. If the pilot can work in Hastings, it can work anywhere.

5. Meeting close.

Janet Colvert thanked those who had attended the meeting, the panel and Host team.