

Severe and Enduring Mental Health Problems
Working Group Meeting: 14th January 2010
 DRAFT

Present

Members

Cllr Judith Chapman – Chair (JC)
 Cllr Sue Bentley – (SB)
 Cllr Clive Fox (CF)
 Cllr Jim McKenna (JM)
 Cllr Eileen Taylor (ET)
 Sally Morgan (co-opted member) (SM)
 Eddie Mack (co-opted member) (EM)

Leeds Partnership NHS Foundation Trust

Jim Mulhouse
 Christopher Essen

Officers

Kimberley Adams – Business Change Manager (KA)
 John Lennon – Chief Officer, Access and Inclusion (JL)
 Kath Tebbutt – Service User Involvement Facilitator (KT)
 Sandra Newbould – Principal Scrutiny Advisor (SN)

Experts by Experience

Names to be confirmed

Apologies Joy Fisher (co-opted member)

No.	Item	Action
1	<p>Attendance</p> <p>The attendance and apologies as above were noted. The Chair welcomed everyone to the meeting.</p>	
2	<p>Minutes of Previous Meeting</p> <p>Agreed subject to minor amendments.</p>	
3	<p>Matters Arising</p> <p>Mindful Employer – KA confirmed that LCC is not signed up to the Mindful Employer scheme, it is however currently under consideration and is referred to in the Strategic Plan. The working group requested further detailed information such as time scales and intention to commit to this. Later in the meeting the possibility of influencing external organisations to sign up to this scheme as part of the commissioning process was discussed, the group stated that they were strongly in favour of Leeds City Council being a mindful employer along with NHS Leeds, and that the authority should lead by example. SB advised the group that a previous scrutiny inquiry had recommended LCC become a mindful employer and that she was disappointed that this had not been progressed.</p>	

	SN to obtain additional information and tracked progress information relating to the previous inquiry.	SN
4	<p>Knowledge Transfer Partnership</p> <p>Chris Essen advised the working group of the purpose of the Knowledge Transfer Partnership (KTP). KTP is advertised as Europe's leading programme helping businesses to improve their competitiveness and productivity through the better use of knowledge, technology and skills that reside within the UK knowledge base. The partnership working with the University and NHS Leeds is researching best practice models for the employment of individuals with mental health problems. The programme is likely to last for the next 2.5 years during which the model will be constructed and the social and economic impact of the models implemented will be evaluated. The target demographic is those who are using secondary mental health services rather than those receiving primary care.</p> <p>Questions Arising: SM: Concerned that H&S legislation does not compliment the aspiration of a model for supporting people back into and to remain in employment. Asked if vocational training might be an option. EM – Concerned that NHS Leeds and the trust has no model in place at the moment.</p> <p>In response the group was advised that IPS works faster than vocational training. It is proven more beneficial to help someone back into full time employment as soon as possible rather than via vocational training. Although a gradual reintroduction to employment via vocational training does suit some people and therefore should be considered as an option.</p>	
5	<p>Experts by Experience</p> <p>The working group welcomed the visit from the Experts. The Chair explained that the group were interested to hear their views about the support provided by care providers.</p> <p>Kath Tebbutt advised the group that she has been a service user involvement facilitator for 7 years and was previously a service user. Her role is to encourage and support people to become involved and empowered.</p> <p>The experts explained how they had found changes to the service provision unsettling specifically the move from Roundhay Road to Lovell Park. Change can be difficult to cope with and for some service users traumatic. This can be alleviated in part with more early effective communication, keeping both staff and users</p>	

	<p>involved and up to date on progress, or lack of it. One expert specifically stated that he felt cut out of the communication link, was not listened to and did not receive feedback.</p> <p>JL highlighted the importance of conducting any change ‘with’ service users rather than ‘for’ thereby engendering an inclusive method of change.</p> <p>The group discussed the development of the independent living PFI project and the anticipated benefits that would bring to service users.</p> <p>Questions Arising: JC – Did experts receive the care and support required when discharged from hospital? Is there any aspect of service you feel is beneficial or that you are dissatisfied with? In a crisis would you know who to contact and where to obtain support? SM – Asked about the demographic mix of service users. Are services used by hard to reach communities?</p> <p>One expert relayed his experience 5 years prior however a member of the working group advised that a relative had recently been discharged from hospital with an inadequate care plan. Most experts agreed that day centres are essential to provide structure and support and as a place where they can go and talk to other people. Friendship groups are formed, relatives and carers receive some respite during the visits.</p> <p>Experts did not know who to contact in a crisis although the group was advised that posters are on display in The Vale. The group considered a more effective method of communicating this information should be considered. Potentially a wallet card.</p> <p>The group were advised that work is undertaken with community groups in community centres in addition to the day centre provision.</p> <p>JL advised the group about the need to provide not only buildings bases support but a balance with main stream activities, something that The Vale and CAT achieves, and of the aspiration to provide access to services seven days a week to provide the necessary support at the weekend.</p>	
6	<p>New Horizons and the changes ahead.</p> <p>KA advised the working group that New Horizons is the government vision for mental health and well-being for England from 2010 onwards. This was published on the 7th December 2009.</p> <p>The aims are to promote success in terms of outcomes for the service and for individuals. There is a requirement to measure outcomes for personalisation and commissioning which will</p>	

	<p>present difficulties in the collection of information.</p> <p>The vision builds on work already done to focus on spotting mental health problems early, providing services and treatments in ways that meet people’s individual needs and making services better and using resources effectively. The document has been published in conjunction with two government documents which focus on employment, therefore underlining the importance of employment to aid integration and recovery.</p> <p>Questions Arising: SB – made a statement that a significant amount is required to provide what she considers will be good support. CF – stated that there is a clear focus on prevention and early intervention but this is very difficult to control and monitor.</p> <p>JL advised that service provided in Leeds should be looked at as a whole and not based on a small number of cases. There is a very vibrant voluntary sector in Leeds. The focus on prevention and intervention underlines the importance of secondary care to avoid primary care. Prevention and intervention is not only medical intervention, there are also requirements for security, adequate housing and stable finance. The support requirement is much wider in society than just that provided by Adult Social Care.</p>	
7	<p>Further Action</p> <ul style="list-style-type: none"> • No further meetings scheduled 	
8	<p>Future Meeting Dates</p> <ul style="list-style-type: none"> • This meeting concludes the scheduled meetings of the Working Group. The Adult Social Care Scrutiny Board however may recommend additional work be added into the scope of work. 	