



Oldham Local Involvement Network



For better
mental health

Report of the Oldham Standing Conference 19th February 2010



***PROVIDING THE SPACE FOR SERVICE USERS,
CARERS AND THE PUBLIC TO HAVE THEIR
SAY ABOUT MENTAL HEALTH.***

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1 Introduction

Oldham's Local Implementation Team (LIT) commissioned a piece of work to look at engagement practices within mental health. Tameside, Oldham and Glossop Mind and Oldham Local Involvement Network (LINK) collaborated to develop a bottom-up model to enable local people to have their say about local mental health services and to enable their views to be communicated to service commissioners. The result was the Oldham Standing Conference.



The Standing Conference has been designed to provide the space for users, carers and members of the public to look at issues of mental health service performance and development in the borough. Its intention is to capture the

perspectives of service users, carers and the public to ensure change is influenced by real lives, experience and knowledge.

The conference is hosted by the Oldham Local Involvement Network (LINK) and supported by Tameside Oldham and Glossop Mind to increase capacity. The LINK's impartiality as an engagement body for health and social care places it in an ideal position to be able to gather information and communicate it to commissioners.

The Oldham LINK also shares the same values as the Conference, which includes:

People's experiences are valid

Experiences should be acknowledged

People should be supported to communicate their views and experience

Work together to enable those views to influence service change.

The Standing Conference is also a means to provide information and relevant policy updates to users, carers and the public so that, as an informed community, Oldham can have its voice heard and set its own agenda.

The Conference is held quarterly, with this second event attracting circa 60 people, who were able to shape the way future events would be run and to set the agenda and future themes of the conferences. .

The Standing Conference has so far been closely linked to the Local Implementation Team (LIT), which has been a strategic body to implement mental health priorities in relation to the National Service Framework (NSF) for mental health. NHS Oldham however has since announced its new Partnership Board structure for mental health commissioning, which will be comprised of senior personnel from within the Primary Care Trust. It is hoped that this structure will allow for issues identified through the Standing Conference to be directly actioned by senior strategic decision makers and provides a direct route for communication from service users, carers and members of the public.

The Standing Conference is currently in the process of electing user, carer and public representatives on to this new partnership board to ensure the voice and issues of people that are members of the conference is fully communicated to local commissioners.

This report details the issues raised from the day, along with appropriate actions and possible solutions. Full reports of each of the events are made publically available at www.oldhamlink.org.uk. Further information can be obtained from the Oldham LINK Support Team on 0161 622 5700, or info@oldhamlink.org.uk.

2 Feedback & Developments



Above: Ursula Hussain, Oldham LINK Manager

The following key points were raised at the previous Standing Conference:

GP Services

People don't feel listened to

Services for dementia carers

Waiting times for therapeutic services

Informal mental health support

Staff attitudes – frontline staff

Complaints and challenging services

All these issues were presented within the report of the Conference to the Local Implementation Team (LIT) on 8 December 2009. At the time of the Conference on 19th February, the LIT had not responded or undertaken any actions.

Following this, the LINK made a formal request for information to NHS Oldham and Oldham MBC regarding the developments of the LIT, given that it is undergoing a period of change and transition. A proposal for change to move this process along more quickly was also made and presented to the LIT, in which a partnership board was suggested,

whereby a greater emphasis on commissioning could be placed by the board comprising of senior commissioners, unlike the structure of the LIT. This proposal was with the intention of enabling a more direct route for action.

2.1 Local Implementation Team (LIT) update – Sian Wimbury

NHS Oldham announced at the Standing Conference that there had been an agreement for change in structure to move the LIT forward, with senior level management changes taking place. NHS Oldham is now to structure its commissioning practices around generic programme boards for the Trust's seven priority areas (of which mental health is one). There will be an executive sponsor for each area, who will drive the board forward, and be practically led by an Associate Director.

The intention of this is for NHS Oldham to move more towards a greater focus on outcomes, rather than focusing solely on numbers and targets. A core group will lead on this and support the process.

2.2 Election of Service User, Carer and Public Representatives

The Standing Conference is in the process of electing service user, carer and public representatives of the conference to the key strategic decision making body for mental health in the borough.



Above: Diana Davies, a nominated LIT Representative

The role of these representatives is to feed back on the process of the conference. Initially, this was to be to the LIT, although the positioning of these representatives will now need to be renegotiated with NHS Oldham, following the

announcement of its partnership board structure. Bespoke support and training will be provided to the new representatives via Oldham LINK and Tameside, Oldham & Glossop Mind, in addition to the wider programme of training offered by Oldham LINK to its members.

At the conference it was explained that voting is open to everyone with an interest having mental health issues represented, and should be open and transparent. The period for receiving votes has been extended to 30th April 2010, so as to reach a wider range of people. Approximately 50 additional ballot papers were requested by people in attendance at the conference for service users that they were representing. All the delegates at the event were also given the opportunity to vote.

3 Information & Presentations

3.1 IAPTS (Improving Access to Psychological Therapies) – Sian Wimbury, NHS Oldham

The Improving Access to Psychological Therapies programme aims to improve access to evidence based talking therapies in the NHS through an expansion of the psychological therapy workforce and services

(www.iapt.nhs.uk, March, 2010)



Above: Sian Wimbury, NHS Oldham

3.1.1 Background to IAPTS

Studies show that the impact of depression on a person's functioning can be 50% more serious than the impact of other major conditions, such as asthma or diabetes.

(World Health Organisation)

At present 40% of disability worldwide is due to depression and anxiety. Nevertheless, only a third of people with diagnosable depression and less than a quarter of those with anxiety disorders are in treatment.

The NICE guidelines say that people with these conditions, unless they are very recent or very mild, should be offered an evidence based psychological therapy, such as cognitive behavioural therapy (CBT), as an alternative to anti-depressants.

These therapies have been shown to be as effective as anti-depressants in the short term and more effective at preventing relapse. However, in many places around the country, NHS psychological therapies are either unavailable or subject to significant delays. Since many people are unwilling to take anti-depressants, the result is massive under-treatment of these very serious conditions.

The development of IAPT services should be integral to community-wide efforts to develop person and family-centred services, which promote people's emotional and psychological well-being. People suffering from depression and/or anxiety disorders often have concerns relating to employment, debt or relationship difficulties. IAPT services will need to respond to these issues in a holistic way, and have good links to other support services.

PCTs will be responsible for commissioning IAPT services, ensuring that appropriate standards are met and expected outcomes delivered. They will also need to maximise the positive impact the new service can have on the mental well-being of the wider community by working with other members of their Local Strategic Partnerships (LSP).

(Taken from Improving Access to Psychological Therapies Implementation Plan: National Guidelines for Regional Delivery, Department of Health, February 2008).

3.1.2 NHS Oldham & IAPTS

Sian explained that NHS Oldham is currently in the process of applying for funding to develop an IAPT programme for Oldham and would welcome comments from people about what they would like to see from the service.

This programme in Oldham would offer a range of psychological therapies to treat people with depression and anxiety disorders and bring them to recovery (as recommended by NICE).

It would also operate on a 'stepped-care model' which has two principles:

1. Treatment should always have the best chance of delivering positive outcomes while burdening the patient as little as possible.
2. A system of scheduled review to detect and act on non-improvement must be in place to enable stepping up to more intensive treatments, stepping down where a less intensive treatment becomes appropriate and stepping out when an alternative treatment or no treatment become appropriate.

(Taken from www.iapt.nhs.uk, March, 2010)

NHS Oldham would also implement a staff training programme to be able to offer the two types of psychological therapy practitioners that are required by IAPTS:

- **High Intensity therapists** trained in cognitive behavioural therapy for people with moderate and severe depression and anxiety disorders
- **Low intensity therapy workers** trained in cognitive behavioural approaches for people with mild to moderate anxiety and depression. These approaches include guided self help and delivering psycho-educational groups. Services will also have administrative staff, employment advisors, a GP advisor and links with other services such as housing, drugs advice and benefits.

(Taken from www.iapt.nhs.uk, March, 2010)

The presentation prompted a discussion and questions from the audience:

Certain criteria is used but it's said it excludes some people who are ill but do not meet criteria.



Q: *OCD – 12 months ago seen by psychologist, what is the alternative?*

A: *Look to prevention with holistic view instead of purely medication*

Q: *Why is this put onto family members and how do they know how to cope?*

A: *The knowledge in research means carers will be trained*

Left: A carer asks a question during the Standing Conference



Q: *Waiting times are disgusting*

A: *Influx of referrals means increasing capacity, increases demand. Therefore they strive for 6-8 weeks to wait*

No identification by GP but no help from psychologist

Q: *Changes means that there are no psychologists in Oldham*

A: *Specialist wards are not available in areas in Oldham - have to travel to Manchester*

Q: *CBT should always be conducted in person; it is a waste of time as it is just like a general chit chat otherwise.*

A: *The computerised methods of CBT is evidence-based.*

How are emergencies dealt with? Carers at risk? – nothing available at the moment and a lack of Bi – Lingual therapists

Comment

A lot of the issues raised here required answers from Pennine Care NHS Foundation Trust, rather than NHS Oldham. It was felt that Pennine Care therefore needed to be invited to the next conference so that questions could be directed to the appropriate organisation.

3.2 PEAT Visits

The Patient Environment Action Teams (PEAT) process is self assessed and provides a framework for inspecting standards to demonstrate how well individual healthcare organisations believe they are performing in key non-clinical aspects of patient care including:

- food
- cleanliness
- infection control
- patient environment (including bathroom areas, lighting, floors and patient areas)

Assessments are carried out by NHS staff (nurses, matrons, doctors, catering and domestic service managers, executive and non-executive directors, dieticians and estates directors), along with patients, patient representatives and members of the public.

The assessment results help to highlight areas for improvement and share best practice across healthcare organisations in England.

Oldham LINK members have been invited to take part in Pennine Care NHS Foundation Trust PEAT Visits. Members of the Standing Conference were given first refusal of this opportunity. A number of people present on the day expressed an interest, with two people able to take part on the Trust's visit taking place on Tuesday 2nd March 2010.

3.3 Events

A number of events relevant to the delegates of the conference were offered by Oldham LINK:



Left: Community Care Law Training Day

- Tuesday 2nd March – Introduction to Community Care Law, Oldham
- Tuesday 16th March – Patient Opinion Event, Sheffield
- Tuesday 30th March – Personalisation in Mental health and Marginalised Communities, Manchester

4 Issues Raised on the day

An open space discussion took place at the event, to provide the opportunity for any issues to be raised. This was as follows:

4.1 The Hollies – Rock Street Resource Centre



Developments at Rock Street Resource Centre following changes to the staffing structure of the service was one of the major topics of discussion and concern at the conference, that clearly requires some support to resolve.

It is a very emotive issue amongst service users, prompted by service users not feeling that they have been effectively involved in the changes.

Specific issues that were felt to be particularly problematic were:

Concerns about staff coming into self-help groups unannounced, uninvited and without explanation. Service users felt that this undermined and as disrespectful to their autonomy.

Changes in the management and staffing structure

Gardening group issues – flag stones in garden

Changes have taken place without consultation

- Service Users not being kept up-to-date

- Feeling of frustration at not knowing what is going on
- No feeling of transparency
- Changes to the use of facilities and having to pay for facilities
- The announcement that Rock Street Resource Centre is to be run like a business. This is a vague statement. Clarity is needed along with what this means for service users.

The above issues about Rock Street Resource Centre have been raised previously at the last LIT meeting.

People at the conference explained that there is a feeling that service users haven't been involved in the changes that appear to have taken place or treated as equals to the professional staff. This is in spite of Paul Davies having previously confirmed no changes would take place as a result of any staffing changes at Rock Street Resource Centre

It was agreed it would be helpful for Oldham LINK as the host of the Standing Conference to facilitate a group to discussion between service users and the management of Rock Street to consider the issues in more depth and to reach an understanding and resolution.

4.2 Dementia Related Issues

- What presence does the Alzheimer's Society have in Oldham?
- No ambulance sent for elderly patient with dementia when she had fallen, as this was not deemed as a medical emergency. Carer

was not able to lift this lady due to agency contract (health and safety).

- Carers not provided adequate level of care – allocated 30 minutes to come and see dementia patients, usually only present for 5 minutes to administer medication/or attempt to and then leave
- Taking away day centres for those with dementia, is this due to cost cutting? (Ena Hughes?)
- Transport issues to these day centres
- Not aware of any published consultation about day centre closures
- No meals on wheels available in Oldham
- Conflicting messages regarding dementia care nationally – need to consider is this due to vulnerability of dementia patients?

4.3 Carers



Above: Ian Cropper, Mind & a Carer

The voice of carers was also prominent within the debate during the day, with some very emotive issues raised concerning an overarching need for compassion, communication and consultation – “The three C’s”.

Some isolated issues requiring a response from agencies outside the Standing Conference were also raised.

4.4 Other issues from the day

- With regards to choosing one's own GP, there has never been any guidance or access to ratings/qualifications of a professional to help me make an informed choice about seeing an appropriate GP
- No real choice
- Choice of mental health professional
- Usually allocated GP/professional by the location/area you live
- Does having Individuals Budget/Personal Budget now make this more likely to happen? – able to choose the services you want?
- Examples of professionals/consultants not attending appointments (dementia) – due to this some patients are then unable to have medication prescribed by their GP as it has not been authorised by the consultant, due to missed appointments. Mental health team has not been useful.
- Lack of communication
- Carers often taking on responsibility

Comment

It was felt that Pennine Care NHS Foundation Trust and the mental health team were needed to respond to some of these issues and that they should be invited to the next conference to discuss further. Delegates in particular expressed a wish for John Archer, Chief Executive, Pennine Care NHS Foundation Trust to attend to talk to people, along with clinicians from within the Trust.

- Concerns around when mental health service users need to make a complaint or raise issue, there is a feeling of not being listened too and not being taken seriously. Other professionals in other sectors also do not appear to take people with a mental illness seriously e.g. police etc
- Stigma
- Multi-agencies understanding of mental health is so far problematic.
- Are service users being given an opportunity to assess the services they are being offered?
- Comment on the service, good or bad?
- Should be a champion in all areas
- A questionnaire on the ward, asking patients of their experiences would be useful – must reassure people that these would be treated anonymously/confidentially
- Patient Opinion website can give people another means of giving their feedback/experiences of a particular service online and expect a response
- Current practice represents a Dereliction of Duty
- There are some very good staff with the right attitude that know what is necessary and want to make improvement to services – but are not being listened to by the 'powers that be'
- Service users feel that all the issues that they raise ore justifiable and are not just about them 'having a go'
- Would like GP's to be involved on the LIT, tried this before and not managed to achieve representation. GP's may fit better into the new structure of the LIT. Also, currently no representation from psychology or psychiatry

- Notion of prevention to be more widely considered
- Mental health awareness project at the Phoenix Centre that aims to train educators etc to get over views of stigma in schools/education has started but has now stopped due to lack of funds to collate and distribute information packs. Where could further funding be obtained for the continuation of this project?
- It was asked how we can ensure that we are going to get an answer to all the issues raised at the conference?
- The organisers explained that by the conference being within the LINK structure, statutory service providers and commissioners have a legal duty to respond. A formal request was made from the last conference regarding changes to the LIT and a response was received at this conference, which shows the process is working.
- Further, the Conference will enable issues to be directed to the most appropriate body for a response/action, whether that be via the LINK, PALS, or direct to the service provider.

5 Action Points

5.1 NHS Oldham

Meet with Associate Director Lead & Sponsor for the Mental Health Partnership Board to:

- Agree a memorandum of understanding between Standing Conference and NHS Oldham
- Negotiate the positioning of the Standing Conference User, Carer and Public representatives within the Partnership Board commissioning structure
- Invite the Associate Director Lead and/or sponsor to have a presence at future Conferences

5.2 Pennine Care NHS Foundation Trust

- Invite John Archer, Chief Executive of Pennine Care NHS Foundation Trust, to future Standing Conference events
- Invite relevant psychiatrists/other clinicians from Pennine Care NHS Foundation Trust to attend future events.
- Raise the issue of complaints with Pennine Care and other agencies.
- Ask Pennine Care what opportunities service users have to assess their care, and how this is done.

- Find out what methods Pennine Care and NHS Oldham have for patient feedback and how this is actioned.

5.3 Rock Street Resource Centre

- Work with service users and the management team at Rock Street to resolve some of the issues and concerns raised.

5.4 Dementia

- Find out what presence the Alzheimer's Society has in Oldham
- Flag up that the current community care model is not appropriate for people with dementia and that it does not adequately meet users needs.
- Find out if there has been any published consultation for the day centre closures accessed by people with dementia.
- Make contact with the national Dementia Strategy and invite them to take part in a future themed conference on dementia.

5.5 Miscellaneous

- Highlight the issue of multi-disciplinary awareness of mental health (e.g. amongst police, A&E personnel etc).
- Perhaps consider multi-agency awareness training. Approach the Mental Health Improvement Partnership (MHIP) for support with this.

- LINK to chase up Personal Health Budgets information workshop with NHS Oldham.
- Invitation to GP's to be part of Board/Conference. Speak to NHS Oldham about what would be the best forum to raise GP issues and mental health.
- Consider how the education project can continue.

6 Next Steps

- This report will be sent to the Associate Director Lead for Mental Health within NHS Oldham, and others.
- The election procedure will be completed
- Arrangements for the next Standing Conference will be made, including looking at possible themes and people to invite.
- The feedback and evaluation forms will be reviewed and possible action points identified
- This report will be taken to the next Standing Conference.
- There will be ongoing recruitment of members for the Standing Conference
- Action points will be addressed.

7 Future Conferences

A prominent theme for the next conference is Dementia. Other themes to be addressed at a later date include GP services and hospital discharge. Delegates discussed and agreed that half of the next conference should be themed, with the remaining half structured the same to allow for feedback and continuity between conferences.

8 Evaluation & Feedback

Comments

The following feedback and comments show that people were quite positive about the conference and hopeful that it can have an impact. Respondents were also keen to come to the next conference.

Comments on how the event was or was not useful for people:

"I thought it was very useful and pleased that generic issues are being considered"

"Useful in fact finding EG IAPT"

"Not useful: People 'hogging the mic' but drifting off into conversations with others when not 'on the microphone and not listening to the proceedings'"

"Lots of useful information forthcoming and gives everyone a chance to have their voices heard. I very much hope this continues as long as it is needed"

"Extremely useful to network and hear about service developments"

"Insight to receive direct feedback from service users and carers"

*"Hard to understand some of the language, particularly **how** to access services"*

"It was very informative and enlightening. Well organised and very helpful"

"It was great, there needs to be more transparency in Oldham services"

"It was useful to me especially when people could talk about their concerns with the changes that will be happening at Rock Street"

"Useful information: It is good to hear other people's view about what is or is not going on"

"Hearing issues from users and carers and information about the problems people are having. These are given to improve services. I heard people criticisms of Mind. I am a carer representative. The talk by Sian Wimbury was good"

"Getting to hear other people's views were interesting and informative"

"Finally got to raise issues directly to an open audience"

"Informative excellent participation very useful"

Further comments people had:

"Need to make progress on issues raised"

"A good event, ran by some very committed people keep up the good work"

"I would like to know how Oldham compares with services nationwide"

"Would definitely like representative from professional bodies e.g. Psychiatrists and G.Ps etc"

"Please let me know when the next conference will be. I go to Rock Street Resource Centre to the OOUF"

**The Oldham Standing Conference is hosted by
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