



# Rethink Carers Lancashire

Newsletter  
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*“Cheers to a New Year and another chance for us to get it right!”* (Oprah Winfrey)

Best wishes to everyone for this coming year, and hopes we can make progress towards ‘getting it right’ for ourselves and those we care for.

**So first – maybe some good news!** High Court rules that Government changes to PIP legislation are **discriminatory**. In December the High Court ruled that changes to Personal Independence Payment (PIP) earlier this year are ‘blatantly discriminatory’ against people with mental health problems and ‘cannot be objectively justified’. In February, the Government introduced regulations that limited the amount of support that people who struggle to make journeys because of psychological distress could get through PIP. At the time, the Government said that people in this group had fewer support needs than other disabled people who struggle to make journeys. The High Court ruling found that this amounted to no more than subjective opinion with no evidence to back up such a claim. If this ruling stands then more than 160,000 people with mental health problems will be entitled to additional support from PIP. The case was brought by the [Public Law Project](#) on behalf of their client RF. RF’s claim was supported by evidence from the National Autistic Society, Disability Rights UK, Revolving Doors and Inclusion London. Mind intervened in the case alongside the Equality and Human Rights Commission.

“This ruling is a significant victory for people with mental health problems. It acknowledges that the regulations discriminated against people with mental health problems and upholds the principle that PIP should look at the impact your condition has on your life, not what kind of condition you have. The judgment is clear that the Government has no evidence for its claim that people who experience psychological distress need less support than other disabled people. The Government’s stance on this issue is symptomatic of all the deep concerns that we have about the benefits system as a whole – it just does not understand mental health problems and the impact they can have on a person’s life. The Government now needs to accept the judgment it has been given and start making sure that people who struggle to plan and make a journey because of their mental health will get the financial support they are entitled to.” (Paul Farmer, Chief Executive, Mind)

[Read the judgment](#) and find out [what this will mean](#) for people claiming PIP

Charlotte asked to come to our November meeting to find out our experiences of Act assessments and personalisation. She is doing her utmost to rectify the situation and has expanded the team of Social Workers to advise health professionals, with two lead advisers and a focus on ensuring social workers are not diverted from their role to do health tasks. The assessment process is usually started on the phone but some people have been turned down for an assessment because health criteria, rather than social care criteria, have been applied. Assessments should be done together with the carer, and Charlotte felt that home support packages should be developed more thoroughly; this would avoid people being moved into residential care before it was necessary, and also would help to ensure that crisis services were not needed so often. Crisis management is not currently done well (which we all knew!) and the Council is looking to open more crisis houses.

**ENCOURAGING  
MEETING WITH  
CHARLOTTE  
HAMMOND,  
LCC'S HEAD OF  
MENTAL HEALTH  
SERVICES**

We looked at the 'number crunching' part of the assessment form but no one, least of all Charlotte, could explain it. However, she did make the point that budgets weren't set in stone, the determining factor is the person's needs; If extra care is needed in a crisis either at home or in case of emergency then Charlotte can make the decision to allocate extra funds.

In terms of carer assessments, there was general disquiet about the lack of support provided by nCompass. Requests from carers for specific support should be passed to Charlotte by Care Coordinators, who can and should be doing carers assessments. This would identify areas of need – at the moment the CCGs are not making any requests to fund respite breaks. There is greater need for all care services to link together.

Some group members have been refused information about their Care Coordinator's email contact details. However, this is not based on any LCC ruling, and there does not seem to be any LCFT rule against this either.

Complaints should be registered with the Council's complaints monitoring section, and calls to staff are best put through the relevant office, rather than to a mobile number, so that they can be logged and failure to respond can be audited.

One query raised was about social care management for people who live in Lancashire but have a GP in another Local Authority area, e.g. Blackburn, Blackpool, occasionally Wigan. The answer is that if someone lives in Lancashire they would have a Lancashire social worker even if they had a GP outside Lancs, though if their Care Co-ordinator is a nurse they may be based in a CMHT aligned with the GP. If there are some specific social care duties that must be managed by a social worker, where that is the case, the social worker would be a Lancashire social worker.

Charlotte was impressed by the numbers of carers who attend our meetings, and wrote afterwards: *"I really enjoyed the morning, sometimes I don't get the opportunity to hear people's stories, while I might not always like what I hear, it is invaluable in moving us forward.*

*You have some really dedicated people in your group, we are very fortunate to have carers in Lancashire who are so dedicated and passionate."*

**Are you looking for a sofa, dining table or bedroom furniture, from a high street brand at an amazing price?** Then look no further than SPE Furnishings. Their furniture, paint, electricals and accessories are available in store today at up to 50% less than retail. The enterprise is the initiative of Spacious Place Engage. They assist individuals, as they move from a point of genuine need, into a place of hope and opportunity. They value people and believe that everyone deserves a house that they can proudly call home, without financial risk. In August 2017 SPE Furnishings opened its first furniture store in [Burnley, Lancashire](#). A shopping experience for all members of the community, they offer quality and value.



High street branded furniture, can be purchased and delivered next day, at prices up to 50% less than retail. In partnership with Co-op Electricals, savings are replicated in the white goods and entertainment ranges. Paint is delivered as part of the nationwide [Community Repaint scheme](#). Each sale reduces landfill waste, whilst providing opportunity for local groups and individuals to benefit from our products. ***So not only will you get a great bargain, you'll be supporting a really worthwhile project and helping the community.***

# Police visit to the East Lancs group

In December we welcomed Sergeant Andy McGinty, who is the police liaison officer for the whole of Lancashire Constabulary, and were treated to a fascinating insight into the issues and work of the police in their interactions with people with mental illness and the services that help them. He told us about the new Mental Health Act regulations (see below) and the problems they anticipate because of this, mainly from the 24-hour limit to detention under Section 136 – as we all know, finding a mental health bed is a real problem. Training packages on the new legislation are currently being rolled out to every police force. The street triage the Lancashire police were operating finished in March last year as the £4.3million joint funding with the CCG ended. Andy made us well aware of how much of their work now is mental-health related. They are looking to have 1-2 officers on every team with more mental health knowledge, and to set up a comprehensive service mapping system for contacting mental health professionals in order to find alternatives to detention. (We'll be providing the teams with some information about our group, which hopefully they will pass on to the families they come across when dealing with people in mental distress). There are now agreed protocols with all agencies about 136 detention, as well as jointly agreed missing and AWOL policies. There are also ongoing discussions about police restraint in mental health services, which is not the same thing as the restraint used by mental health professionals. The force is looking to employ people who have certain skill sets such as dealing with vulnerable people – interestingly Andy told us that female officers are less likely to be assaulted. Early action police team are being set up in all areas of the country to deal with vulnerable adults and children, and one successful initiative is to have acceptable behaviour agreements to put some boundaries in place.

## Changes to the Mental Health Act

These changes (from December 4 2017) are designed to ensure that police officers are able to act more quickly and flexibly, whilst ensuring people receive assessments and care when they need it. Section 136 powers (to remove someone to a place of safety) may be exercised anywhere in a public setting (also known as Private dwelling) i.e : Railway lines, rooftops and offices (these have previously not been seen as public places

**i.e – Police cannot exercise section 136 rights in 1. Any house, flat or room where a person lives**

**2. Any yard, garden, garage or outhouse that is used in connection with the house**

- It is **UNLAWFUL** to use a police station as a place of safety for anyone under the age of 18 in any circumstances
- A police station can only be used as a safe place of safety for adults in specific circumstances (section 136A) – this will also allow regular provisions, and increase safeguards for when a police station is used
- Previously you could hold a person in a safe place for 72hours – **this is being changed to 24 hours (unless a doctor certifies that an extension of up to 12 hours is necessary)**. This will start from when a person arrives at a safe place / or when a police officer's enters a property and is keeping a person there
- Before 136 power is used a police officer **must/ have a duty to** where practicable consult a health professional
- Where section 135 warrant has been executed – a person can be kept at their home for the purposes of an assessment rather than being removed to another place of safety
- A new search power will allow police officers to search persons subject to section 135 or 136 powers for protective purposes. (Section 136c) – have to have reasonable grounds that a person is a danger to themselves, or others, or is concealing an item.



**MEETINGS NOW BEING ARRANGED FOR THE NEXT FEW MONTHS - WE'LL LET YOU KNOW ASAP**

# Mental Health and Money Advice

## Mental Health & Money Advice launched on 28th November.

Rethink Mental Illness, as part of Mental Health UK, has set up Mental Health & Money Advice - the UK's first advice service dedicated to supporting anyone with mental health and money problems. The website will provide information, support and advice for anyone affected by mental health and money problems including friends, families and carers.

- There are tools and calculators to keep people on track so they can plan ahead.
- Information written by experts to help people understand what their entitled to.
- Sample letters to help people explain their situation to others.
- And stories from those affected and how they've managed their own situation. •

Visit the website, [MHMA.org.uk](http://MHMA.org.uk) to see how Rethink can support you.

### IN THE NEWS

**Mental health care is the public's number one issue that it wants policy makers to focus on for 2018, say Healthwatch.** Notably, the public wanted a focus on the mental health care and support available to children and young people. With additional focus on the lack of mental health awareness, early intervention and difficulty accessing effective and appropriate support. Top priorities following mental health care were adult social care, service changes, hospital care and access to GP services.

**'Out of area' care increasing, not decreasing** The government is almost two years into a pledge to end the practice within four years. The number of cases of people being sent hundreds of miles away from their families for treatment rather than being cared for locally is increasing. The news will dismay families, coming as it does almost two years into a government pledge to eliminate the practice within four years. In April 2016, the government said it would eliminate uprooting individuals when they should be able to be supported locally.

**One in three discharged from mental health hospital too early** 04 December 2017 One in three people are sent home from inpatient care in a mental health hospital too early, says the charity Mind. Research released today by the charity found that 38% of people felt they were discharged from hospital sooner than they should have been. A further 21% said they had not been given any notice that they were to be going home, even when they had been in hospital for more than a month. This was added to by 37% of people saying that after discharge there was no further plan for their care, contrary to current guidelines. Only half of people (51 per cent) said their accommodation needs were considered in any plans, and less than a third (29 per cent) said that money and benefits were considered. NICE (National Institute for Health and Care Excellence) guidelines state that plans should be made for people's ongoing care from admission or as early as possible from when they go into hospital. There should be a written plan that is put together in collaboration with the person receiving care. Yet nearly two in three people (66 per cent) in the survey said they were not given a written care plan and one in four (23 per cent) said they were unaware of any plan at all. Paul Farmer, Chief Executive of Mind, said: "It is shocking that so many people are being sent home from hospital before they feel like they are ready to leave, with no appropriate plan for the care of their mental health. This is not good enough. It is a tragedy that so many people so very recently leaving the care of hospital are being left to cope alone, and are at risk of losing their lives.

