



Rethink Carers Lancashire

Newsletter

May 2018

PLEASE NOTE NEW FORWARDING ADDRESS:

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Tower Street, Taunton TA1 4BH
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Some seriously important meetings for May and June.

Make sure you book your place/lunch if you haven't already. The lunch orders deadline is Friday May 11 for the May 17 meeting and Monday June 18 for the June 22 meeting. **Don't forget to give your lunch choice (cheese and onion or meat and potato pie).**

Thursday May 17, 10.30 – 3 pm

Morning Barrister Doug Feery (specialist in public/community/mental health law) will discuss the issues around mental capacity*, what the assessment process should be, the statutory principles and what the courts have said. **ESSENTIAL INFORMATION FOR CARERS AND PROFESSIONALS.** Those who have heard Doug before will know that he is one of the most authoritative speakers in this field but is also entertaining and skilled in explaining complex legal issues to lay people.

Afternoon 'Message in a bottle' arts project led by Sue Flowers, Project Manager for Whittingham Lives, exploring the present in order to inform the future delivery of mental health care today: **"For anyone anywhere who supports others and wants to tell someone just how they feel...we know there is what *should* happen and what *does* happen, and that there can often be a wide gap between the two. I am fascinated by stories and how we can use them to build a better world. I want to develop a contemporary archive about all of us who have friends and family with mental health conditions; our wives, husbands, mothers, fathers, brothers, sisters, sons, daughters, aunts, uncles, friends and relatives who face these conditions every day and the professional staff who work hard to support them."** **COME ALONG AND TELL YOUR STORY** (All stories will be anonymised)

At Brindle Community Hall

Water Street, Brindle, Nr Chorley, PR6 8NH

Friday June 22, 10.30 – 3 pm

Morning Care Act carer assessments in mental health. Asher Beever of nCompass and Natalie Burfitt, Policy Commissioning and Information Manager for Lancashire County Council have kindly agreed to come along and explain how the Care Act Statutory Guidance is being implemented.

Afternoon Professor Shôn Lewis MD FMedSci | Professor of Adult Psychiatry | Faculty of Biology, Medicine and Health | The University of Manchester. will discuss recent developments in psychiatry and answer your questions (of a general nature, must be sent in advance) **Shôn** has been Professor of Adult Psychiatry at the University of Manchester since 1994. He trained clinically at the Maudsley Hospital. He has been Chair of the Royal College of Psychiatrists' research committee and served on the Wellcome Trust and the MRC Neurosciences and Mental Health Boards. His research interests focus on risk factors and new interventions in schizophrenia and psychosis, including the use of new technologies. He has published 5 books and 180 scientific articles. He works as an honorary consultant psychiatrist in Manchester Mental Health and Social Care Trust and was R&D Director 2004-8. He was a trustee and board member of the charity Rethink Mental Illness 2009-12 and was involved in setting up the Schizophrenia Commission. He is Director of the Institute of Brain, Behaviour and Mental Health at the University of Manchester.

**LOCAL
GROUP
MEETINGS**

Rethink Carers East Lancs meets on the second Wednesday of each month at Elmfield Hall, Gatty Park, Accrington, 6 – 8 pm. **Fylde Family Support Group** meets on the second Tuesday of every month at Sainsbury's in Blackpool, 7 -9 pm. Phone 07999 332804.

FyldeFamilySupportGroup@rethink.org www.Facebook.com/groups/FyldeFamilySupport

ESSENTIAL YOU KNOW THIS

At our meeting in April, Charlotte Hammond, Mental Health Lead for Lancashire County Council, gave us an excellent explanation of the big changes that are happening vis-à-vis community care packages. Here's what she said:

(The following applies to the Lancashire County Council area, rather than to Blackpool and Blackburn/Darwen, which are separate Local Authorities. If you have a GP in Blackpool or Blackburn/Darwen, but live in the Lancashire County Council area, this will also apply to you)

Charlotte explained that – as reflected in concerns sent in by our group* – there will be changes to how care provision is made for people with mental illness. Up to now care has been provided by Lancashire Care NHS Trust (LCFT) on an integrated basis with health professionals managing social workers within these teams. But this has meant that the focus has been more on health needs than social care needs.

*(*Please let us know if you would like a copy of the document outlining these concerns.)*

So, from May 1st 2018 all *social workers* in mental health services will be managed by the Local Authority (=the Council) from County Hall. It will still be important to merge together the health and social care elements of care packages, but it means that **people may be allocated a new Care Coordinator if their needs would be better served by one profession than another**. Social workers will be called social workers and will not be doing health tasks (e.g. delivering medication). NHS staff will focus less on social care needs.

The remit for Community Mental Health Teams is to provide care for those with severe and enduring mental health needs, though this doesn't reflect the requirements of the Care Act. In cases where such individuals also have **learning disabilities**, a decision will be made about whether the lead for care will be mental health or learning disability services, with one social worker from the service chosen. A new learning disability psychiatrist post has been created, and under the 'Transforming care' programme it is hoped that many people with learning disabilities can be successfully moved out of long-term hospital care.

A training programme is already underway, in anticipation of what will be a major culture shift; there is a need to develop staff skills for supporting people at home. and steps are also being taken to ensure that **agencies providing home care** meet a high standard. The Council's 'Care Navigation system' will help find the right agency. Complaints about a care agency should go to the Council's Contract Monitoring Service, to Customer Services or to the Carers Service, so that problems will be properly recorded. At the moment there is no central system for monitoring Personal Assistants funded through Direct Payments.

Charlotte emphasised that appropriate care will still be provided for those who simply cannot be supported at home, but pointed out that in Lancashire there are very high numbers of people in **residential care**; this is extremely expensive (with many costs on top of direct care services) and may not be the best way to spend this money. There are often better ways of avoiding residential care, prevention being better than cure, and several of our members gave examples of how good care early on could have prevented their relative's deterioration to the point where residential care is now the only solution.

One major difference will now be that people with social care needs, including those subject to the Mental Health Act Section 117 (which requires a care package including *everything* that will prevent relapse and hospital admission) **cannot have their care simply transferred to the GP**. They can be discharged from the Community Mental Health

Team, but not from the County Council support services. Section 117 aftercare is a joint responsibility of the NHS and Social Services. As has been raised many times by our members, across Lancashire there are many people (not just those under Section 117) who have been discharged from mental health services back to the GP, so there is a lot of catching up to do to make sure that these people receive the social care they need, with regular reviews which should prevent a crisis.

How will it work? Social workers will carry out **assessments for support under the Care Act**, and will call on help from NHS staff if there are also health needs. Following the needs assessment, a budget for meeting needs will be determined. Then a care plan will be drawn up to show how the budget money will be spent and how needs will be met. In some instances, a care plan may demonstrate that the budget that has been determined is not enough to meet needs. If, when all resources have been taken into account (including voluntary services), the budget cannot meet needs, then the worker will make a case for additional resources.

Carers do not have to provide care for their adult children and cannot be included as part of the care plan unless they are willing and able for this to happen. However, if the Council is asked to provide care as a substitute for what the carer might do, it has to consider that this care is essential; there may not be agreement from all parties about what someone really needs. This is sometimes seen where a carer is undertaking for the cared-for person a task which the council either isn't obligated to do or doesn't agree is needed. It is not necessary for the person or their carer to agree with the assessment of needs.

In terms of **Carer Assessments**, following our group's concerns about how these are done by nCompass, work has been done by the Council to firm up the contract for this. (*We shall invite nCompass managers and Natalie Burfitt, the Council officer responsible for these, to come to one of our meetings to tell us about the changes.*) Carers can ask for their carer assessment to be done by a social worker rather than someone from nCompass. Figures show that carers of people with mental illness are far less likely to access a respite break, and there was some discussion of how this could best be provided. Charlotte will ask a team currently working on improving carer services to come to our meeting so that we can give suggestions and ideas.

The meeting ended with a discussion of **the question we all try to avoid**, i.e. what will happen when – as is inevitable – we are no longer here to support our relative. Many carers already have no faith that our relative will be looked after properly by the statutory services, so there is even less confidence that support will continue when we die, but it was emphasised that this is something we should all (including the professionals) address as soon and as comprehensively as possible. This group has already had a number of meetings to discuss legal aspects such as Power of Attorney, wills and discretionary trusts. (*Please ask if you missed these and would like the information*)

Those present were very appreciative of Charlotte's frankness and clear overview of such an important issue, and thanked her for her time and for confronting so many difficult questions.

• **NEW CRISIS HOUSE FOR EAST LANCS**

Lancashire Care NHS Foundation Trust, in partnership with the Richmond Fellowship (following their successful unit in Coppull), in April opened a 6-bed crisis house on Padiham Road in Burnley. With single rooms, this unit will be fully staffed, including overnight, and can be accessed by people in East Lancs via the Crisis Team for a 5-7 day stay. The unit was opened by Burnley MP Julie Cooper and by Alastair Campbell, who both praised this initiative but stated that a lot more work still needed to be done in Mental Health. Lancashire Care is now looking to develop a 'step-down' facility with stays of up to 12 weeks to get people back on their feet after a crisis.

Other news from Lancashire Care: * by June the Trust is looking to make venues friendlier with a GP/practitioner link work model, whereby a mental health practitioner will be linked to each surgery and spend a day a week in a neighbourhood * Pendle View is to be remodelled along the lines of The Harbour, with a drop in café, and it will house an Acute Therapy Service * a brand new perinatal unit with space for 8 mothers and babies is being opened in Chorley, where there will also be male and female treatment wards and a 6-bed Psychiatric Intensive Care Unit * currently crisis teams are accessible until 8.30 pm, but the Trust is working towards creating a 24/7 crisis team that can do home visits



Thanks to pressure from campaigners like us, last autumn the Government set up an Independent Review of the Mental Health Act.

[The Review has now published its interim report.](#) It confirms what we have long known: that there are serious problems with the Mental Health Act. People who have been detained under the Act tell us that the law fails to protect their rights or dignity and excludes them from decisions about their care. The Review team has clearly heard the same message.

This is a landmark moment. We have a **once-in-a generation opportunity** to improve the Act, for those detained under it and those who care about them. We need an Act that puts the person front and centre, ensuring they are listened to, informed and able to have a real say. We need an Act that puts the person front and centre, ensuring they are listened to, informed and able to have a real say.

Rethink will continue to work with the Review team to make sure that the voices of those most affected are heard. And we will campaign, so that MPs know how desperately reform is needed. We'll need your support – so watch this space as we get ready to launch our new campaign: **Act for Mental Health**.

You can find the full report at <https://www.rethink.org/media/3302081/no-voice-no-choice.pdf> - see below for the key findings and recommendations.

Executive Summary

- The research has highlighted a range of key insights and associated recommendations. However, as the sample was relatively small, the findings are indicative rather than representative and we recommend further validation ahead of implementation.
- Service users who had been detained under the Mental Health Act told us they had minimal involvement in decision making and their choices were largely disregarded.
- Changes to the Nearest Relative provision within the current legislation would be welcomed to give service users the right to select who they think is suitable and appropriate.
- Very few service users and carers involved in the research were aware of the option to make and record Advance Decisions regarding their care as part of the Mental Health Act although there was a clear appetite for these.
- Although Healthcare Professionals (HCPs) said they assess service user capacity to make decisions there appears to be no formal or consistent approach to doing so.
- There were significant gaps in the information provided to service users and carers regarding their rights whilst detained. Information on treatment options and a lack of consistency in terms of what was received and how it was explained.
- Time pressures and shortage of staff (nurses in particular) were cited as a key reason for the inconsistency of information provided.
- Differences in the attitude and approach of HCPs to service users were also reported to have a fundamental impact, both positive and negative, on the quality of care received.

- Independent Mental Health Advocates (IMHAs) were perceived by both service users and healthcare professionals to be an invaluable resource to guide service users through the system.
- The research uncovered a feeling that detention under the Mental Health Act takes a standard, 'one-size-fits-all' approach with little focus on the service user themselves.
- Many service users described their experiences as similar to being imprisoned rather than being cared for with a complete loss of any sense of control over their lives

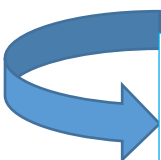
Key recommendations

The research has highlighted a number of key areas worthy of consideration to ensure that the rights of people detained under the Mental Health Act are protected and overall care is improved.

These suggestions include:

- Greater overall involvement of service users in their care via mandatory access to IMHAs within 48 hours of admission (currently, service users have a right to access advocacy, but not within set timeframes).
- The standardisation of information provided to include more information on rights to tribunals and appeals, along with details of medicines and potential side effects.
- A change to legislation on the appointment of the Nearest Relative, to give service users the right to choose their own representative.
- Inclusion of Advance Decisions as a routine component within the care pathway and legislative changes that give legal weight to Advance Decisions.

Note that the issue of mental capacity assessments was a major concern highlighted in this report. This is the subject of Doug Feery's talk to us on Thursday May 17th. Don't miss this crucial information



Stop Press – **RETHINK MAGIC GROUP** a new group in Blackpool for people who experience mental illness, meets every Tuesday 12 – 2, Claremont Community Centre, Claremont Road, FY1 2QJ
Phone 07999 332804 for more information

