

AUGUST 10

EDITOR

NIKKI SHARP

RUN-UP NEWS

NEWSLETTER

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CONCERNS RAISED & HEARD ABOUT 19 MANSFIELD ROAD

On our travels recently some of you have voiced concerns about changes happening at Mansfield Road, which we recently heard about through the LIT meeting (Redbridge Mental Health Partnership Planning Group & Local NSF Local Implementation Team Meeting). Some of you were concerned not only about the changes (namely it no longer being a Drop-in -Centre) and uncertainty, but also of the temporary closure of 19 Mansfield Road for two weeks, which was to allow time for planning and staff training on the expectations and the vision of the service. So we contacted Ros Hatt from Richmond Fellowship and asked for a meeting, not just to voice your concerns but to clarify what was/is happening.

Both Janice and I went over to Mansfield Road on 7th July 2010 where we met with staff members Ros, Niki and Lesley. Discussed at the meeting was how Richmond Fellowship (RF), was successful in a tender process to take on the Day Service at 19 Mansfield Road from the previous provider, Family Mosaic. RF picked up the service delivery as from 1st of April 2010. The name of the service has been changed to Redbridge Community Links. Niki Efstratiou, the Community Development Officer sent us the following statement;

Richmond Fellowship (RF) has been running the service at 19 Mansfield Road since April 2010. RF has spent the last three months evaluating the service which has included speaking with staff and clients. A **service user lead** has been appointed to facilitate ongoing communication between RF and clients who use the service.

RF have started to implement a new vision of the service that is based on promoting recovery - empowering individuals to make their own decisions and choices and providing support to enable people to achieve their full potential.

The service is based on the Community Links Model which aims to maximise opportunities for community involvement. Individuals will be encouraged and supported to become more involved in community groups, projects and activities. Paid staff will be available during the day to provide one-to-one support to individuals. Short-term activities, courses and workshops will also be offered at Mansfield Rd throughout the week. These courses and activities will be based on the needs of the clients.

If anyone is interested in finding out more about the service, please call 020 8514 5586.

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"KEEPING YOU UPDATED"

I shall start with May's response to the HTT Network Meeting as it was too late go in the last newsletter. Bob Edwards (Operations Director NELFT Redbridge) was guest speaker. Bob spoke about the building plans for the Goodmayes site. On Phase 1 he said that the new buildings at Goodmayes are an investment in new facilities and services so NELFT can ensure the best possible care for service users. Mascalls Park will close and patients will be transferred to the new building next to Chapters House.

On Phase 2 Bob said there will be a reduction in the number of bed spaces available as the Trust moves toward more care in the community rather than inpatient treatment. We also asked the question "what about the Run Up offices? They are to stay near reception for now but ultimately space will have to be found in the new buildings & the same for the tea bar.

Members then questioned Bob about the poor service experienced by them from the Home Treatment Team (HTT) and although Bob argued this information was probably 18/24 months old, members strongly disagreed and Bob said he would look into their grievances and report back to Run-Up. Members also complained about poor

response to the HTT telephone number.

I mentioned the Service User Involvement Strategy that implied service users had been consulted. This was not true for Run Up members, so it was decided to send out the information pack to all Run Up members for feedback before the next meeting when Val Leahy would be attending.

There then followed a question and answer slot. Why has English and Maths been stopped at Ley St? It was suggested members list all services they feel have been stopped to pass onto Bob. Other questions were asked about HTT /directory / referral pathway into treatment (CRT West/East) / availability of specialist child psychiatrists /discharge protocol - is there a danger of hurrying discharge into the community from inpatient care /knowledge of GPs v psychiatrist and their roles. It was suggested that individual grievances be taken to advocacy (Speaking Up), though members present seemed not to have a high regard to this service. Again it was highlighted that Run-Up could/is willing to help on a collective basis.

Our thanks to Bob for attending and saying he's happy to come along again.

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Also too late for June's newsletter was the update from May's RIGG (Redbridge Integrated Governance Group) Meeting that Chris Day (User Consultant) attended. Chris reports that the agenda as usual was very long with 22 items and many are standing items updating members with recent activity. Other items include presentation of substantive documents that can only be commented on after reading them.

- Service user and carer involvement strategies. Documents had not been received by all. To be re-sent and discussed at next meeting.

- Needs to be a check of NELFT guidelines against NICE (National Institute for Health and Clinical Excellence) standards. Proposed selecting 2 items for checking initially.

- SURG (Service User Reference Group) will be a standing item for future meetings. There is no membership in Redbridge at the moment. It was decided to involve key workers in publicising this new group to try to get an initial meeting.

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Early June Janice attended the CDW (Community Development Workers Meeting). The CDW Role at Mansfield Road was discussed. Adam Kincel is no longer the

"KEEPING YOU UPDATED" Cont.....

Community Development Worker there and there is a need to fill that role. Psychological Health was also discussed. Good feedback has come back from the Faith and Community Leaders from the training courses that have been running.

With regards to the BME Psychological Wellbeing Network, Nisema Patel was looking into getting up to 12 people from different parts of the community to have a meeting every two months to look at what the needs are and then informing the professionals. The needs of other Community Groups was brought up by Jon Abrams eg the Roma, Lithuanian & Russian communities and the need to be inclusive to them as well.

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In June's RBM (Redbridge Business Meeting) many items were on the agenda, but most relevant to us were: Members of the meeting suggested that the NELFT telephone message should be shorter and thus cheaper for caller, and more energised! To add to this point Run-Up raised concerns from service users that using the 0844 number and having to listen to a lengthy automated greeting was expensive and reminded those present that some time ago there was talk of looking into this and it should be put back

on the agenda. Discussion ensued with suggestions put forward. Bob Edwards is to take forward to the Trust the on-going issue of the cost of calling an 0844 number. So we will wait to hear back from him. Bob also advised that, in the next couple of months, Redbridge Directorate will take over the running of the Switchboard.

It was also reported that the training delivered to the Faith Forum in Redbridge had gone extremely well, it's been very well attended and appropriate, and people are welcoming the information. An invitation has been received for a talk to be given to the young people at a local Mosque and the training has also spurred an interest in people wanting to work within Mental Health.

Also confirmed at the meeting was that Redbridge have been tasked with developing a Single Point of Access for the Trust. Anyone who follows this column will know after having attending just 1 meeting on this subject and our comments submitted - we still have had no response.

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Late June we held a focus group regarding Service User Involvement Strategy, for 2010 - 21011. This is a strategy for the involvement of mental health service users in the work of the Trust which

we sent out to all for your comments. I have to say the group was very well attended and some of you kindly emailed your comments to us so we could raise your points in the focus group. The feedback that follows includes feedback from our **June Network Meeting that Val Leahy attended:**

The strategy provides a framework/guidance for staff and is geared to involving clients about their care. This is also intended to go into future staff job descriptions. Feedback received was given by service users at the meeting and from a recent Run UP focus group and includes:

- The focus group would like to have evidence in this document of how much Service User Involvement there was in putting this strategy together, even if it was a footnote at the end of the document.
- A requirement to have an independent Body / Service that will be impartial and can put across the issues / concerns of service users - Run Up was suggested!!
- A time limit to sitting on committees - perhaps a rotation system to give everyone a chance and to allow fresh views/issues to be raised.
- It was agreed that people should get paid for the work

"KEEPING YOU UPDATED" Cont.....

that they do, but also if they want to give their time voluntarily that is fine too.

- A data base of skills so that roles/committees can be earmarked for people with particular skills and interests.
- Information of what can/cannot be influenced with the services / treatment system
- Outcomes of courses/training
- A central point for service users to discuss issues within the community. It was felt that often there is a lack of service user attendance due to accessibility to sites, eg Goodmayes Hospital.
- More continuity/lines of communication between service user groups.

A number of issues were raised regarding the access service user representatives / consultants have in carrying out surveys within the treatment system and the amount of autonomy they have. A need for greater transparency & accountability was agreed by all. Val will look into these issues.

Run-Up will be writing a report on this issue with the help of Jon Abrams which will be given to NELFT, all other interested parties and all those who took part in the focus group.

At the June Network meeting we also invited Lesley Harrison (from Redbridge Concern) to

discuss the Redbridge Safeguarding Adults Strategy for 2010-2013, which is about protecting vulnerable adults from harm/abuse and supporting them if they have suffered harm/abuse. The strategy incorporates the vision, plans and policies for the next three years. Lesley informed us that this would take place through an Action Plan that prioritized making safeguarding safer. An adult is considered vulnerable if e.g. they have dementia, mental health problems, disabilities, older person, sheltered accommodation etc.

The Action Plan will be looked at by the Safeguarding Panel in 3 sections.

1. Making sure that there is representation from Service users on different Boards, e.g. Improvement, systems management & mechanisms,

2. Working to prevent abuse by: Publicity campaigns; Training staff, carers and Service users; Health professionals, agencies, partnerships working together to reduce crime and abuse

3. Joint planning: looking at ways to work across different agencies, gathering views to reduce hate crime issues / domestic violence; improve response times in reporting crime and prioritise response times for vulnerable adults, e.g. police

There is also in place a Safeguarding Champions Programme that deals with quality assurance systems as a mechanism to improve safeguarding. 'Speaking Up' is on this panel.

Lesley welcomed and noted feedback from service users that she will bring back to the panel to form part of her recommendations for the Safeguarding Strategy. These include:

- What is meant by abuse?
- What are the different types of abuse and how can we recognise them?
- Reporting pathways to abuse
- Pathways to complaints procedures - idea of reporting centres
- Increased response time and priority needed to vulnerable people who are the victims of crime
- Improvement in assuring confidentiality in reporting abuse and crime
- Lesley will look into the idea of police having the name of vulnerable people who are the victims of crime. This could present human rights issues
- Better training for police and similar professionals on how to deal with vulnerable adults who are arrested or present themselves at police stations.

Our thanks to both Lesley &

"KEEPING YOU UPDATED" Cont.....

Val for attending and my thanks to Anne Argent (User Consultant) for the above feedback

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Late June both Janice and myself attended the LIT (Redbridge Mental Health Partnership Planning & Local NSF Local Implementation Team Meeting) where we took the issue of the Freedom Pass back and suggested that it might be useful to invite the Service Lead on this (i.e. John Rahman) to discuss how decisions are / have been made on this. This suggestion was rejected, but it was agreed that the rebound effect on service users who have not been issued a pass this time round should be looked at.

Just a footnote to this; some of you may think that RUN-UP has (metaphorically speaking) dropped the baton on this particular issue, but rest assured we have not. The latest update on this is that some service users who were initially refused a pass then appealed - and even though their appeals have been supported by mental health professionals they have still been refused. This had led to social isolation for some and the numbers are growing.

We have liaised with Speaking Up (Advocacy for

Redbridge) and encouraged them to get involved and support those individuals further. We are working behind the scenes and are in talks with Bob Edwards. Once again we highlighted what seems to be a very nonsensical, unjust system. As always we will keep you updated with any progress we make.

* * * *

Late July Chris Day (User Consultant) attended the Redbridge Integrated Governance Group Meeting (RIGG). Again many items were on the agenda including feedback from the Trust -wide Operational Integrated Governance group (OIGG). A new reporting structure for this group aims to get better communication between the boroughs to establish best practise.

Redbridge Concern for Mental Health is contracted by NELFT to run monthly surveys of inpatients using a number of criteria. **The overview is that patient satisfaction shows no improvement.** Some of the questions are thought ambiguous and RCMH are to review this. It was asked at the meeting if the Q&A was too long for patients. PIP (Practice Improvement Plan) will take over the Inpatient Discharge questionnaire from July from Quality Health.

The subject of complaints is a standing item at this meeting. It was reported that Redbridge has 33% of all the Trusts formal complaints. It seems other boroughs operate a more informal policy where complaints are resolved in a shorter time-frame. This was discussed and agreed that whilst formality creates a recorded inventory the time taken to resolve complaints was neither satisfactory to patient or staff. This should be addressed but service users need assurance that records will be maintained and transparent which was agreed.

SURG (Service User Reference Group) is another standing item at this meeting. It was reported that no progress had been made on this. Invite letters to join SURG will be prepared when admin available. Information about SURG will be given to inpatients via clinical managers and by post to out-patients.

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Well folks, that's all the space we have and remember for full details of any of the above, please contact us.

PERSONAL BUDGETS

Mid July both Janice and I attended the Redbridge Link Public Meeting, which in short was about how Redbridge Adult Social Services is changing. The changes are designed to give people more choice, freedom and independence over the care and support they receive. The word the government is using for these changes is 'Personalisation'.

Personalisation is for those Redbridge residents who are aged over 18 and eligible for social care services. Once they have had a social care assessment a Personal Budget will be set for them. What follows is our feedback in brief from the meeting (those of you who want more details on Personal Budgets than this space allows, please call us).

Cathy Turland, Link Manager introduced speakers from LBR to talk about Transforming Adult social care in Redbridge and Julie Fanning the Executive Policy Advisor. We were told that this is to be rolled out by the end of November 2010 and will be offered to new referrals. Personalisation is all about being able to control your care and support by making it personal to your needs. You will have to be receiving social care support. So basically you are given some money (personal budget) to go

shopping and buy the care you want... There are 5 steps and the first is contacting your social worker (are there that many social workers out there!) or the Community Care Advice Centre on 0208 708 7333 to see if you can transfer over to a personal budget (remember though, you do not have to change your current services if you are happy with them). They will discuss what your needs are and check if you are eligible for support. They will carry out a financial assessment to find out if you have to contribute towards the cost of some or all of your support. A question was asked about how long you would have to wait for just an assessment (which I'm not entirely sure was answered) and the very important point was raised that there should be a cut off point of a few weeks of first contact and not months or years of waiting for an assessment or for something to materialise once the assessment had been done.

At some point during the meeting the issue of equipment that maybe/is needed by someone with a physical disability was raised. They are now saying that for simple equipment (like the example used below) you would be able to buy it from your personal budget and it will no

longer be delivered to you, (so if you needed a raised toilet seat for example, you would have to purchase it yourself **(from a designated shop with a voucher that would be provided)** and put it on yourself (what about health and safety one asks) or your carer would have to do it (as if they haven't got enough to do). Janice raised the point that if a service was very popular and everyone wanted it, would there not be a problem of people getting it & would it not pose a problem of creating waiting lists?

What was really disappointing was that Mental Health service users were not mentioned.

How will it affect them/ will it affect them, will they too be able to commission (buy in) services they want? We were told at the beginning that an assessment would be carried out by a social worker, but I raised the point that many of the mental health service users have now not got a social worker due to the recent changes. Julie Fanning is going to find out the answers to our questions and come back to us. We will keep you posted as more information is needed particularly on the eligibility criteria for mental health service users.

UPDATE FROM THOMAS HARDY WARD

You may remember that some time ago I allocated space in this newsletter for the wards here at Goodmayes to give us an update.

This year has been the year for sports, what with the World Cup, Wimbledon and of course Goodmayes Sports Day. So in the true spirit of Star Wards both service users and staff joined together and helped celebrate the World Cup by painting flags to represent

the 32 countries taking part which were put up in the ward lounge for everyone to share. Football match fixtures for the whole tournament were also available and put up on the wall for service users to know what time all of the matches were being played and what teams were playing. We would like to congratulate Spain on winning the World Cup. Also some service users and staff participated in the Goodmayes sports day and enjoyed taking

part in the Tug of War and the five-aside football tournament.

Thomas Hardy have also reviewed the ward programme and it will be launched the first week in August, we have taken on board comments and ideas from service users to enhance the service user experience whilst an in-patient on the ward and hope that we offer a variety of groups and activities that meet the needs of service users.

CORRECTION

In our last newsletter under "Keeping You Updated" we mentioned that Janice went on a visit to Sanibel service, where we stated that one could "self-refer" and that you had to be a "Redbridge resident". Karen Bowden contacted us and asked us to put in this correction; the Sanibel service is GP referral only from a Redbridge GP. We sincerely apologise if we misled our readers.

CONCERNS RAISED & HEARD ABOUT 19 MANSFIELD ROAD (Cont from page 1)

Although the staff have been working hard at keeping the clients very much informed via letters and now having appointed a Service User Lead to represent the interests of existing clients, the feeling Run-Up got prior to the meeting was that clients were concerned that changes were being made without informing them, long standing groups that meet there would be stopped and the 1 to 1 interviews that were held between 12 -16 July were

going to be an assessment rather than a discussion of the clients needs and how the service could meet these needs. All these concerns were raised by me & Janice but we were quickly reassured that this would not be the case. But as always should you know any different or feel you want to raise concerns we would encourage you to speak to the service user lead, members of staff (that seem very approachable) or contact us here at Run-Up.

Just a footnote to this, Niki at RF is receiving calls from clients who aren't on her records so it would be great if individuals could call her or leave a message with their phone numbers. If clients haven't attended the service in the last 3 months, she may not have up-to-date address details.

Richmond Fellowship assured us we will be kept updated and will have information on the new services at Mansfield Road.

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“Collective Advocacy a Success”

As you know from the flyer we sent out recently, we held our first C.A.P (Collective Advocacy Point) at the Cranbrook Baptist Church, Wellesley Road. This was the first of three we are running as a pilot scheme.

We know we advertised it late to you but we were awaiting confirmation from the church that it was ok to hold it there.

Janice, Kate and I were present and I am pleased to say it seems to have been a success, in terms of a group of people turned up and asked us for help on a particular issue for which we were happy to be of assistance.

The next C.A.P will be held on 4th August, in the same place and between 11am & 12 noon so if you have any issues about

services you receive and from a collective point of view we may be able to assist you to have your concerns heard.

I would like to take this opportunity to thank Stuart and the Church for supporting us with this initiative.

Apologies

As you will know we recently sent you all a flyer inviting you to meet RUN-UP. This flyer was also sent out to many Community Groups, Other User Groups and different Services within NELFT. We thought it was a good idea (at the time) to engage with the above mentioned and build new links and partnerships. You can imagine then how very disappointed we were then, to have to send you all a letter cancelling this event. There were a few who took the offer up, but it is with sadness that I have to report than the majority didn't.

Not one to be beaten, maybe we will try again - funding for an event such as this permitting.