

FEBRUARY 10

EDITOR

NIKKI SHARP

# RUN-UP NEWS

NEWSLETTER

PROGRESS  
TEAM

KEEPING YOU  
UPDATED

PAGES 4,5 & 6

MY APOLOGIES

PAGE 7

NEW PROJECT  
ASSISTANT

PAGE 7

MUSIC TO OUR  
EARS

PAGE 7

OFFER OF  
THERAPY

PAGE 8

## “CUT BACKS = OUTRAGE & SHOCK”

It is with deep regret that we have to announce that The Redbridge Progress Team based here at Goodmayes is to close, yes that's right CLOSE. It will close at the end of March this year and is already winding down.

On the 13<sup>th</sup> January 2010 Janice and I went along to the Redbridge Business Meeting where it was first announced. To say everyone present at that meeting was shocked would be an understatement. You could almost have heard a pin drop that was apart from me, who made it quite clear that we at Run-Up (the representative's voice of service users that go to this meeting) were extremely outraged and distressed that this service should close.

Were they aware that around 140 service users would be affected by this? Were they aware of the impact it would have on the

volunteers (around 35 of them), what about those on work placements? What about all the other services that refer clients to the Progress Team like the Acute Day Treatment Service, Early Intervention Team, Recovery Teams East & West, Consultants & the list goes on. Who would these teams refer people to – surely this would place these other teams under pressure. What about all the groups the Progress Team runs? What would happen to them? And what about the 7 staff who make up the Progress Team?

Why should this happen. The Progress team promotes Recovery and getting people back into the mainstream. What now happens to Ley Street coming over to NELFT, weren't they merged into one team recently?

The answers given were as follows, and like us you may not like the

answers.

It was purely a financial decision and these changes are being implemented in line with the Trust Policy on Management of Organisational Change, which can be accessed via the Trust Website: <http://www.nelft.nhs.uk/documentbankOrganisationalChangePolicyHR18Dec2005.pdf>

It is clear that the economy both nationally and globally is currently in recession & North East London is not exempt from these pressures. Within 3 of the 4 NELFT boroughs the Trust has been asked by the commissioning PCT's to identify savings both in year 2009/10 and for the next financial year 2010/11. The savings being sought by the PCT's are substantial and can only be delivered by substantial changes. Some areas where saving will be delivered have been

Cont page 2

## “CUT BACKS = OUTRAGE & SHOCK” Cont....

identified, although the Trust continues to negotiate further savings with the commissioning PCT's. The Progress Team has however been identified by NHS Redbridge as a NELFT service THAT THEY WISH TO DISCONTINUE. So for the likes of you and me in plain language, NELFT has been asked to make savings on services they can't afford and the Progress Team is the one to go. That is within the 2010/11 financial year.

It was stated in the meeting that some of the groups currently run by the Progress Team could be run in other services and that there may already be some duplication. What about the Anger Management Course I said, to my knowledge it's the only one ran by NELFT – though this was acknowledged it was said that some of the groups the Progress Teams currently offers could be run by others in the third sector – in other words I said you are placing the emphasis on the voluntary sector – and we too struggle with funding.

It was also said in the meeting that there would be a CONSULTATION in the next few days. Ha, I said, so does that mean there's going to be a debate about it and it may not after all happen. No was the reply, a consultation regarding the redeployment of staff will be out in the next couple of days. As far as Ley Street was concerned we were told that this is still

coming over to NELFT under the Section 75 agreement.

So there you have it. The decision had been made to consult on the team closure and there was no going back. We left the meeting flabbergasted and in despair, not only for the service users this will affect and the ones who feel the full force of any service being cut, but also for the professional people who make up the Progress Team and with whom Run-Up has a very good working in partnership relationship.

Needless to say we couldn't leave it like that. We went to see the Progress Team, to say they too were devastated would also be an understatement, but like true professionals, a letter telling all service users was already underway. It explained the reasons why this was happening, what happens next for those currently referred to or working with the Progress Team including both the open and closed groups. It explained what would be happening to the volunteering side of things, offered support with managing the changes and helping clients to identify alternative services and advised that they will be holding an Advice & Information session for Service Users & Carers on Monday 8<sup>th</sup> February, in the Occupational Therapy department at Goodmayes Hospital between 3-5pm. It also detailed who to contact should anyone want to

respond formally to the change i.e. Run-Up (we would be more than happy to hear from you) or any other Service User groups or individual responses to go to Bob Edwards (Operational Director or Pam Lloyd of NHS Redbridge (who commission, pay for the service).

Now forgive me for not being the brightest button in the box, but having read the Staff Consultation Paper that came to Run-Up after the event, both Janice and I felt confused. It clearly states and I quote “There are a number of reasons why the team has been identified as a potential saving. It is clear that although the work of the Progress Team is consistent with some strands of the Recovery Pathway, which is being developed under the Change Management Process, it is not a service that NHS Redbridge has ever specifically commissioned”. Ok now in simple language – if NHS Redbridge never specifically commissioned (paid for) the service, how come they have a say in it being CUT? Enough of this we thought, lets go to the top (see Bob Edwards) and ask the questions. After all we were due to hold our Service User Network meeting the following week and knew that questions would be asked of us & it's our job to know.

Bob kindly agreed to meet both Janice and I. Before going on I should point out

## “CUT BACKS = OUTRAGE & SHOCK” Cont....

that Bob had said right at the beginning of our meeting that it was purely a financial decision and that if it hadn't have been the Progress Team it would have been another service. We are all in a recession and we all get affected by it. Not all the 140 service users on the Progress's Team books will be affected. Some have already been discharged, others already see someone like a care-coordinator or a Consultant, and so they will continue to benefit from continued support.

These are the questions we asked:

Were service users ever consulted in any way about the closure of this service?

No was his reply, there wasn't time prior to the decision to consult the staff on the proposal but comments are being sought from service users whilst the staff consultation is running.

If the service was not commissioned by NHS Redbridge, then how are they able to dictate its closure?

Something had to go and it was not specifically commissioned by NHS Redbridge. There was at some point money in the overall pot to pay for this service, he then added that no other borough has a Progress Team.

We pointed out just some of

the excellent area in which the Progress Team work i.e. Anxiety Management, Anger Management and Cognitive Behavioural Programme for Anxiety & Depression and asked if some of these will continue to be commissioned & if so how will they be delivered and by whom? Bob's answer to this was that some of this work was already being done within existing teams and the voluntary sector also runs some of these excellent things.

It suggests in both the staff consultation paper and the letter that's gone out to service users that because of the recession and the current global climate that more cutbacks could be on the cards.

Bob agreed and rattled off some figures that need to be saved.

We then asked who will decide if and what cuts would be needed and if there would be any proper consultations. We explained that the word consultation means having a debate/ a conversation about something before it happens.

Bob agreed with this and is looking at how the Trust implements consultations. He also said that it would be the PCT's who decide when and what cuts if any would be made.

Lastly we asked if anyone affected by this service being

cut wanted to talk to anyone was he happy to nominate someone who they could speak to. Bob nominated himself and Carol White the Assistant Operational Director

We thanked Bob for his time and honesty in answering our questions and left him with the thought of why didn't they disseminate the existing progress team into the new Recovery Teams.

All this might seem an unsatisfactory outcome for you and I, once again the decisions have been made without (or at least it seems) thought for the Service User. We tried, we had our say and if any of you want to make a comment or respond to this service being closed, we would be more than happy to hear from you or pass your thoughts/comments on.

As for the redeployment of the staff in the Progress Team we wish them well and hope they are able to stay in the Borough of Redbridge (should they want to?)

# KEEPING YOU UPDATED

Here is where I'll give you a brief update on the meetings/workshop we have attended, including our Service User Network Meetings that are held monthly.

I'll start with the Redbridge Integrated Governance Group meeting (RIGG in short) that Chris Day (our User Consultant) attended early October. Again I'll refresh our memories about what this meeting is for. It's where the governance or policies and rules of the Trust are discussed: this meeting had 18 items on the agenda, some being more important than others (as far as Users are concerned anyway). Sue Merchant was guest speaker and explained the Quality Improvement Plans (QIP) system. Their goals are to improve the culture and quality of patients experience on the wards. There are 9 acute wards and the service user experience feedback is embedded through the User Quality Assurance Teams (UQAT). There is a QI meeting every month on every ward with the ward manager as the QI Manager. On the subject of Serious Untoward Incidents (SUI), there are 5 reportable reasons for a case to become a SUI in Redbridge. These include inpatient suicide / homicide attempted suicide or bringing the trust into disrepute. There are 8 incidents on report currently. The membership of RIGG was reviewed and it was agreed Run-Up could have 2 members attend the

meetings.

\* \* \* \*

There have been a few meetings held during the months of October, November, December and January this year about the User Led Organisation (ULO) for short. This you may remember has been highlighted in the last few newsletters. Well, just to give you a brief update, the council has agreed to fund this over the next twelve months, a steering group has now been identified and I believe that the terms of reference are now in place. Of course I will keep you updated on the progress.

\* \* \* \*

In November's newsletter I wrote about our concerns re the Day Treatment Services Acute Steering Group, and how obstacles seemed to be put in the way (i.e. the group wanting service user involvement but giving an impossible criteria to meet). Well I'm happy to report back to you that I met with Astrid Duminy (Occupational Therapist with Acute Day Treatment) late October who took over from Jo Firmin and found a way forward. One of our User Consultants has now joined the group with the support of Astrid and reports the following:

There has been a new group set up to support carers. The group will be held on the first

Wednesday of every Month at 6.15pm – 7.30pm at the Acute Day Treatment Service. If you are a carer for a service user on Acute Day Treatment Service, Mark Twain, Thomas Hardy and the Home Treatment Team you are welcome to attend. If you would like further details or are a little unsure about joining such a group, please contact Sandra Sullivan on 0844 600 1206.

\* \* \* \*

At the end of October we held our Service User Network Meeting. We had chance to do our housekeeping (meaning issues and items that are given to Nikki during the month) before the invited speaker arrived. I (Nikki) explained to the group that the evaluation feedback sheets that the group fills in after every meeting had overwhelmingly suggested that it is vital at these meeting that we all try and keep to the agenda and that this would become one of the ground rules laid out for these meeting. Those present all agreed that although difficult at times, it would be in the group's interest. A short discussion also took place around peoples views of polyclinics/mental health & commissioning. Generally those present at this meeting were unhappy with Family Mosaic & Supporting People and expressed strong views about housing that come under these two

# KEEPING YOU UPDATED Continued...

organizations. People suggested management from those organizations attend one of our meetings for a question and answer session as it seems to be a recurring theme. See under the November's Meeting update for action that was taken.

Finally the invited speaker Staffan Dawkins, Manager of the Advocacy Service - Speaking Up arrived. Staffan explained the role of 'Speaking Up' and told us that the service is funded by the government and independent from NELFT, their head office is based in Cambridge. The meeting proved to be a lively debate about what/how exactly advocacy can help. Many examples were given by the group where the advocacy service had been of little help. In fairness to Staffan he withstood the group's enthusiasm and explained that Speaking Up had only been commissioned 6 months ago and that there may have been an overlap with the old advocacy service NELA which generally had not been considered by those present to be a good service.

\* \* \* \*

Late October I attended the Local Implementation Team meeting (LIT) for short. Again like most of these meetings many items were on the agenda. Most relevant to us was an update from NELFT – Intake Team now up and running, PCT commissioning contract with NELFT ends in

March & that the next contract will run for 3 years. Updates about Run-Up were given from me, Jon Abrams on Concern & Chris Day about dual diagnoses and the need to be included in the mental health services.

\* \* \* \*

In November we held our Network Meeting, and as we were not going to have our 'after Christmas party' (in January) we decided to pay for the meals that usual attendee's have. We also took the decision not to invite a speaker on this occasion but to use the time reflecting on the past year of Run-Up. Things like:

- the closure of Mellmead House Network meeting,
- how valuable the feedback sheets are that we introduced a while ago,
- the change in the design of the newsletter incorporating the "Keeping you updated section" and the positive comments generally about the newsletter,
- how both Mark Twain & Thomas Hardy Acute wards have been given a regular slot in the newsletter,
- how it's been a struggle with the unfortunate absence of Christine and many other things besides.

I gave an update following the comments about Family

Mosaic that were voiced in the October's Network Meeting. I shared with those present that I had been in touch with Anna Ware from Family Mosaic (Mental Health Services Manager East London) and had passed on the concerns about security and the way things were run in general. Anna was quick to reply and stated that she would send a letter to all the clients informing them of the steps they have already taken to improve the security and the environment. She also said that she had visited Atholl Court on several occasions and that the Housing Officer visits regularly. Anna said that Family Mosaic is happy to meet with any clients who have related issues to this.

Please do let us (Run-Up) know if things have improved or indeed have not, as I would be more than willing to take these issues up again.

\* \* \* \*

In December, two of our User Consultants attended the Awayday hosted at Mellmead House about the two New Community Recovery Teams in Redbridge.

Here is the feedback from one of the User Consultants.

An introduction to the proposed changes to CMHT West and East to become Intake and Recovery teams was given.

Cont page 6

## KEEPING YOU UPDATED Continued ...

The presentation was a factual account of how a similar trust had re-organised its admissions system to give service users a better opportunity of speedier access to services. This is especially to avoid the peaks and troughs of the current waiting/referral system when referrals to A&E are common. This is not seen as an appropriate referral pathway.

Staff teams will be re-organised to overcome the peaks in demand and provide a better balanced referral system for service users with one Intake team and two Recovery teams. After the presentation sub-groups were organised to discuss different issues of the new system.

**A common question was why had there been no consultation with staff before the re-organisation was announced?**

Also, why had a new system been introduced without appropriate training? It seems training is "as you go".

One of the themes groups reported on the introduction of "Zoning" for case work referrals and prioritisation – often called the "traffic light system". Overall this was seen as a positive move but one that could have been handled better.

The implementation process continues. There is a NELFT steering group reporting back

in 2010 but the group thought it important to continue with the implementation but keep case history of the problems the system is giving as well as the positive points. A further meeting is planned for early 2010. The final comment from staff is that in general they were not aware that they had to re-apply for their own position or where it is no longer there they must apply for an alternative position.

Our thanks to Kathy Blackburn for inviting us & to Chris Day & Simon Harris who attended on Run-Up's behalf.

\* \* \* \*

December was also the month when an important meeting about the **Freedom Pass** took place. The meeting was chaired by Ruth Wood the Redbridge Council Freedom Pass Co-ordinator. Ruth explained the differences between the old style and new style passes. It's hoped the new style will be simpler to use mainly because there is only one card whereas the old card was really two separate cards. Also new cards will last 5 years whereas old cards only lasted 2 years. There are two different application criteria for a Freedom Pass. The Older Persons Pass is issued by fact of age namely 60 years old. The Disabled Persons Pass is issued by meeting criteria and in most cases relates to records already held by NELFT. The new application forms have been simplified into 3 questions and ask the

applicant to give permission for a qualified NELFT employee to access medical records as a check. This means Consultant Psychiatrists do not have to approve individual medical records again.

Forms for Disabled Persons Passes have already been sent and should be returned to the council. Then a Letter of Authority will be sent to the applicant which has to be taken to the Post Office and the pass should arrive within 10 days. The Older Persons forms are being sent in January.

Loss of a Pass is considered very serious as they are worth up to £2K. So each person is given two chances. That is if they lose their pass twice they can still re-apply for a pass. BUT if they lose it a third time they will not be issued with another pass.

**Late (January 2010) update to this is that only a handful of people to our knowledge have received their letters & it's nearly February!!!. What happened to making this process simpler & less stressful!**

\* \* \* \*

Well, due to the coverage about the closure of the Progress Team and me being nearly one month late with this newsletter, that's all we have time for in this section. January's meetings etc will be covered in the next newsletter.

## My Apologies

First of all to all of you expecting the Newsletter in January please accept my sincere apologies.

Unfortunately I had a family bereavement just before

Christmas and took some time away from work. Although I did not make it public, some of you were aware of my situation and I'd like to thank you for the sympathy cards and

messages of condolence.

Secondly, please accept my belated New Year Greetings and as the saying goes 'things can only get better', well let's hope so.

## New Project Assistant

As most of you are aware Christine is still on long term sick leave and I have been managing with the ever helpful Sharon, & the support of Concern. It therefore gives me pleasure in announcing that Janice Skinner has joined us on a temporary basis. I will now hand over to Janice who has kindly written an introduction about herself to you .....

I would like to introduce myself, Janice Skinner; some of you may know me or have seen me. I am now working as a temp project worker with RUN

-UP.

I will tell you some of my history and how I come to work for run-up.

Since leaving school I have worked in some sort of a care setting from mental health, learning disability, young person, elderly, physical disability, and adults, in the community, residential, and secure hospitals, private and many different boroughs.

When I was younger I used the mental health service and also

worked for the mental health service. I had family members who used the service. So as you can see I have an understanding of the service from all different sides. While working with service users I was always in support of what service was available to them and found it challenging sometimes to what was out there and what service they got.

Working with Run-up I felt was something I was interested in as in my words it is a service for the service user to get a better service.

## Music to our ears



Back in early December I was handed a leaflet advertising the Goodmayes Hospital

Radio. It's called The Jumbo Sound and I've heard it's very good. They also broadcast online and to the hospitals of the North East London NHS Foundation Trust. They are always on the lookout for new volunteers, to fill any number of roles, from fundraising to

engineering.

Hear them at [www.thejumbosound.com](http://www.thejumbosound.com).

Should you want to contact them the number is 020 893 8055, to ring internally the extension is 4370.

Registered office:  
Redbridge Concern for Mental Health  
98-100 Ilford Lane, Ilford, Essex, IG1 2LD  
Registered Charity No. 1065770  
Company Limited by Guarantee No. 3115971

November 09  
**EDITOR**  
NIKKI SHARP

RUN-UP  
GOODMAYES HOSPITAL  
BARLEY LANE  
GOODMAYES  
ESSEX IG3 8XJ

Phone: 0844 600 1201 ext 7888



## Offer of Therapy to get unemployed working

In December I received an email that was sent to many of us who attend the Employment Vocational Opportunities forum. Richard Hooper a Work Psychologist who works for Job Centre Plus sent a copy of the article from the Guardian newspaper that was published on Saturday 5<sup>th</sup> December 2009. I thought some of you might be interested so I have pasted it below.

“Unemployed people are to be offered therapy to help them get back into work, under a “talking treatment” programme to be announced by the government over the next few weeks.

On Monday the Department for Work and Pensions will announce that mental health co-ordinators will be based in Jobcentres. The plans, which will make mental health treatment and particularly cognitive behaviour therapy (CBT) central to the fight to get Britain back to work after the recession, will eventually see centres providing therapy set up around the country.

In the medium term, Jobcentre

Plus will be encouraged to send unemployed people for CBT without the need for a doctor's referral. Within five years the government wants 250-300 therapy centres set up across the UK.

Sessions of CBT, which encourages people to look for potential solutions rather than the causes of difficulties, are available to patients referred by their doctor, but the government wants to build on 60 pilot schemes to provide therapy centres in most primary care trusts. Successful pilots have shown that a mix of ages and ethnicity is to be encouraged so centres can offer group therapy with a cross-section of people.

Alistair Darling has signed off the commitment, which will cost £550m a year redirected from what the government hopes will be a fall in unemployment. There is no new money involved. Under the plans, unemployed people would be eligible for eight therapy sessions immediately. Within 5 years anyone, including people in work, would be

allowed to “refer themselves in” for treatment.

One in four people are likely to experience a mental health problem and the effects on the jobs market are acute. Some 6 million adults in the UK have been diagnosed with depression or anxiety, many of whom are on incapacity benefit.

The move follows lobbying by Tony Blair's “happiness tsar”, economist Lord Layard. Provision of CBT on the NHS was his earlier triumph but Layard has continued to lobby for it to be central to the jobs strategy.

Layard and others were concerned that people with mild depression referred for CBT by doctors were rarely asked to consider work-related issues. Likewise Jobcentres did not prescribe therapy for those for whom varying degrees of depression were a barrier to work. The former work and pensions secretary, James Purnell, said: “Mild depression doesn't have to be a barrier to work.”

Allegra Stratton Political correspondent