

SEPTEMBER 11

EDITOR

NIKKI SHARP

# RUN-UP NEWS

NEWSLETTER

## Depression must not be excluded from general practice quality framework say mental health organizations.

DEPRESSION  
MUST NOT  
BE  
EXCLUDED  
FROM  
GENERAL  
PRACTICE  
QUALITY  
FRAMEWORK  
SAY MENTAL  
HEALTH  
GROUPS

KEEPING  
YOU  
UPDATED

PAGE 2, 3, 4  
& 5

IAPT  
FUNDING

PAGE 5

DATE FOR  
YOUR DIARY

PAGE 5

EMBARGO  
LIFTED

PAGE 6

We recently received the following email from a concerned member of the public. We felt this needed highlighting, so took the decision to print the following.

Mental health charities and professional groups today united to express concern that family doctors may next year no longer have to improve support for patients with depression under the system that rewards practices for the quality of care they provide.

The British Psychological Society, Centre for Mental Health, the Mental Health Foundation, the Mental Health Providers Forum, Mind, Rethink Mental Illness and the Royal College of Psychiatrists today call on the Secretary of State for Health to take action to ensure that next year's Quality and Outcomes Framework (QOF) for primary care continues to include measures for how GPs support patients with depression.

The call follows the publication of an Independent Advisory Committee from the National Institute for Health and Clinical Excellence of its recommendations for indicators in the QOF for 2012/13. It concludes that the current three indicators for depression should be retired from next year's framework because there is not enough evidence to support them.

Our organisations are extremely concerned that retiring the existing indicators for depression without replacing them with new measures of equal weight would have very damaging consequences for people with depression. It would remove at a stroke the main incentive for family doctors to manage the care of patients with depression and to support the mental health of patients with diabetes and heart disease.

We therefore welcome Sir Andrew Dillon's letter to the QOF Negotiators recognising that retiring the existing indicators before replacements are ready would have adverse consequences for patients and noting that work is already under way to develop new indicators for depression for future years. We are also encouraged that the Department of Health has asked that in future new indicators should be proposed before all of the indicators for a particular condition are retired from the QOF. We hope that this approach will inform the decision about this year's indicators between NHS Employers and the BMA's General Practitioners Committee.

Quotes from many organisations include Paul Farmer, chief executive of Mind, he said: "The government has made clear that mental health is a society wide priority, and taking depression out of the incentive scheme for GPs actively undermines everything the government has been working towards to improve mental health in our country. People with depression struggle to get the treatment they need as it is, and removing incentives for GPs to give good treatment risks further compromising their care. A third of all GPs case load is mental and emotional health care – making sure this is done well is crucial."

Another from Paul Jenkins, chief executive of Rethink Mental Illness, said: "This is an extremely worrying and potentially damaging development. We know that people with mental health problems already get a raw deal when it comes to access to treatment, so removing GP's incentives in this area makes no sense at all. In some GP surgeries half of all patients are there because of a mental health problem – mental illness is not a side issue; it's the core business of many family doctors, so it's vital it be prioritised accordingly."

# “KEEPING YOU UPDATED”

## **July Service User Network Meeting**

Although there was no invited speaker at this meeting, it was very well attended. Both Janice and I gave feedback to the group on the Home Treatment Team (who attended June’s meeting) and Run-Up will in the next meeting give the group a copy of the staff Charter to have a look at.

Run-Up then talked about Care Programme Approach and any comments or experiences service users had. This information and people’s experiences were so valuable for us to add to the CPA workshop/training that Run-Up will be rolling out to staff and practitioners in the near future.

The August meeting feedback will be published in our next newsletter.

\* \* \* \*

## **Redbridge Business Meeting**

August’s meeting was cancelled

\* \* \* \*

## **DIGG (Directorate Integrated Governance Group), now know as the Redbridge & Specialist Service Integrated Governance Group**

Due to the summer holidays attendance was poor. Items of interest include:

The quality improvement meetings.. The response from team managers concluded that

they found these particular meetings valuable.

Kathy Blackburn the manager of Mellmead house mentioned the CPA workshop that Run-up did for her team and now other teams are interested in us rolling it out to them.

The phone number for Mental Health Direct came up. There is at long last the option of looking into other numbers that could possibly be used. It was stated that the reason for the 0844 number is ..... If there is an emergency the phone line will always stay open?

\* \* \* \*

## **North East London Foundation Trust Board of Directors Meeting**

Both Chris Day and I attended this meeting late July. Before we went I looked at the minutes from the previous meeting. How strange, under questions from the members of the public it said “none”; I then went back to the minutes of May’s meeting. I know in the last meeting and in May’s that questions were asked by RUN-UP (we come under the heading of Public for this meeting). Hold this thought until the end of this report.

On July’s agenda that would be of interest to service users was a patient’s journey. This time it was about physical health. I have to say the patient that spoke gave a very good account of the treatment he received and I thought was very brave. Again Thinkarts

came up. It was reiterated that £15,000 had been given as a one off payment to help them set up a possible social enterprise scheme.

Ecotherapy was also mentioned. This too has been cut – they haven’t been given £15,000, nor has there been the outcry about this being cut on the same scale as Thinkarts. I think this is a shame because the feedback we got was that it too, was a valuable service. This point was raised, but the Board said no one came forward to ask for money from NELFT to set up a possible social enterprise scheme – it begs the question, did anyone from Ecotherapy know that they could have asked? They may not have got, but in our world if you don’t ask you don’t get!

The recent sports day here at Goodmayes was also mentioned. The day was excellent and over 500 people attended.

SURG (Service User Reference Group, this is the central SURG that the local SURG’s feed into) gave an update report to which the board are asked to note the contents and provide a considered response. A request was made by SURG & UQAT (User Quality Action Teams) that members of both groups remain committed to working in partnership with NELFT staff to improve service users’ experience of services but to facilitate this, members are asking to be informed and consulted with in

# “KEEPING YOU UPDATED” Cont....

a timely manner regarding proposed changes, and that those affected by the changes are supported through the process. **Great that this was said out loud once again**, as we and I suspect many other service user led groups have been saying this for so long – we all feel our voices are going unheard - referring to the recent cuts made and any cuts in services in the future. It was said by the board that they don't actually make the decision about what to cut (it is my understanding that I've reported many a time before, that they do however submit a list to commissioners, if asked). The board also said time scales given by the commissioners don't always allow for consultations to take place, the board went on to say that where circumstances allow, consultations in the future will take place. One very astute member of the Board suggested that the Board should push for engagement with commissioners and service users re any future decommissioning of services. **Well isn't that a good idea** – as the government white paper says “no decision about me without me”, just don't forget RUN-UP in that process please! We are the local mental health user group in Redbridge.

Under the heading membership in SURG's report, where it shows what the current membership of service users and staff including their authenticity, a question from a Board member was; how does

SURG feel they can get more representation from the communities they serve? The response SURG gave was it was difficult to get service users involved (which I took the view point of –yes it's difficult let alone worry about one's authenticity). I will ask at the next local SURG meeting if they engage with their local community development workers.

There were 4 questions from the members of public – 3 came from RUN-UP. The first one asked by SURG (not from RUN-UP) regarded the new MHS Direct Crisis Line and asked whether calls were being recorded? This is normal so a service user's treatment can be monitored using the new system and for receptionist training in case there is a dispute about how a service user's treatment was handled. This is particularly important at this time as the service is very new and was implemented to improve service user's treatment particularly in crisis and outside normal working hours. Currently it seems it's not being recorded as there are some technical issues but this will be clarified at the next meeting.

RUN-UP first asked about the measurement of what's called CQUINS (Commissioning For Quality & Innovation). These are a set of targets/standards that teams are measured on & then Trust wide monitoring of these results occur. These figures are collated into what's known as a traffic light system.

– A red traffic light indicates poor performance, amber indicates average & green indicates good/excellent. This information is presented to the Board. We asked whether it's easy to understand, but we also wanted to know what are the percentages needed to be awarded extra funding. A part answer was that it's measured in percentage increases rather than absolute percentages. We feel it's important and relevant for us/you to have access to that information. Once the information has been gathered we will let you know.

The next question was about recording questions asked by members of the public (which RUN-UP are seen to be at this particular meeting) and answers. At recent Board meetings RUN-UP have asked a number of questions but they have not been shown as so in the minutes. In one case no reference to the question was made at all, in another case an answer was recorded but in Any Other Business.

Finally, a statement more than a question from RUN-UP about the valuable work we do within NELFT by attending Quality Improvement Meetings and Team meetings, The Business meeting, various training both for our own staff and offering training to NELFT staff such as the recent Mental Health Service Direct Crisis line, Care Plans and feedback along with a focus group RUN-UP provide within an acute ward. We also publish a very influential monthly newsletter to over 600 people. Many

# “KEEPING YOU UPDATED” Cont....

service users regard this as a “must” read every month as it’s the only information some service users get that updates them on Mental Health Services in Redbridge. Also many NELFT, London Borough of Redbridge and Primary Care Trust staff find our newsletter very useful and informative.

The point of this statement is – we need to be consulted with and included in any conversations about commissioning or de-commissioning so we can inform ALL of our readers, so that they too can at least have the opportunity to VOICE their opinions!!!!

The vice-chair of the Board said he reads it and finds it helpful and other members of the Board gave positive feedback about the work RUN-UP does.

For an update on the Care Quality Commission results of the Community Mental Health Survey (you know, that one that had an embargo– block on it to you and I) until after the 9<sup>th</sup> August [see page 6 for what was not allowed to be said!](#)

\* \* \* \*

## **Redbridge Home Treatment & Acute Day Treatment Service User Forum**

There were 4 service users present, Astrid Duminy and Kate Harrison (RUN-UP’s user consultant) facilitated the group and notes were taken by one of the occupational

therapists. This was the first group held after a period of closure.

The Service Users shared that they found the Home Treatment Service excellent. The only thing that they found slightly bewildering was that they saw different members of the team quite often. But they understood that staff shift patterns meant that it would be highly unlikely that they would see the same staff.

Some of the groups the Service Users have attended are, the Sign Posting group where realistic goals are set, Creative Art Group and Cognitive Behaviour Therapy (CBT for short). In order to attend CBT Service Users have to be referred. One of the Service Users has found CBT very beneficial, even though they struggled with it at first. It was also mentioned in the group that Service Users are given 2 weeks medication when they leave Day Services and given the CRISIS number.

\* \* \* \*

## **Redbridge CVS Meeting**

August’s meeting was cancelled.

\* \* \* \*

## **Redbridge SURG (service user reference group) Meeting**

Run-up attended the Redbridge SURG meeting in August and the items of interest included the Mental Health Direct phone line and the possibility of the number changing. NELFT would have

to look at the cost of doing that as the publication of the 0844 number has already been put on all leaflets, posters, headed paper etc.

The terms of reference and ground rules have yet to be signed off and it was suggested this was done as soon as possible by Carol White (the Assistant Operational Director) as she will be leaving her current role in October. Carol’s new role will be Assistant Operational Director for Psychological Services. We, along with the SURG members will miss her. From our point of view she has been instrumental in taking SURG forward to where it is currently and again in our view has always encouraged service user involvement. Carol has been very helpful to us at RUN-UP and we wish her well in her new post.

The Mental Health Service Employment, Education and training Strategy 2010-2013 and the Recovery and Social Inclusion Strategy 2011-2013 was given for information only if people would like more information on these two strategies please contact us at Run-up.

Also the learning disabilities and community policies for consultation was given out to the group to make comments. Janice asked about the final report for the Independent Review of Day Services. Carol said that there was going to be a steering group meeting soon to discuss this.

\* \* \* \*

# “KEEPING YOU UPDATED” Cont....

## Community Recovery East Business Meeting

Kate Harrison attended this meeting in August. She reports that she explained the Partnership Working and Communication Policy by pin-pointing 5 areas of interest by reading from the policy. These were the Assurance State-

ment, the Aims and Objectives, Partnership Working in Practice, Communication between Teams and the Staff Charter. Kate also explained that the Home Treatment Team were going to issue first time service users with the Staff Charter so they knew what to expect from the

team.

The Staff Questionnaire for 2010 and 2011 was rolled out and on the whole the percentages have gone down in 2011. In 2010 29 questionnaires were completed and in 2011, 12 were completed.

## IAPT (Increasing Access to Psychological Therapies) FUNDING

This has been an ongoing feature in our recent newsletters and in the last article (July 11) we reported that Mike Gapes MP was making representations on RUN-UP's behalf about the concerns about the cut to IAPT funding. We said in July's newsletter that we were waiting for a response, well below is what Mike Gapes sent to us:

This response is from the Chief Executive at the Outer North East London NHS. It says it has considered your constituent's concerns (meaning RUN-UP) and goes on to provide the following – As you know, NHS ONEL was established in April 2011. Prior to this period each PCT (primary care trust) directly commissioned its improving access to psychological therapies (IAPT) services to meet the needs of their population. Going into the financial year 2010/11 we have sustained the historical level of investment in each of the four Boroughs. Ms Sharp is correct in saying that we have not invested additional money into the services in this financial year and have confirmed this position publically in the supporting attachments. However we have given a commitment to undertake a strategy review of IAPT services across the sector and this will be progressed in partnership with the Clinical Commissioning Groups.

All future commissioning decisions will be made in partnership with the Clinical Commissioning Groups established across the cluster of which there is one group for Redbridge. We are in the early stages of engaging GP leads in discussions around the wider mental health services including IAPT and I can assure you that we will also be including users and carers in this process.

I wrote back to Mike Gapes thanking him for making representations (to the powers that be) on RUN-UP's behalf, which I'm sure we all appreciate. I also stated in my letter back to him that with regards to the letter he sent me dated 1st August 2011 along with the reply from the Chief Executive at the Outer North East London NHS, **one can only hope that after the strategy review of IAPT services across the sector that Redbridge gets more resources.**

As all future commissioning decisions will be made in partnership with the Clinical Commissioning Groups established across the cluster of which there is one group for Redbridge, **we hold onto the assurance given in the letter that service users and carers will be part of this process**, as the Government White Paper for reforming the NHS 'Equity and Excellence: Liberating the NHS says "Nothing about me without me".

This is not quite the end of our campaigning for IAPT funding; we shall see what happens next.



**Date for your diary**  
**Redbridge Concern for Mental Health**

**World Mental Health Day 2011**  
**Yes it is that time of year again!**  
**The main event this year will take place on**  
**Thursday 6th October 2011**  
**in Ilford Town Hall**  
**10am – 3.30pm**



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

September 11

EDITOR  
NIKKI SHARP

RUN-UP  
GOODMAYES HOSPITAL

BARLEY LANE

GOODMAYES

ESSEX IG3 8XJ

Phone: 0844 600 1201 ext 7888

020 8215 9201

Email: runupuk@hotmail.com

Mental Health Crisis Line 0844 600 1111



## EMBARGO LIFTED

Remember the June's **North East London Foundation Trust Board of Directors Meeting**, we reported that there was an embargo (a block on information to you and me) until after 9<sup>th</sup> of August, about the results of the Community Mental Health Survey. Well this is some of the information from the Care Quality Commission Patient Survey report 2011 for NELFT, that wasn't allowed to be published until now. Now remember that the Care Quality Commission is the independent regulator of health and adult social care services in England who state that: Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvements across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

A survey is annually sent or given out to all users of mental health services, but according the North East London Foundation Trust (NELFT) figures, only 213 service users responded (26%) which is poor. Before we go on, a question was asked in this meeting if service users could be given an incentive (i.e money we assume) to encourage them to fill it in). Oh yeah, let's just throw money at them & they will dance is how it came across but thankfully the Chief Executive Officer said **no!!!!** Admittedly the survey is long with nearly 50 questions, so many service users would need significant help to complete the form even if they were keen to give feedback to help improve services. Sue Boon said that Care Coordinators need to spend more time with service users on surveys.

Areas of weak performance for NELFT include: Care Programme Approach, Care reviews, Care Coordination, Crisis Care and Day to Day living issues. Just over **half** of service users surveyed knew who their care coordinator was and thought their care well organised. Only **a third** had been offered a copy of their care plan in the last year or understood what was in it. Fewer than **half** knew the out-of-hours crisis number, though half those using it said they got the help they wanted. Additional support in day to day living is **poor** for those with housing issues or seeking employment.

NELFT did score well in some areas like: patient views taken into account on medication and purposes of medication explained to patients.

It was stated in the meeting that an Action Plan will be implemented that will monitor improvements in these key areas for service users through the Performance Committee. As usual we will keep you updated on any improvements made by NELFT.

It is not our intention to offend, upset or devalue any individual or any organisation by the articles published in this newsletter. We carry the responsibility to raise concerns brought to our attention by the Service User Community. Should you want to contact me please do so. You have a right to reply via writing an article that will be published under our heading "your news your views".  
Our motto is "Working In Partnership With Others"

The views expressed in this newsletter are not necessarily those of the editor or staff or trustees of RUN-UP or Redbridge Concern for Mental Health.