

AUGUST 2016

EDITOR

CHRIS DAY

# RUN-UP NEWS

NEWSLETTER

## CAMHS UPDATE

## KEEPING YOU UPDATED

PAGES 2, 3 4  
& 5

## HAVE YOUR SAY ON CAMHS

PAGE 5

## PEER SUPPORT GROUP

PAGE 5

## SUN MEETING

PAGE 5

## EXPERT PATIENTS PROGRAMME

PAGE 6

## CAMHS Update

We have seen this year the temporary closure of Brookside, the NELFT CAMHS residential and day treatment centre at Goodmayes. A combination of poor facilities, increasing care needs for patients and staff retention led mainly to this, although the concerns of the Care Quality Commission (CQC) during their inspection in April accelerated the decision.

We've also been alerted to comments about the Tier 3 CAMHS at Loxford Hall, its staffing problems, the potential reduction in funding and redesign to the way the services will be accessed and delivered from 2017. Recently a parent asked us at RUN-UP for some help regarding their child who is in the CAMHS service in Redbridge. They had been told by the member of staff responsible for their child's treatment that they were leaving CAMHS and they didn't know if there would be continuity of treatment, because there were staffing problems in the service.

We asked the question about staffing at the July Board meeting and have since had a meeting with the Executive Director of Integrated Care (London). We've also seen a statement from NELFT sent to all stakeholders and users of CAMHS about the staffing problems and seen a statement from Redbridge Clinical Commissioning Group (CCG) sent to all members of the Patient Engagement Forum regarding funding from NHS England to transform CAMHS in the borough.

Currently there is a severe problem delivering CAMHS in the borough. Staffing is highlighted as the problem, but we believe it masks the truth about the uncertainty for the service and its funding in the future. Staff are 'voting with their feet'. At the moment the service is in 'temporary measures' which means no more referrals to the Hear and Now service with the waiting list closed, Loxford Hall service will prioritise the most urgent and vulnerable clients referred there, only existing clients with ADHD and Autistic Spectrum Disorder will be treated and missed appointments will not be offered a second appointment, though they will be reviewed as per the NELFT missed appointments policy.

There is a new stream of funding from NHS England that will be used to transform CAMHS in the borough from 2017. However this does not replace the reduction in like for like funding for the current model. It's this issue which has led to the staffing problems. There is a fear for parents that the current Loxford Hall service model will disappear in the transformation model, which describes how the four tier model we all know, will be replaced by a single 'wellbeing hub', with a single point of access, designing care around children's individual needs rather than the thresholds for particular tiers.

The CCG statement that describes the future of CAMHS in Redbridge can be found at their website by Google: [redbridge.ccg.nhs.uk/camhs](http://redbridge.ccg.nhs.uk/camhs)

# “KEEPING YOU UPDATED”

## **SUN Meeting** Feedback by Kate

The guest speaker was John Rahman from LBR Welfare and Benefits Team. He gave a presentation on the new PIP Benefit which replaced DLA in June 2013.

The Government had decided that DLA was not fit for purpose and the assessment procedures were not robust enough. If you were born after 8th April 1948 the new PIP rules apply. Even people on DLA known as ‘indefinite’ or ‘lifetime’ will eventually have to make a claim for PIP. This is different from when Incapacity Benefit was phased out and ESA brought in. Then, people were usually transferred from one to the other without having to fill in a new form. With PIP, everyone has to make a claim. If you don’t follow the guidelines, your old DLA could be stopped. On DLA there were three components for Care: Highest, Middle and Lowest and two for Mobility: Higher and Lower. On PIP there are two components for Care: Enhanced and Lower and two for Mobility: Enhanced and Lower.

You must have a long-term health condition or disability and face difficulties with ‘daily living’ or getting around. You must have had these difficulties for 3 months and expect them to last for at least 9 months, unless you’re terminally ill (you don’t expect to live more than 6 months).

### **Daily living difficulties**

You may get the daily living component of PIP if you need help with things like:

- preparing or eating food
- washing, bathing and using the toilet
- dressing and undressing
- reading and communicating
- managing your medicines or treatments
- making decisions about money
- engaging with other people

### **Mobility difficulties**

You may get the mobility component of PIP if you need help going out or moving around.

There are ten questions for Daily Living difficulties and two for Mobility difficulties. You need to score eight points to claim the standard award and twelve points to claim the enhanced award in both categories.

It is very likely your claim will be assessed by an independent healthcare professional. This may be a face-to-face consultation by a nurse, doctor, occupational therapist or a physiotherapist. You’ll get a letter explaining why and where you must go.

There are many websites to help you fill in your PIP form, or contact John on 020 8708 4192.

## **HASS Meeting August 16** Feedback by Chris

In our July Newsletter last year we reported on the subject of Integrated Health and Adult Social Services (HASS) and how we were all going to get used to hearing more about it in the coming

# “KEEPING YOU UPDATED” Cont....

months. It was implemented in April this year and recently there was an Open Forum held by Redbridge Patient Experience Partnership at Mildmay Community Options Centre, now known as the Community Health and Adult Social Care, Cranbrook and Loxford Centre.

This was an opportunity for people give feedback on the quality of the services they have received and work alongside the HASS Team to help develop the services and make a difference to them. Unfortunately, no members of the public turned up. Only three people were there who represented Redbridge Concern for Mental Health, NELFT Patient Experience Partnership and Healthwatch. But the Forum continued and here are some of the key points from the meeting.

## **Why Develop HASS?**

The Care Act 2014 and The Health and Social Care Act 2013 have changed the way adult health and social care and the organisations who commission them will look in the future. The Local Authority will lead on Public Health and the Health and Wellbeing Board. Clinical Commissioning Groups (CCG's) run by GP's will lead on commissioning services.

## **Vision for HASS**

HASS has been produced through engagement with service users and focuses on individual outcomes. It focuses on a person-centred holistic support which plans to maintain your independence by promoting health and well-being. It has a clearer care pathway for people using the service with one single point of access and one holistic assessment process; and hopes to make the best use of our local services and an individual's own resources and does not just rely on traditional services.

## **Who is in HASS in Redbridge?**

HASS is a combination of staff and services from both Redbridge Adult Social Services and NELFT and will build on the existing partnership between Learning Disabilities and Mental Health. This includes: LBR Social Workers, Occupational Therapists and Support staff with some internal services including Day Opportunities and Extra Care. Some NELFT adult services are included such as the Memory Clinic, Palliative Care, Tissue Viability, Continence, and Nursing Services with more to follow. A project group have been reviewing pathways for service users in both Health and Social Care, looking at integrating the LBR and NELFT systems.

## **Key Features of HASS:**

The pathway begins with a referral to the Redbridge First Contact Team at Lynton house. This provides a single point of contact for everyone in the borough. Wellbeing Officers make the initial assessment and refer you to one of the four Hubs, based around GP clusters and each with an integrated multi-disciplinary team. The four hubs are: Seven Kings at Aldborough Road North, Fairlop at 852 Cranbrook Road, Barkingside, Cranbrook and Loxford at Mildmay House and Wanstead and Woodford at South Woodford Health Centre. Information from your initial assessment should follow you to your designated hub, so there are fewer assessments and re-assessments. Then you should be allocated a worker from the multi-disciplinary team as we mentioned in 'Who is in HASS'. The main contact number to call is: 020 8708 7333. So your treatment should be within your postcode area, meaning, in theory, a reduction in the need to move people around the system.

# “KEEPING YOU UPDATED” Cont....

At the moment the only NELFT service that has been integrated into HASS is the Older Adult service. The first point of contact for all other mental health services is through your GP or the Redbridge Access and Assessment and Brief Intervention Team (RAABIT) at Mellmead House. The contact number to call is: 0300 300 1706 Ext. 51706. You can self-refer to Mellmead House.

Often in our experience, the idea of a single point of contact, fewer assessments and information sharing between statutory bodies is an ideal goal that has consistently failed to achieve better outcomes for service users. We asked about these in HASS. Not surprisingly, NELFT, LBR and GP's have different computer systems. We were assured this is a priority and is being looked at, particularly between NELFT and LBR who are now co-located at Lynton House and in the four hubs.

We will update you as we find out more, but if you know of another of these HASS meetings, maybe you should try to attend and give your feedback about this new service.

## **SUN Meeting August 2016** Feedback by Chris

Our guest speaker was Ola Kanu, TB Awareness, Project Coordinator, Redbridge CVS. She gave a very interesting presentation on TB awareness which included a video, Q&A and an interesting informative myth breaking presentation. Here are some of the key points:

TB is an airborne bacteria. You cannot get TB from: Shaking hands, Spitting, Sharing food or drink, using the same plates, cups or cutlery, Family lines (heredity, sexual activity, a curse).

Symptoms of TB include:

A cough for more than 3 weeks, coughing blood, Fever or high temperature, always tired/feeling unwell, heavy night sweats, unexplained weight loss, no appetite

Help prevent TB spreading by:

Ventilation: fresh air disperses bacteria, natural light: UV helps kill TB bacteria, Basics: Cover mouth and nose when coughing or sneezing, early action: Contact your GP as soon as you notice a TB symptom, Keep healthy: a strong immune system is the best form of prevention against TB

Latent (Sleeping) TB.

A lot of TB cases have been found to be the result of Latent TB becoming activated, so there is now a focus on Latent TB as well as on active TB. Testing for and treating Latent TB will help reduce the amount of TB that could re-activate and cause people to become ill in the future, thereby preventing possible infection of family, friends and other close contacts

How will someone know if they have Latent TB?

There are no symptoms. The person is not ill until the TB is activated. People who are considered to be at risk will be invited for Latent TB screening by their GP. If a blood or skin test shows exposure to TB bacteria, the person will be referred to the TB team for treatment

How is TB treated?

TB is curable. TB treatment is free for all – whether infectious or not, whatever your immigration status or housing situation, Strong antibiotics are used to treat TB and treatment lasts at least 6 months for Active TB, usually 3 months for Latent TB. Early diagnosis and treatment are important to avoid potential activation, infecting people close to you and complications. You must complete the full treatment!

Key things to remember

Anyone can get TB – it's airborne, you can't get TB from touching or sharing, TB is curable and treatment is free, If you have any TB symptom get help from your GP or the TB team (020 8970 8123) now not later, If you are given TB medication, take it every day and complete the full treatment. If your GP invites you for Latent TB screening, GO!

Remember the symptoms at <http://www.thetruthabouttb.org/resources/symptoms-animation>

A film about TB at: <http://www.thetruthabouttb.org/resources/real-story-film>

## Have your say on CAMHS

We've reported on the current state of CAMHS in Redbridge. It doesn't look good at the moment. However, changes are planned for next year with additional 'transformation' funds available.

In order to help shape the new service, the planners are keen to know more about services currently delivered in Redbridge, whether or not they are funded by the Council or the NHS. This includes work that contributes to the general wellbeing of children and young people, as well as work directly meeting mental health needs.

Redbridge CVS and Redbridge Children and Young People's Network are carrying out a survey to gather this information. To have your say, go to Redbridge CVS website, click on NEWS and follow the link to complete the survey.

## Peer Support Group

Redbridge Concern for Mental Health holds a Peer Support Group every Thursday at 98-100 Ilford Lane Ilford IG1 2LD (no appointment needed) 10.30am—12.30pm; receive hope, support and encouragement from others with lived experience of mental health issues.

## Service User Network Meeting

Please remember we also hold a service user network meeting on the last Wednesday of each month at the Gloucester Room, Central Library, Clements Road, Ilford from 5.30pm to 7pm. Often we have guest speakers relevant to mental health, give out information and provide updates on services.

Everyone is welcome to join us.

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

August 2016

EDITOR  
Chris Day

RUN-UP  
GOODMAYES HOSPITAL  
BARLEY LANE  
GOODMAYES  
ESSEX IG3 8XJ  
Phone: 0300 555 1201 ext 67890

Email: [runupuk@hotmail.com](mailto:runupuk@hotmail.com)

**Mental Health Crisis Line: 0300 555 1000**



**Redbridge**



## Expert Patients Programme

The Expert Patient Programme (EPP) is a self-management course developed for people who live with a long term condition, such as arthritis, heart disease, asthma, MS, depression, ME/CFS (chronic fatigue syndrome), IBS and many more. The aims are to help you to take more control of your health by learning new skills to manage your condition better and take more control from day to day.

The EPP course is run over six weekly sessions, each lasting two and half hours. It's facilitated by two trained tutors who themselves are living with a long term condition. The course covers:

- How to manage symptoms such as pain, fatigue, anxiety, depression and stress.
- Healthy eating and weight management
- Communication skills
- Preventing falls
- Goal setting – you decide what you want to achieve. The course enables you to do so at your own pace, with the support of others who are facing similar problems.
- Getting a good night's sleep
- Medication management
- Using your mind to manage symptoms- relaxation, distraction, positive thinking etc

A national evaluation of the EPP found that after six months after completing the course there were:

- Increases in people's confidence to manage their condition
- Gains in energy
- Improvements in quality of life
- Gains in psychological well being
- Improvements in partnerships with doctors
- High satisfaction with the course

Courses are run throughout the year and are FREE. For further information and to book a place please contact Julie Atkins on 020 8822 3937 or at [julie.atkins@nelft.nhs.uk](mailto:julie.atkins@nelft.nhs.uk)

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.