



## Volition Members Away Day 2009: Relationships for Change - 3<sup>rd</sup> February 2009

Following on the success of last year's Members Away Day: *Whose recovery is it anyway?* our next away day will focus on the changing relationships between workers and people who use services, between service providers and commissioners, and between service providers and the people who use those services. This workforce development event is for people who work for Volition member organisations.

Our keynote speakers will be Anne Beales and Robin Murray Neill. Anne is a prominent survivor activist and campaigner, who currently works as the Director of Service User Involvement at Together Working for Wellbeing and is on the management committee of the National Survivor User Network. Robin is an authoritative advocate for the empowering potential of personalisation, as shown in his work for the Care Services Improvement Partnership and the National Social Inclusion Programme. There will also be a range of workshops including:

- How does social inclusion affect relationships with people we work with?
- Using the Recovery Star to measure outcomes

- Working in partnership across sectors
- Preparing as workers for personalisation

Here are some of the feedback comments from last year's event:

*A great combination of interactive and inspirational experience.*

*Hope for the future of mental health services.*

*A necessary dose of re-igniting my passion for the work we do.*

*A chance to reflect and focus on what is important.*

*Fabulous day! Lots of great discussion to get my mind whirring.*

*Useful, engaging, informative.*

*I want to go away and read about it and spread the word.*

One person read the report and presentations from our website after the event and told us he really wished he had been there. Don't delay, sign up now!

For more information, the flyer and booking form can be downloaded from our website [www.volition.org.uk/vacancies-events-training.php](http://www.volition.org.uk/vacancies-events-training.php)

## Have you seen our new webpage?

To help you to keep up-to-date with the personalisation agenda the Volition website now has a new page – Personalisation. The personalisation agenda includes individual budgets, direct payments, self directed support and individual service funds. This new webpage includes links to organisations who are leading the way in delivering more personalised services and also useful documents, such as the recent report from Volition's workforce development project over the summer.

Have a look and tell us what you think. [www.volition.org.uk/personalisation.php](http://www.volition.org.uk/personalisation.php)

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### Contact us at:



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**Deadline for  
next edition of  
Volition:  
Noon, Thursday  
15th January 2009**

# Around Volition and City

## People

**Emma Swales** was appointed Mental Health First Aid Manager/Instructor at Community Links in October 08. The MHFA programme is going from strength to strength with courses running throughout Yorkshire and the Humber. To book a course or for more information contact:  
Naomi Cordiner on 0845 838 9928 or visit [www.mentalhealthfirstaidyorksandhumber.org](http://www.mentalhealthfirstaidyorksandhumber.org)

**New Volition member – REAP Therapeutic Counselling Service** joined Volition in November. Based in Chapeltown, they provide counselling to BME communities. Contact REAP on 219 0870.

**Ravinder Samra** has resigned as director of Women's Counselling and Therapy Service. **Lavinia Lubbock** has been appointed temporarily to the post, from 5th January.

## Market Place changes

The Market Place Counselling Service has reduced the age range of its service to 13-23 years (it used to be 25 years) They are currently able to allocate clients quite quickly, sometimes within a couple of weeks of referral, if their clients' availability is good.

Contact The Market Place on 246 1659 or visit [www.themarketplaceleeds.org](http://www.themarketplaceleeds.org)

## TOGETHER Working for Wellbeing - Annual Review

Together held our Annual Review on 15<sup>th</sup> October, attended by over fifty people. We celebrated World Mental Health Day themes for the coming year – mental health in a changing world, the effect of culture and diversity, raising the profile of mental health, and ending stigma and discrimination. The new Department of Health's Carers Strategy, which states a commitment to carers of all ages, supporting them to carry out their caring role, was also welcomed.

Helen Murray-Sharpe, Operational Director, spoke about Together's national strategy, and Emily Brown from Together's Service User Involvement Directorate spoke about wellbeing and opportunities for service users to get involved.

I, as Project Manager of Together, North Leeds Respite and Community Support Service, gave results of a survey with service users, carers, referrers and staff. 92% of respondents were satisfied with the service provided by Together. Positive comments include:  
"It's so refreshing to have a non-judgmental input into my

recovery," and "Extremely professional, flexible, friendly, keen to work alongside other agencies." The report covers the various project activities – respite and community support provided to service users and carers (approx 28% of whom are from BME communities); De Caf; East Leeds Carers Support Group; the Money Matters project (providing financial advice and guidance to service users and carers); Friendship, Walking and Swimming Groups; and trips to Bridlington and York.

Steve Crann from Leeds Partnerships FoundationTrust, spoke about WRAP (Wellness Recovery Action Plan), which was received with a lot of interest. Angela Newton from Together spoke about the Money Matters project.

Following the formal part of the meeting we were entertained by ANIMA, an a cappella group, singing music from around the world. Then lunch, with lots of delicious Asian food from Taaza Desi Punjabi Khan, was enjoyed by all.

*Diana Robinson, Project Manager*

## STOP – new website

Have a look at our new website [www.stoponline.org](http://www.stoponline.org) It has been live for a couple of months now and we would welcome any comments or suggestions for improvement or adding information. If you would like have a link to your website, and from your website to ours, please send us the relevant information.

S.T.O.P. aims to contribute to the reduction of domestic violence and abuse within the home.

Cheryl Harrington, S.T.O.P. (Start Treating Others Positively)

Tel: 0113 2446007 Email: [cheryl@stoponline.org](mailto:cheryl@stoponline.org)

Website: [www.stoponline.org](http://www.stoponline.org)

## Leeds Asylum Seekers Support Network AGM

LASSN's AGM presented several ways in which the mental health needs of asylum seekers and refugees affect the work of the organisation.

Cherry Lander, the Befriending and Training Coordinator has secured grant funding from the PCT (now NHS Leeds) to assess and record training for volunteers. This has been essential in ensuring the volunteers are well trained so that they can give informed and appropriate support to those with whom they work.

Dr Jo Miller, who specialises in the care of asylum seekers and refugees at her practice in Huddersfield, gave us many examples of the mental health issues which affect her patients; sleep problems, depression and anxiety are some of the most common.

Dr Miller writes reports about her patients' health for the Home Office. There seems to be an issue about the definition of mental illness in asylum seekers and refugees; sometimes patients have been seen by the Home Office as 'distressed' as a consequence of their experiences and therefore not accepted as having a diagnosed mental health condition.

Dr Miller sees the role of organisations like LASSN as key in giving support, because some of the things which help most are friendship, advocacy and having an occupation. Several of the asylum seekers at LASSN gave eloquent accounts of their experiences, which really brought home to me the importance of LASSN's work.

*Liz Boyd, Volition*

## The Melting Pot - *Mixing cultures, blending cuisines*

The Melting Pot is an exciting new initiative project run in partnership between Dosti, the Asian women's support service, and Adult Social Care (formerly Social Services). It is supported by the i3 project, a multi-agency project to promote social inclusion with mental health service users.

The Melting Pot uses catering to increase the employment prospects, cross-cultural understanding, catering skills and enjoyment of a mixed group of Asian and non-Asian mental health service users. The long-term goal is to create a social enterprise that will offer a blend of Asian and English cuisine. The volunteers are drawn from Dosti and Adult Social Care centres such as the Vale and Stocks Hill Day Centre, though the project is city wide and welcomes service users from anywhere in Leeds.

The philosophy of the project is multicultural in that it is not about different ethnic or cultural groups simply working alongside each other but rather working, learning and creating something together – thus the name the "Melting Pot." The project is based on peer group learning i.e. the skills, experience and knowledge of the service users are valued and shared under the supervision of a trained chef and used to create a programme of menus.

At the beginning of the ten week programme volunteers are invited to get involved in the marketing and publicity of the project by creating promotional materials and a website. The programme will consist of a different menu for each week, with a balance between English and Asian dishes and an emphasis on healthy eating.

The group will meet once a week for an initial 4 week pilot and then a ten week programme on a Monday between 10am and 2pm. Food will be served to people attending the Hamara Centre and others who wish to use the café. It is envisaged that up to ten service users will be involved in the project. Volunteers will also be able to access training in literacy and numeracy and all will be required to undertake food hygiene training.

If you or anyone you know of would like to volunteer or support the project in any way please contact Narinder Assi (Dosti) 0113 2038893 [dostiawss@btconnect.com](mailto:dostiawss@btconnect.com) or Adrian Patton (Leeds City Council) 0113 2793836 [adrian.patton@leeds.gov.uk](mailto:adrian.patton@leeds.gov.uk) [www.dostileeds.org.uk](http://www.dostileeds.org.uk) [www.mentalwealth.org.uk](http://www.mentalwealth.org.uk)

## Leeds Voice new-look website

Leeds Voice launched their new website and new 'refreshed' logo at their annual public meeting in November. The web address is still the same: [www.leedsvoice.org.uk](http://www.leedsvoice.org.uk) and the layout similar but the website now incorporates recent changes in the Leeds Voice structure and plans for the future.

Leeds Voice are interested in your views and ideas for the website so please send any comments or suggestions to [info@leedsvoice.org.uk](mailto:info@leedsvoice.org.uk)



## Mental health and employment workshop

The Department of Health and Care Services Improvement Partnership (CSIP) held an interesting national social inclusion event in Leeds last month, focusing on mental health and employment. There was an excellent turnout from a range of organisations, with good representation from Volition members.

Many people had come to hear Rosie Winterton, the Minister for Work and Pensions and Regional Minister for Yorkshire and the Humber. She summarised relevant current national policies, including the national mental health employment strategy. There are plans, for instance, to treble the number of employment advisers in GP surgeries. Links between Pathways to Work and Improving Access to Psychological Therapies must be improved.

Ms Winterton recognised that joint working is vital to achieve employment outcomes for people with mental health problems; the third sector can work effectively with the statutory sector, and people often feel more comfortable approaching voluntary sector organisations.

Simon Francis, the regional CSIP lead for mental health and employment, told us about some of the actions that are being carried out as part of the regional strategy, including training for line managers and employer engagement, and better information and advice.

All this was made real by interviews with two experts by experience who had been supported and worked for Jellycat Media, a social enterprise consultancy ([www.jellycatmedia.com](http://www.jellycatmedia.com)), and a presentation on the Tukes Project. Part of NE Lincolnshire Care Trust, this developed from a commitment to be a good employer of people with mental health problems, offering jobs in ancillary services in the first place, extending into conference facilities and outside catering.

Naomi Eisenstadt who heads up the government's Social Exclusion Task Force, impressed upon us the importance of the Public Service Agreement (PSA) 16. This aims to ensure that the most socially excluded adults are offered the chance to get back on a successful path in life, by increasing the proportion of this group who are in settled accommodation and in employment, education or training. Having a PSA that tackles social exclusion is a real victory, as this must be used to inform local area agreements and housing policy.

Naomi felt that public services have let many people down and people feel they have been written off. Early intervention and prevention can apply to people who've had significant contact with services, including people who've been in prison, because it's possible to turn someone's life around at any stage in their life.

## Happy Host Radio is launched!

Happy Host Radio is an original new radio show that has just been launched on the internet station [www.lifeforceproductions.blog.com](http://www.lifeforceproductions.blog.com)

The show was produced by young people based on their ideas for music, radio characters and features. They worked with professional artists at Host Media Centre who enabled them to gain new skills in music making, script writing, and radio production.

The project also improved their confidence and self-esteem, and developed their team-working skills, as comments like this show:

*'What surprised me most was that I am more confident than I thought I was'*

*'I feel proud of everything we did'*

*'I really enjoyed coming here'*

The Happy Host team were awarded bronze level Arts Awards, a nationally recognised qualification, for their considerable achievements.

As part of this programme, Cape UK trained fourteen workers across the mental health sector to be Arts Award advisors to young people, so we look forward to seeing more exciting projects like this one emerge...

This project was the result of partnership working between Arts and Minds, Lifeforce Productions, and CapeUK. Arts and Minds want to thank i3 (Adult Social Care) for funding this project and all who played their part in making it so special.

For information on Arts and Minds:  
[www.artsandmindsnetwork.org.uk](http://www.artsandmindsnetwork.org.uk)

For information on the Arts Award:  
[www.artsaward.org.uk](http://www.artsaward.org.uk)

# National Issues

## A bright new Hope?

Phil Hope was appointed as the first ever Minister of State for Adult Social Care in October 2008. He inherits policy developments from Ivan Lewis including the personalisation agenda, the national dementia strategy, the revised carers strategy and the green paper on the future of long term adult care and its funding.

His previous post was as the Cabinet Office minister with responsibility for social exclusion and the third sector. As part of his social exclusion brief, he was responsible for key government targets on increasing the number of people with learning disabilities and mental health problems, care leavers and offenders in settled accommodation and employment, education or training.

Given his recent experience, and inherited policy developments there are high expectations for social inclusion, service user involvement and personalisation of services to have a much higher profile under his leadership. We wait to see if he lives up to his name.

For more information visit:

[www.communitycare.co.uk/Articles/2008/10/07/109612/phil-hope-first-minister-of-state-for-care-is-welcomed-by-sector.html](http://www.communitycare.co.uk/Articles/2008/10/07/109612/phil-hope-first-minister-of-state-for-care-is-welcomed-by-sector.html)

[www.communitycare.co.uk/Articles/2008/10/06/109598/brown-raises-status-of-adult-care-as-phil-hope-becomes-minister.html](http://www.communitycare.co.uk/Articles/2008/10/06/109598/brown-raises-status-of-adult-care-as-phil-hope-becomes-minister.html)

## Website addresses workplace mental health

Shift, the national anti-stigma campaign, and the Sainsbury Centre for Mental Health have set up the independent Shift Review Panel, which includes employers, occupational health practitioners, researchers and mental health advisors.

Under the heading *Mental health information for employers: let us help you get it right*, the panel assess the quality and impact of materials designed to help employers promote mental wellbeing and manage mental ill health in the workplace. Reviews are available from the website: [www.shift.org.uk/work/employment/reviewpanel/index.html](http://www.shift.org.uk/work/employment/reviewpanel/index.html)

## Managing mental health and employment

This report presents the findings of an exploratory qualitative study commissioned in 2007 by the Department for Work and Pensions to investigate the experiences of people with a mental health condition who had continued to work in paid employment while unwell. The study was carried out by the Social Policy Research Unit at the University of York and was based on interviews with 38

people working for a range of small and large employers in the public and private sectors. It will be of particular interest to those working within a mental health environment but will also have relevance to all employers.

Download the report from: [www.dwp.gov.uk/asd/asd5/report\\_abstracts/rr\\_abstracts/rra\\_537.asp](http://www.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_537.asp)

## New Minister for the Third Sector

Kevin Brennan, MP for Cardiff West, has been appointed as the new Minister for the Third Sector. His previous responsibilities in the Department of Children, Schools and Families included the third sector. His predecessor, Phil Hope, has been appointed Minister of State at the Department of Health.

On his appointment Kevin Brennan said:

"I am delighted to have the opportunity to serve as Minister for the Third Sector. I strongly believe charities, voluntary groups and social enterprises can help to bring real change for the better in our society. They are a product of communities which makes them highly responsive to the problems individuals really face.

In the current economic climate it is more important than ever that the third sector has a strong champion within Government. I will be proud to carry this torch and build on the work of my predecessors. I look forward to working with all of you in the sector."

# Working Groups

## Mental Health Programme Board 13th November 2008

This was the first meeting of the newly established Mental Health Programme Board as part of the new partnership arrangements for Leeds. The Programme Board will meet on alternate months with the Expert Advisory Group meeting in the months in between. Pip Goff is representing Volition on the Expert Advisory Group and Sharon Allen is representing Volition on the Programme Board.

The first agenda item was to agree the terms of reference for the board. This led to a lengthy and useful discussion about the role of the Programme Board and about wider commissioning issues within the city. The terms of reference describe the board as a "senior multi-stakeholder group with delegated authority from stakeholder organisations." Its role is to make decisions on priorities and delivery models and mechanisms and make recommendations about resources needed to achieve the objectives of the Mental Health Strategy. Membership includes commissioners (including Practice Based Commissioners), providers, service users and carers and clinical representation.

Its role is to agree the delivery programme and priority work streams that will be undertaken by project teams and work groups. It will be responsible for keeping projects and work streams on track through maintaining a firm grip on the overall programme and the state of the projects within the programme. Recommendations and reports from the Expert Advisory Group and project teams will be brought to the board on a regular basis for discussion and decisions about ways forward will be taken. Key decisions regarding the projects/work streams will be made at programme board level and risks will be appraised. Agreement regarding the amount of delegated authority to be given to both the Expert Advisory Group and the project teams will be made by the board. The Programme Board will be accountable for the delivery of the Mental Health Strategy.

The Mental Health Programme Board reports to the Priority Groups Commissioning Sub-group and major recommendations for investment, commissioning or de-commissioning of services will be referred to this group. Tabitha Arulampalam who is chair of the Mental Health Programme Board is a member of this commissioning sub-group. The Priority Groups Commissioning Sub-group reports to the Joint Strategic Commissioning Board and Sharon Allen is the Leeds Voice Health Forum representative on this board.

Discussing the draft terms of reference led to a number of issues being raised including the need for clarity about terminology. Tim O'Shea, Head of Commissioning in Adult Social Care pointed out that whilst commissioning can be undertaken jointly, procurement will have to take place within current statutory structures, i.e. for the Local Authority within its constitution. It is recognised that as the partnership arrangements are relatively new, clarification is still being sought over levels of authority about commissioning. The impact of the Area Based Grant which will include the current Mental Health Grant also needs to be considered. Richard Wall pointed out that the Programme Board needs to critically evaluate what is currently purchased and whether this meets current need and strategic direction.

A draft paper on Leeds' approach to World Class Commissioning was discussed. The intention is to agree a Joint Commissioning Plan between NHS Leeds (the PCT) and Adult Social Care (ASC). The document draws on a range of local and national strategies including the Mental Health Strategy for Leeds, the NHS Continuing Care Policy, Leeds PCT strategy, the Darzi review (specifically the "Healthy Ambitions" Mental Health Care Pathway Group identified priorities), refocusing of the Care Programme Approach and the personalisation agenda. It defines the current landscape of service provision and the key outcome areas that will be measured for future commissioning and provision.

An outline programme of areas to be tackled is provided together with indications of where 'quick wins' can be achieved and what will require a longer term approach. Leeds PCT is currently going through the process of peer assessment for World Class Commissioning. This paper is a work in progress and any comments can be given to Tabitha. A copy of the paper is available from the Volition office.

A short presentation was given on the current reviews of voluntary sector mental health service provision. This confirmed the strategic aims of the reviews as being to agree a joint process between the PCT and ASC as part of the overall move to joint commissioning, to agree a template and process that can be applied more widely and to set up criteria that will support the move to commissioning for outcomes. The purpose was outlined as being to compare current service provision with the service specifications, ensure quality standards and that outcomes are met as well as considering how services

*Continued from previous page*

demonstrate strategic fit with the Mental Health Strategy. It is also to benchmark services for cost effectiveness and value for money and is the first stage in a planned cycle of reviews that will inform ongoing commissioning decisions. The Programme Board has asked for regular updates on progress with reviews, lessons learnt and impacts for the commissioning programme.

Finally the work programme was presented in a table format; again anyone wanting a copy can contact Volition. This details the areas of work that will be reported to the Programme Board and will therefore be reported on in future reports from this Board.

Sharon Allen, Volition Chair

## **LPFT Governors**

The Leeds Partnerships Foundation Trust Board of Governors has been meeting since the Foundation Trust was established in the summer of 2008. As appointed voluntary sector representatives, Jan Egan and Pip Goff attend the meetings and feed back from them to our sector. We had a useful meeting with Leeds Learning Disabilities Forum management committee in October who made some challenging and thought provoking comments about our involvement and the trust's work with people with learning disabilities, some of which we have fed back to LPFT.

Below is a report of the main issues discussed in the November meeting.

### **Learning from Adversity**

A report by David Newby outlined the trust's work on this area. Compared to other mental health trusts, LPFT has a high level of reporting of incidents – including where no harm occurred. This 'reporting culture' is seen as positive. The report looked at the national picture but there was little breakdown of information about incidents within LPFT or detailed analysis of how LPFT compares with or could learn from other areas.

External reviews into serious and untoward incidents take a very long time – incidents from 2005 and 2006 are still being considered with more recent cases yet to be looked at. Governors were assured that internal learning does occur without waiting for external reports. The answer to a question about whether information about incidents of sexual abuse was available was not known but will be looked into. A request for this issue to be looked at again at a future meeting was made.

### **Older People's Strategy**

Proposals for reallocating finances in order to move from traditional ward based to client centred community based services were presented to governors and will be taken out to consultation by the PCT in the next few months. The proposals are in line with other developments including the citywide POPPS work and were welcomed as positive and much needed improvements. This does not include central services such as phlebotomy (blood testing) and ECT.

### **Membership**

When the trust was being formed, a lot of work went into recruiting members from the local Leeds population who have an interest in mental health. It was agreed that for now the emphasis should be on improving engagement with existing members rather than increasing numbers (the formal target is 28,000 with current membership at 13,500) but it was also felt that future membership drives should initially focus on people who use or have used mental health services. (If you are interested in becoming a member you can contact LPFT Membership Office on 0113 305 5900 or visit [www.get-involved.co.uk](http://www.get-involved.co.uk))

### **Structure of Governors meetings**

Following a proposal initiated by your voluntary sector appointed representatives, in an attempt to make the meetings more accessible and effectively use the knowledge and expertise brought by governors, the meeting split into groups (service user governors, staff governors, publicly elected governors and appointed governors) to discuss the relevant issues in more detail and feedback as necessary to the main meeting.

*Pip Goff, Volition  
Jan Egan, Community Links*

## Self Directed Support project update

Leeds Adult Social Care have been carrying out a major project to implement individual budgets across all services, with the aim of totally transforming the way services are delivered. In the future everyone will be given the option of an individual budget and will be able to have more say about directing the support they need, if they wish.

There are a number of workstreams that make up this project, and we give an update on some of them here. The new ways of working will be tested out next year by a group of volunteer "early implementers" – people who are willing to try the new systems out themselves. Some of this group will be young people who are making the transition to adulthood.

### Resource allocation system and financial controls

The resource allocation system, or RAS, is a way of working out the funding that a person will be allocated for their support. A version is now ready and will be tested by the early implementers.

**Self assessment questionnaire** This will be an important part in determining how much support someone is entitled to. A draft version will be shared for consultation soon.

**Brokerage system** Following a workshop earlier this

year, further workshops will be held with a range of partners in January 2009. The voluntary sector, including some Volition members, will be involved.

**Commissioning and Contracting** A series of workshops for service providers has now finished – again, Volition and the voluntary sector have been involved. There will be a provider section on the self directed support website, and the possibility of a service provider forum to share information has been discussed.

Lessons are being learned from the Keeping House project. Keeping House compiles and distributes a list of social enterprises which provide support services to enable older and disabled people to live at home.

### Communications strategy and implementation

Action planning continues, with a focus on developing a self directed support website, which can be used by workers, service providers and people who need support.

**Employee development** A plan for ASC staff is being developed, including training for the team who will work with the early implementers.

All workstream leads have begun to document potential barriers presented by the changes, including issues that will feed into the equality impact assessment.

## Care Planning Quality & Development Group

November's meeting saw this multi-agency meeting grappling with the complexities of care planning across teams, agencies and sectors.

There was in-depth discussion of the implications of New Ways of Working, which is bringing changes to the traditional roles of nurses, psychiatrists and other professionals within mental health teams. It should make better use of the skills and knowledge of all mental health workers. There was discussion about what can be done to change the perceptions of some service users and carers that unless they physically see a psychiatrist they are not receiving adequate care, despite the fact that they may be getting the same quality of review and planning from a worker who is more directly involved. The issues of power and control raised may need to be addressed. It was felt that good information about New Ways of Working needs to be available to carers, service users and workers, including workers who are not directly involved who can help provide explanation of the changes and reassurance if needed.

The need for clear citywide information about who to contact in crisis was discussed, but some felt this needs to be balanced with information tailored to individual circumstances and that good care planning must include planning for crisis.

Advocacy 4 Mental Health and Dementia presented a very clear and balanced report citing areas where issues have arisen, but also good practice examples.

LPFT are hoping to extend the numbers of people participating in the Service User Survey and retain the community element, although this is no longer a requirement.

The next meeting will look at WRAP, personalisation and Care Planning and Care Co-ordinator Capabilities.

Please contact me if you would like copies of the A4MHD report, NWW presentation or minutes of the meeting, or if you would be interested in being a voluntary sector rep on this group.

*Pip Goff, Volition*

# Reports

## Personalisation: a rough guide

This guide from the Social Care Institute for Excellence (SCIE) aims to tell the story so far about the personalisation of adult social care services. It is intended to set out SCIE's understanding of personalisation at a very early stage of implementation, exploring what personalisation is, where the idea came from and placing the transformation of adult social care in the wider public service reform agenda.

The report contains the following key messages and recommendations:

- Person-centred planning and self-directed support will need to become mainstream.

- It will ultimately mean universal services such as transport, housing and education are accessible to all citizens.
- The personalised system will need to be cost-effective and sustainable in the long term.
- Approaches to early intervention and prevention need to develop further so that people are encouraged to stay healthy and independent.
- The social care workforce will need to acquire new skills.

Available in the publications section of SCIE's website: [www.scie.org.uk](http://www.scie.org.uk)

## Individual budgets can provide better care: Evaluation report of pilot schemes

Individual budgets can give people more choice, flexibility and control over their personal care, as well as a better quality of life. This is according to the independent evaluation report of local authority pilot schemes, launched in October by the Department of Health.

The evaluation was conducted by a combined team of five university research units. It found that individual budgets had particular benefits for mental health service users and younger disabled people. While there were no important differences in overall cost (IBs cost on average about £280 compared with £300 for standard mainstream services), there were indications that individual budgets have the potential to offer greater value for money, including for people who use mental health services.

Individual budgets give people who have care needs the power to decide the nature of their own support and the report showed that most groups liked this. Mental health service users reported a significantly higher quality of life and improved psychological wellbeing. A number of people in this group had found that services available under conventional arrangements did not suit them, and saw an individual budget as an opportunity to set up more appropriate support.

Individual budgets only covered local authority funding, with some other funding streams included in some of the pilots, but NHS funding was not included. This led to particular problems relating to mental health services,

because typically services were jointly funded and integrated. It was difficult to separate local authority funding which covered the social care part of someone's support. Including NHS resources was considered essential for the success of individual budgets for people with mental health problems. Not having this was a cause of frustration for people using services and workers.

Fair Access to Care Services eligibility was seen as difficult in mental health services, and was tricky to apply in the context of services provided jointly with NHS.

The report found that older people did not find the individual budget system used during the pilot as easy to use as the other groups, and they did not appear to like the idea of managing their own support.

The results of this research will feed into work to introduce pilots of personal budgets for healthcare from 2009, as announced in the NHS Next Stage Review.

Briefing sheets about these pilots are available in the personalisation section of Volition's website: [www.volition.org.uk](http://www.volition.org.uk)

The full report and a summary version are available in the publications section of the Department for Health website: [www.dh.gov.uk](http://www.dh.gov.uk), or follow the link from the Volition website: [www.volition.org.uk/personalisation.php](http://www.volition.org.uk/personalisation.php)

## Patients to get more say in NHS services

The Department of Health urged Primary Care Trusts (PCTs) to engage better with patients and the public in developing plans and making decisions about local health services. New guidance, published in October, will help the public have more say in decisions made by their PCT, enabling them to shape local health services. 'Real Involvement' is being issued to help PCTs and other NHS organisations understand changes to their Duty to Involve, and also to offer practical advice on how to put local people at the heart of service changes.

The guidance will also make feedback on public consultations more transparent and accessible.

This follows on from Lord Darzi's review of the NHS earlier this year in which he recommended that any changes to NHS services should be transparent, locally-led and for the benefit of patients.

Health Minister Ann Keen said,

"Feedback from patients is one of the most powerful tools available to the NHS to help improve services which is why the Duty to Involve has been strengthened. Helping local NHS organisations to understand and act upon the Duty is essential to making the most of this feedback."

The new Duty to Involve is also expected to be included in the NHS Constitution due to come into force next year. The duty will be included as one of the existing rights set out in the constitution - to make it easy for patients to find all their rights in one place. The duty is one of several ways the public can have their say on NHS services including Local Involvement Networks, the Patient Liaison Service and complaints channels.

'Real Involvement' can be downloaded from:  
[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

## IAPT Pathfinders report: Achievements and challenges

This report explores the progress made over a year by the 11 pathfinder sites for the national Improving Access to Psychological Therapies (IAPT) programme. Most of the pathfinder sites have progressed to become part of the first year of national roll-out of IAPT. Their experience in seeking to meet the needs of all sections of the community, collecting effective outcomes data, and implementing new services will be valuable to other PCTs involved in this roll-out, and useful for organisations who wish to engage with the IAPT agenda.

The key successes demonstrated in this evaluation report are:

- Improved access to evidence-based psychological interventions, with 12,000 people referred and 4,000 completing treatment
- Delivering health gains in line with NICE guidelines: "recovery" rates were 49%
- Spreading the benefits to the whole community, ensuring equal access for all
- Actively contributing to delivering broader social benefits, with 16% more people in employment.

In addition to successes, there were also some lessons to be learned from and applied to inform the national roll out of IAPT:

- Referrals were not as high as expected, services were not overwhelmed by a wave of people whose needs hadn't been met before. As services mature, it is expected access levels will rise steadily to meet local needs.
- Collection of data relating to ethnicity, sexuality and disability was poor and needs to be improved to show that services are equitable.
- More effort was needed to gain the support of GPs
- Matching capacity to demand requires a careful planned approach based on good understanding of local need and current service provision.
- Clear information for patients is essential to support equitable access and improve all patients' experience of the service.

For more information visit:  
[www.iapt.nhs.uk/2008/10/the-iapt-pathfinder-achievements-and-challenges/](http://www.iapt.nhs.uk/2008/10/the-iapt-pathfinder-achievements-and-challenges/)

Is your organisation ready to 'Improve Access to Psychological Therapies?'

Volition and Touchstone Community Development Team are organising an information and networking event in January for voluntary sector organisations to find out more about changes to talking therapies and counselling in Leeds and how your organisation can get involved. See the enclosed flyer for details or visit the events page on the Volition website.



## What has recovery got to do with the internet?

Good question.

Prior to working at IMH I fiddled around on the net. I explored social networking. And I started writing and editing a little piece of it which I put my stamp on. In time a group of sorts evolved and individuals in this group interacted with each other, communicated what was going on in their own lives and what had happened in their past. Over time, people in this online group got new jobs or found ways to deal with difficulties or shared positive changes along with things where they needed support.

With my mental health background it struck me that what I was involved with was a 'virtual' support group – a successful one. And what people were communicating about in one sense, was a journey of recovery. They told it in stories – both fictional and real, in images, in music, in video clips and the others in the online community we'd ring-fenced, commented and learnt and made their own journeys too.

Since working at IMH I've been exploring the application of Web 2.0 (a term to describe the concepts and ideas on the web around communication and information technology) to mental health and recovery work. What I am discovering is that it is a flexible and adaptable tool

that can be engaged with in a myriad of different ways dependent on who you are – a service, a service user or a worker. It's an affordable and easily moderated resource and it's more service user led and driven than the 'real' world due to the desire of people to have their own space – a place where they define the content and ways in which they communicate with others.

And the net isn't just in a box on a desk anymore. It's a mobile phone. It's a text message. It's a photo taken right now and sent to a friend. It's growing in accessibility.

I'm continuing to research mental health, recovery and the internet and apply that research to tangible projects to evaluate and develop further, not least the risk planning and management work linked to such development. And this is a place where I share this learning:  
[www.dysconnected.tumblr.com](http://www.dysconnected.tumblr.com)

You'll also find a link to this multimedia blog on the IMH website.

To comment or for more information please contact me:  
[kate.brown@imhleedsmind.org.uk](mailto:kate.brown@imhleedsmind.org.uk)  
0113 2752417

*Kate Brown, Information for Mental Health*

## Mental Health Lunchtime Forum

We're part way through the winter lunchtime forum season. Since the last Volition newsletter we've heard from Gill Crawshaw and Katy Elliot on the whether mental health should align more with the disability movement and in October we held a debate/discussion without speakers on social prescribing – who is responsible?

Talking around the subject of social prescribing is a great way to stimulate thought around not only how this would work as a model of practice, but which individual and collective responsibilities would need to be taken up for social prescribing to be effective.

In November Gill gave an overview of disability services including some thought on whether the recovery model in mental health could be applied to the social model of disability and Katy gave a perspective on local sports structures and the work that is being done to support disabled people into both mainstream and disability sports – such as the Paralympics.

Thursday December 18<sup>th</sup> 12 – 1pm at The Vale will see the last lunchtime forum of the year exploring the topic "The influences and consequences of telling Mental Health Stories", with Kate Brown artist, writer, blogger and IMH worker and Becky Cherriman, a prolific writer, facilitator and performer, sharing their take on the subject.

This will be available as a podcast on:  
[www.mentalhealthleeds.info](http://www.mentalhealthleeds.info) after the event.

For details of the upcoming season of lunchtime forums and to join the mailing list please contact:  
[info@imhleedsmind.org.uk](mailto:info@imhleedsmind.org.uk)  
or call 0113 2752417  
or look at the Information for Mental Health website:  
[www.mentalhealthleeds.info](http://www.mentalhealthleeds.info)



# Notice Board



*The Volition team send best wishes for the festive season to all our readers.*

*We look forward to continuing to work with you in 2009.*

## **Subsidised capacITy IT Support Available**

VA-L's capacITy Project, in partnership with Electroville, have been awarded funding over three years from Improving Reach to offer eligible groups in the region subsidised IT support.

This funding will allow capacITy to provide bursaries to organisations who work in the following areas: disability, faith, asylum seekers/refugees, BME and rural, with a turnover of less than £250,000.

The bursary will provide money towards the cost of a subscription to the capacITy/Electroville ICT support and training service over a three year basis, on a tapering basis.

For more information contact Nic Tortice, capacITy Project Manager on 0113 297 7920 or e-mail [nic.tortice@val.org.uk](mailto:nic.tortice@val.org.uk)

## **Listening to Women**

Women's Counselling and Therapy Service present: "LISTENING TO WOMEN CITY WIDE: delivering a culturally sensitive counselling service" At West Yorkshire Playhouse on Friday 30th January 2009 9.30 - 3.15

The workshop day will include a celebration and evaluation of the WCTS "Listen to Me" and "Pacesetters" projects.

Cost - £20 including lunch & refreshments.

E-mail or post reply by 22nd December. Flyer and booking form available from the Volition website, on the events page.

Any queries, please contact WCTS on 0113 2455725 or e-mail: [info@womenstherapyleeds.org.uk](mailto:info@womenstherapyleeds.org.uk)

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## **What is this TinyURL?**

Have you tried TinyURL ([www.tinyurl.com](http://www.tinyurl.com)) yet? This free online redirection service converts really long web addresses (or URLs, also known as universal resource locators) into something much more manageable. This is handy for saving space in newsletters like this or newspapers (the Guardian uses it), and is also easier to use in emails, text messages or blogs. There is even a preview feature for if you want to know where you are being sent.

You can create your own tinyurl by typing (or copying and pasting) a long URL into the tinyurl text box and it returns a shorter version – generally 6 random characters after tinyurl.com/ such as <http://tinyurl.com/6ybo8b> or <http://preview.tinyurl.com/6ybo8b>

Women's Counselling & Therapy Service

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## **Dual Diagnosis Network news**

The November '08 issue of the Dual Diagnosis Newsletter contains information on partnership developments between mental health & substance use services, research in the field and training opportunities. You can download a copy from the web-site:

[www.dual-diagnosis.org.uk](http://www.dual-diagnosis.org.uk)

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**Deadline for next edition of Volition:  
Thursday 15th January**