



Time to Change campaign comes to town

Time to Change is an ambitious four year campaign which aims to:

- change attitudes
- challenge discrimination
- improve wellbeing.

Here in Leeds we have taken this out into the “real” world. A number of us - service users, workers and other campaigners - rolled an enormous boulder engraved with **“MENTAL HEALTH STIGMA”** into the Victoria Quarter in Leeds, just outside Harvey Nichols. Our Time to Change balloons could be seen everywhere, even the Big Issue seller tied one to his arm and so did the guy selling toy flutes from his cart. We had fun posing for many photos with us taking turns to lie under the “weight” of stigma. And it worked. People came up curious to know what we were up to and stayed to talk about themselves or hear about what we were trying to do. It was a very visual portrayal of what stigma can feel like, an enormous weight that can seem hard to shift.



stigma

stigma (*plural* stigmas) noun

Definition: **sign of social unacceptability:**

the shame or disgrace attached to something regarded as socially unacceptable

Paul Raisbeck, a worker and someone who has lived with manic depression for many years, gave a moving first hand account of the effect of stigma in an interview to the Yorkshire Post and an article and picture appeared in the Wednesday edition (8/7/09 see www.yorkshirepost.co.uk/newsfront.aspx?sectionid=4209).

This is just the beginning...

Time to Change in Leeds is a multi agency working group made up of NHS Leeds, Leeds Partnerships Foundation Trust, Information for Mental Health, service users, Leeds Mind, and Volition among others (apologies if I left you out).

For more information on the national campaign go to www.time-to-change.org.uk

For information on the local Time to Change campaign contact Catherine Ward, Wellbeing Lead, NHS Leeds, on 0113 3059790, catherine.ward@nhsleeds.nhs.uk



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next edition of
Volition:
Noon, Thursday
17th September
2009**

Ruth Steinberg
Information for Mental Health

Around Volition and City

People

Alastair Sutherland is the new Patient Advice & Liaison Service Team Leader at Leeds Partnerships NHS Foundation Trust. Contact Alastair on 0113 3056774 or email alastair.sutherland@leedspft.nhs.uk
More about PALS on page 4.

Kim Adams is the new Business Change Manager for Mental Health Integration and Personalisation at LCC Adult Social Care. Contact Kim on 07891 271396 or email: kimberley.adams@leeds.gov.uk

Emma Lewis is the new Business Change Manager for Self Directed Support at LCC Adult Social Care. Contact Emma on 0113 224 3064 or email: emma.lewis@leeds.gov.uk

There is a new **Safeguarding Team** at LCC Adult Social Care, with **Hilary Paxton** as Head of Safeguarding. She can be contacted on 0113 224 3099 or 07545 604175 or email hilary.paxton@leeds.gov.uk

Peter Rosmann is the new Deputy Manager of the LCC ASC Mental Health Housing Support Team, based at Shannon House on Spen Lane. He is keen to build links with voluntary sector providers and potentially develop joint working opportunities. Contact Peter on: 0113 214 4710 or email peter.rosmann@leeds.gov.uk

Dzmitry Karpuk is the new mental health worker at PAFRAS. He provides mental health support and short term counselling. He is interested in partnership work with other organisations, particularly pathways for his clients to be referred to for further support. Contact 0113 262 2163 or dzmitry.pafiras@yahoo.co.uk

Senior Management changes at NHS Leeds

Farewell to Christine Outram and Matt Walsh who have departed for pastures new. **Kevin Howells** is acting up as Chief Executive in the interim. Further details are available from the NHS Leeds Board Meeting papers (16th July 2009), downloadable from www.leedspct.nhs.uk

East Leeds Health for All merges with Touchstone

Touchstone is delighted to announce that it has merged with East Leeds Health for All. The Management Committee of East Leeds Health for All invited applications for a merger from similar voluntary sector health and wellbeing organisations following a shortfall in funding for many of its projects which were funded from a wide variety of funding streams. Touchstone submitted a proposal, we were interviewed by members of ELHfA's staff and Management Committee in March, and the merger was formally ratified in June.

Touchstone's MEMHO (Minority Ethnic Mental Health Organisations) Healthy Living Centre unfortunately had to close at the end of March. However, because of our merger with ELHfA, we have been able to pool the

investment in both organisations from NHS Leeds Public Health in order to continue delivering some activities. Community health development work will be both with BME people who are at risk of mental ill health across Leeds, and with all of the populations in specific neighbourhoods in Inner East Leeds, Burmantofts, Ebor Gardens and the Bayswaters area of Harehills.

Some of ELHfA's projects, such as those funded from Big Lottery grants and reserves, have been wound up. However, wherever possible, we have been able to retain existing staff to continue to deliver vital community health development work.

Jess Parker, Touchstone

Solace celebrates success!

We were successful with a Big Lottery grant in June - £457K which is great news for Solace. In fact we had a bumper month on the funding front in June because we were also successful with a £20K application to a trust fund (Molly Bown) and another £20K from the Migration Impact Fund.

All this money will enable us to expand our service, not just to adult asylum seekers and refugees, but also to asylum-seeking and refugee children and families – a

group whose mental health needs are underserved in Leeds, although there are one or two services available.

We will be expanding in November and working five days a week in Leeds as opposed to three days as at present. We will be advertising for a Children and Family Counsellor in September for 3 days a week.

*Andrew Hawkins
Solace*

New Volition member: The Positive Care Programme

The Positive Care Programme is a 24 week course of complementary therapies and motivational workshops for adults who have long-term illness and carers. It is based on the principle that for wellbeing, body, mind and spiritual aspects of the self all need attention. The programme includes:

Motivational workshops – e.g. nutritional therapy, non-religious spiritual exploration, teaching self-massage, finding inner peace;

Group therapies - meditation, tai chi, yoga, therapeutic art;

Individual therapies – acupuncture, healing, homeopathy, Indian head massage, reflexology, shiatsu, massage.

The programme is unique in that it is not just concerned with giving people complementary therapies, but as a whole programme of care, it supports people in effecting improvement to their own physical, psychological and spiritual wellbeing. Our evaluations (through quality of life

measures) have statistically significant long-term benefit for participants.

The Positive Care Programme is held at Burley Lodge Centre, on Thursday mornings 10am to 12.45pm, school term times only. To find out more information visit: www.positivecareprogramme.com

If you are interested in joining the programme, (places are limited and there is a waiting list) please phone Su Mason on: 07985 121810 (please leave a message and your call will be returned) or email: positivecareprog@btinternet.com

Sadly, funding is in dire straits and we are actively seeking funding in order to be able to run the programme again this autumn.

Su Mason

Leeds organisations to provide new round of IAPT

Three Volition members are part of the successful consortium for Phase 2 of Leeds Improving Access to Psychological Therapies. Touchstone, Leeds Counselling and Community Links, together with NHS Leeds Community Healthcare, will employ 21 practitioners and therapists to deliver CBT (cognitive-behavioural therapy).

The service will have 12 staff working primarily with target groups – young people (17-21), African-Caribbean people, Pakistani people, Irish people and people held in Leeds prisons – together with 9 therapists championing best practice in delivery to other groups, including older people, lesbian, gay, bisexual and transgender people, veterans, and people with substance misuse problems.

The service is commissioned by NHS Leeds, who used a competitive tender process. All the practitioners and therapists will be recruited as trainees, and will attend courses at York or Sheffield universities as part of their work.

The consortium said, "This is a great opportunity to recruit people from a wide range of backgrounds, and to set up and deliver a highly effective service for people with common mental health problems, in communities which have not all yet had the benefit of the recent investment in psychological therapies by the NHS."

For more about the IAPT programme, visit www.iapt.nhs.uk

Sainsbury Centre for Mental Health set for new role in Leeds

In conjunction with the Leeds Partnerships Foundation Trust, Leeds Mind have been successful with a bid to The Sainsbury Centre for Mental Health to become a Centre for Excellence on employment. The first visit from the Centre is on July 30th, when key people from Leeds Mind will meet representatives from the Sainsbury Centre, who will also get to meet local commissioners and key staff from the Partnerships Foundation Trust.

The programme of input from the Centre will involve Dove Employment and Training and Working Minds working closer to the Individual Placement and Support model for employment support. This is the most evidence-based approach to supporting people back to work after mental

health problems. Leeds Mind has traditionally had a broader approach because this has been determined by so many community mental health services not being geared up to employment. We trust very much that this will change – the i3 project being the most recent attempt to make this kind of change in Leeds – and the services should be able to adjust to include these changes by concentrating on the one-to-one support at the heart of the IPS approach. We want to maintain our capacity to work with all people who want to return to work, not just the work-ready.

*Julian Turner
Chief Executive, Leeds Mind*

Everybody needs PALS

Alastair Sutherland, PALS Team Leader, talks about their work.

When I started as Team Leader of the LPFT Patient Advice & Liaison Service in June, I found myself regularly being asked "So what kind of things do PALS get involved in?" I quickly discovered that my answer "What DON'T we get involved in?" was snappy, accurate... and completely unhelpful!

PALS is a free, confidential service within LPFT. It's there for patients, service users, carers, relatives and staff, and its role is to answer questions or deal with any concerns involving services offered by the trust. We also provide information and signpost people to external organisations where appropriate.

Switching consultants, dietary requirements, accessing medical records, support for carers, medication problems, in-patient internet access, housing issues, benefits, advocacy - are all real cases from just the last couple of weeks. If PALS doesn't have the answer, we'll find out who does.

PALS vs Complaints is another recurring question. People always have the right to access LPFT's formal complaints procedure, and naturally there are times when this is appropriate. When this is the case, PALS will immediately connect the person to that procedure.

However we find that often people just want something resolved. They want to be heard, understood, or they want something done. And this is where PALS can help.

We have excellent links throughout the trust and often it can be as simple as us getting the right people talking to each other. Our approach to resolving things is very proactive and hands-on, which is evidenced by the fact that we undertake to close our cases within a week. Not acknowledge them – close them.

And believe it or not, we want more! As well as being responsive to the needs of service users and carers, PALS can be a catalyst for positive change and service improvements. The more we learn about people's experience of the trust, the better we can make it.

Over the coming months I'd like to raise our profile. Not just within LPFT, but also among the many diverse and wonderful groups and organisations across the city who have contact with service users and carers. We really do want PALS to be as visible and accessible as possible so please display our posters and leaflets wherever you can. If you don't have any or feel they're not quite right for your user base, give us a call.

The small but perfectly formed PALS team consists of me (Team Leader), PALS Officers Miriam Osner and Tobias Reece, student Social Worker Sandeep Lehal and volunteer Rhianon Harding. The PALS freephone number is 0800 0525790, and our email is pals@leedspt.nhs.uk. Any questions, comments, suggestions or cases will always be gratefully received.

Looking for a Clean Start?

In May Leeds Housing Concern launched an exciting new venture called Clean Start which seeks to give people who have experienced homelessness and long term unemployment the opportunity to gain the skills and experiences needed to find long term work.

Clean Start is a commercial cleaning business but with a difference. This social enterprise provides a paid supportive route into work for anyone who is struggling to make that step and needs additional support and advice.

Six trainees have been recruited to undertake a 6-month work-based training course and already Clean Start is providing high quality and competitively priced cleaning services to a number of supported housing services in Leeds and a local primary school.

It is anticipated that these trainees will be the first of many as the business expands and will be able to take on permanent positions with either Clean Start or elsewhere with the skills and experience they gain.

Clean Start is able to provide the following services to a high standard and affordable prices:

- Domestic and commercial cleaning - both one-off and service contracts
- Specialist deep cleans
- Mobile car valeting
- Carpet and upholstery cleaning
- Window cleaning

To find out more or receive a quote contact Amanda Lister on 0113 262 0648 or amanda@bus900.co.uk. Quote this article to get 30% off your first job!

Depression in Older People – Yorkshire and Humber

Age Concern launched its campaign called “Down but not out” last year. Age Concern Yorkshire and Humber and YHIP, the regional improvement partnership, are working together to raise awareness and understanding of depression in older people amongst primary care staff which leads to correct diagnosis, and effective treatment and referral.

Depression is a serious illness that blights the lives of many older people. More than two million older people have symptoms of depression, yet hundreds of thousands of older people are being ignored - they are suffering in silence and not getting the treatment they need. NICE guidelines are clear that it is both clinically and cost effective to offer the full range of treatments and support to older people with depression.

We are proposing a three-point plan to improve the lives of older people with depression and we would like to work with you to make it a success:

- Older people with depression must be encouraged to seek help.

- They must be correctly diagnosed.
- They must get the treatment they need, regardless of their age.

GPs have the key role in ensuring that older people with depression are diagnosed and treated. We want to work in partnership with them to improve their diagnosis of depression in older people and to challenge any ageist attitudes that may prevent this. We also want to work with the Primary Care Trusts to ensure that mental health services are planned and commissioned taking into account the prevalence of depression among older people and the evidence of effective interventions. We want a system that is fair for older people and that doesn't deny them access to effective treatments because of their age.

If you feel you or your organisation can help by getting involved in raising awareness, or have any experiences regarding the issues raised please contact:

Lisa Spivey, Age Concern Yorkshire and Humber –
0113 244 1860

Email lisaspiveyageconcern@googlemail.com

Inkwell is coming to Chapel Allerton

Leeds Mind Community Arts, now renamed Inkwell, is about to take up residence in new premises in Chapel Allerton. The building which was formerly the Shoulder of Mutton pub on Potternewton Lane has undergone a major refurbishment and the service hopes to open in early August.

The former Community Arts Project has been in existence for 8 years but has never had its own dedicated premises so this is a really exciting development that should lead to the service expanding its classes from fine art, painting and pottery into a much broader arts menu. We are grateful to Bracken Edge School and Touchstone Support Centre who have both supported the project.

In the new building we hope to offer studio space to budding artists, creative writing, IT and media studies, drama, music and many more activities. The space is awesome and we would like to offer an invitation to other arts groups in the city to come along and share our space. We also have a large office area and are looking for other agencies that may wish to relocate to this part of the city to share the costs.

Inkwell is currently taking referrals for the autumn and has a city-wide remit to work with individuals over the age of 18 who are experiencing/ have experienced mental distress. Creativity can play a significant role in helping people recover and maintain robust mental health.

Leeds Mind has a strong tradition of encouraging the creative work of people with mental health problems. It is our view that people with such issues may have additional abilities and that one form of expression of this is in the Arts. We all need to recover from something and creative activity provides a powerful tool in helping us do this.

If you are interested in getting involved either through volunteering with us, offering an arts based activity, have arts materials that you would like to donate to us or just want to find out more then please get in touch with Julie Sahin on 0113 2307608.

Julie Sahin
Director of Community Recovery Services

Working Groups

Mental Health Expert Advisory Group & Mental Health Programme Board

Mental Health Expert Advisory Group 11th June

BME Advisory Group – Work is ongoing re the Delivering Race Equality action plan. An event in July will look at ageing and ethnicity issues for BME carers and elders. Ravinder Samra will be the representative for this group on the EAG with Alison Lowe representing the group on the MH Programme Board where the group did not have representation.

Volition – raised concern about funding in the current economic situation and made a plea to commissioners to ensure that providers are included in discussions about how this impacts on mental health spending. Concern about the lack of inclusion of people in the early implementer project for self directed support was raised. Kwai Mo from ASC reported that Kimberley Adams has been appointed as business change manager for mental health in ASC and is picking up this issue. Jemima Sparks to be invited to the August EAG to give an update from ASC re Self Directed Support. The importance of Information for Mental Health as a citywide resource was also raised.

Older People's Programme – Jenny Thornton reported that the POPPS Programme has now been fully sustained with funding. Organisations are now being reviewed with new service level agreements and contracts being put in place with legacy project work and new ideas also being looked at. *(NB since the meeting the funding situation of*

POPPS has changed). The next stage for older people's services is the new Dementia Strategy. A bid has been submitted for potential demonstrator sites. LPFT redesign is underway with learning from POPPS.

Service User and Carer Reference group – Review report still not received but expected next week. An open evening has been held focusing on the new website and positive comments received will be incorporated.

Public Health – Physical health report update – see more detail in the MHPB report below. Time To Change is a national campaign; Artlink have been commissioned to support development of local service user-produced artwork to be used alongside national resources.

University Reference Group – Dual Diagnosis report completed and approved. A request will go to Jaime Delgado to report on the subsequent Action Plan to this group. Recovery and Rehabilitation, Psychotherapy Project (review of stepped care model) and ADHD are all ongoing areas of work. The University Research Group have made a business case to expand beyond Leeds and increase from two to three FTE posts.

For Information The Women's Mental Health Strategy document and work stream map update were circulated.

Pip Goff

Mental Health Programme Board 9 July 2009

Regional MH commissioning group – Jane Wood reported that work on social inclusion is being broadened to encompass the outcomes required by PSA 16 (Public Sector Agreement Target re. accommodation, employment, education or training). Regional money is available to take this forward and an options appraisal paper will be circulated. Work is ongoing to allocate a cost / tariff for particular clusters of need, transposing the ethos of payment by results on to mental health provision. The currencies should be confirmed by 2010 with 2013 the earliest date for anticipated roll out. Concerns expressed about whether this will actually enhance the experience of people using and needing to use mental health services were acknowledged. The regional group is also doing some work on an outcomes framework and the plea was made for the work already undertaken in Leeds to inform this work. A review is being done of the Strategic Health Authority Healthy Ambitions. Two key areas are learning disability and primary care.

A report was given on the work of the National Mental Health Development Unit which is continuing much of the work previously undertaken by NIMHE. Their focus is on equalities, IAPT and commissioning for mental health. Their aim is to influence mainstream health and social care policy to ensure mental health is fully integrated. They are producing lots of toolkits and offering support to the commissioning processes and commissioners.

Self Assessment Process NHS Leeds is waiting for the Strategic Health Authority final feedback from this process which will be reported to a future meeting of the Programme Board; the board has been asked to identify three priorities which are included in strategic plans to ensure improved mental health and wellbeing. The priorities should be located within the Darzi Next Stage Review/Healthy Ambitions themes. The Programme Board considered the recommended priorities from Healthy Ambitions. The table below shows the locally agreed priorities, relevant Healthy Ambitions link and the implementation outcome.

Next stage review/ Healthy Ambitions priorities	Local priorities	Milestones/timescale for implementation 09/10
Care closer to home	Redesign Rehabilitation and Recovery Services to provide for complex needs and challenging behaviour – to eliminate the need for people with these needs to be cared for out of area.	New service in operation by April 2011.
World Class Commissioning and commissioning for quality, outcomes and value.	Development of a joint outcomes framework for mental health services in Leeds.	New outcomes to be included in contracts commencing 2010.
Improved quality, access, single point of access, no waits.	IAPT service development	Phase 2 service operational by October 2009. Improvements in access for communities of interest evident by 2009/10.

Personalisation and social inclusion should be underpinning themes within each of these priority areas. It was confirmed that voluntary sector involvement in this work is expected and welcomed.

IAPT - The board welcomed the announcement that the contract to provide the new IAPT services has been awarded to a consortium of Touchstone, Community Links, Leeds Counselling and NHS Leeds. Training for new workers starts in October 2009.

Physical health of people with severe and enduring mental illness and/or learning disability A draft action plan was presented to the Board. People with mental illness and/or learning disability die on average 10-15 years younger than the rest of the population, largely from cardiovascular diseases. The Action Plan aims to reduce inequalities and contribute to the reduction in All Age All Cause Mortality in Leeds through joined up working to improve the physical health of people with severe and enduring mental illness and/or learning disability. The plan builds on work already started by LPFT and covers primary care, pathways, non-NHS provision and prisons with audit and research to inform the Joint Strategic Needs Assessment. A working group is to be set up; Volition will be asked to co-ordinate voluntary sector participation. The working group will report to the Expert Advisory Group.

Women's Mental Health Strategy Commissioners are meeting with the university research team to discuss the draft report.

Joint Reviews - A further two reviews have been completed with voluntary sector mental health providers; the final two have just started. Once the whole process is complete, discussions about commissioning priorities will be held.

Outcomes Workshops – The two workshops had very positive feedback and the Volition team were thanked for the excellent job they did in organising and ensuring good turn out for both events.

Core Cities – the next sharing of best practice event has a mental health theme and takes place in October. A team is being put together including a representative from the voluntary sector.

NHS Leeds is having to prioritise planning for the swine flu pandemic, establishing antiviral distribution centres and ensuring vital service continuity which may mean other activities having to take a lesser priority.

Sharon Allen, Volition Chair

New Deprivation of Liberty Safeguards are now law

The Deprivation of Liberty Safeguards (DoLS) became an official amendment to the Mental Capacity Act 2005 on 1st April 2009.

The safeguards protect people in residential care who suffer from a mental disorder or severe and ongoing mental health problems and lack the capacity to give consent to arrangements for their care or treatment. They also provide a lawful procedure to deprive a person of his or her liberty where it is necessary to protect them from harm to themselves, but this must be in their best interests and where no less restrictive solution is possible.

The new safeguards apply to residents over the age of 18 in care homes and patients in hospital who (temporarily or permanently) lack capacity to make decisions for themselves. In practice, being deprived of liberty under

an authorisation means that the person will have to remain in a care home or hospital until a review finds that the circumstances have changed and the conditions no longer need to apply. Authorisations must not remain in place longer than are absolutely necessary.

Adult Social Care plays a vital role in implementing these safeguards. It will act as a supervisory body, alongside NHS Leeds, and receive requests for authorisation under DoLS, carry out assessments, issue authorisations, provide Independent Mental Capacity Advocate (IMCA) services and representatives for people, and review cases.

Further information is available at the Department of Health www.dh.gov.uk website - search for 'DoLS'.

Commissioning for outcomes - service user and carer event

Adult Social Care and NHS Leeds are working to establish an outcomes framework that will enable them to define and measure the outcomes that they commission from mental health service providers. It will focus more on the end result than dictating the way something has to be done.

People who currently use / have used / chosen not to use mental health services and carers came together in June to discuss what outcomes mental health services should deliver in the second of two consultation events based on the Leeds document "Commissioning for Outcomes in Mental Health," written jointly by NHS Leeds and Leeds Adult Social Care. This event followed a session in May attended mostly by workers. Some changes had already been made therefore making best use of the service user expertise to refine it further.

Jane Williams from NHS Leeds and Sinead Cregan from Adult Social Care presented the draft document and asked participants at the event to discuss the categories of outcomes listed plus service outcome indicators:

- improved health and wellbeing
- improved quality of life
- freedom from discrimination and harassment
- increased choice and control
- maintaining personal dignity and respect
- economic wellbeing.

Broadly there were positive views expressed with a general agreement about the move towards commissioning for outcomes and an appreciation that

service users and carers were being included in this process early on. People seemed comfortable with the concept of recovery so long as it is not seen as one direction with an ultimate destination.

There was acknowledgement of the safe places that traditional mental health services, notably day services, provide. There was much debate about the language used such as mental health issues instead of mental health problems, the need to clarify terms such as universal services and citizen within this context and ensuring quality above quantity. Some gaps in the document and barriers to achieving the outcomes were raised. Significant areas of concern were raised including perceived pressure for service users to gain employment and a beautifully expressed image of the tree of recovery, which commissioners had described earlier in the day, potentially wilting and becoming stunted by the overuse of chemicals (medication).

Above all service users highlighted the need for services to become more focused on treating people as individuals and working towards their aspirations (not 'goals' please, said one group) as workers' aspirations might be too high or not high enough. People felt there was still a long way to go for many services.

Commissioners will be reviewing the comments received during the consultation period, with the intention of producing a revised document.

Pip Goff

Reports

Learning from Older Irish People

The need for culturally sensitive practice with Irish people is something that Leeds Irish Health & Homes (LIHH) campaigns for. There is evidence that as people get older their need to have comfortable and familiar cultural reference points and practices helps them to cope with isolation, loss and ill-health. LIHH have published a research report which shows the positive impact of culturally sensitive support for Irish people.

The research profiled the experience of older Irish people with Leeds health and social care services over a six-month period. The aim was to understand the needs of the aging Irish in Leeds and their experience of accessing health and social care services.

The objectives were: to explore their expectations and the extent to which their needs were being met and to identify any cultural barriers to care, gaps in service provision and make recommendations for future practice.

A total of thirty five people; ten men and twenty five women over the age of sixty-five participated in the research. The data demonstrate that there is general lack of understanding of the needs of the Irish community and that the failure to understand cultural issues in particular contributes to poor quality care. Poor follow-up care after hospital discharge and strong reliance upon family were identified as issues to be addressed. Respite for carers particularly for those caring for someone with dementia was identified as an important issue. People from lower socio-economic groups or living in more deprived areas perceived their care was poorer than that of others living in more affluent areas. Many older people in the Irish community are more likely to be living in these deprived areas on low incomes.

Copies of this research report can be obtained from Leeds Irish Health and Homes or downloaded from www.lihh.org

Eddie Mulligan

Hung Up - mobile phones social policy report

This report produced by Leeds CAB highlights the problems caused for CAB clients by the high cost of calling government services from a mobile phone. The report gathered evidence from two thirds of CABs in the north of England and responses from over 700 CAB clients. It makes modest recommendations for changes to government telephone services which would make a significant difference to the vulnerable and low income clients whom we advise.

You can access the PDF version of the report via this link: www.leedscab.org.uk/forms/hungupreport.pdf

*Nick Hodgkinson
Leeds Citizens Advice Bureau*

The impact of genuine client involvement

St Mungo's Community Housing Association Ltd has published a briefing, *The impact of genuine client involvement*. St Mungo's is London's largest charity for homeless people. Client involvement at St Mungo's goes far beyond just consultation - the aim is to work in partnership to continually improve services. As well as having a major impact on the programme of activities, involving clients in this way has helped them to gain experience and confidence - empowering them to move away from dependence on services. A strong focus on recovery and citizenship is central to this approach.

The briefing is available to download from: www.mungos.org/homelessness/publications/st_mungos_working_practices_and_principles

Attitudes to mental illness 2009

This research report from the Department of Health is based on a survey which has been carried out annually since 2007 (less frequently before then). It serves as a benchmark, enabling measurement of whether attitudes are improving or worsening over time. The questionnaire includes a number of statements about mental illness.

Key changes since 2008 include:

- Opinions moved more in favour of integrating people with mental illness into the community
- Opinions on the causes of mental illness and the need for special services became less favourable
- Opinions on people with mental illness having the same rights to a job as everyone else became more favourable.

For more detail and to download the report visit: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_100345

National Issues

Putting Us First: personalisation in mental health

This national conference took place last month, part of a new Mind project to increase the uptake of direct payments and individual budgets amongst people who use mental health services. It was a great opportunity to get up-to-date information, and to hear about this important project.

The central theme of the conference was “choice and control”, highlighting the difference that can be made by people designing and managing their own support services. The most powerful speakers were those people who had experience of using mental services and had found that using direct payments or individual budgets had made a huge improvement to their lives. We need to hear more from people like this, to challenge the view that people with mental health needs can't manage or won't benefit from individual budgets. As one speaker pointed out, you're not left on your own to cope, there's always plenty of support available.

Minister for Disabled People Jonathan Shaw stated the government's continuing commitment to personalisation,

and spoke about the latest developments in the Right to Control programme (see page 11). He also talked about welfare reform and employment support, including the need to make Access to Work funding more flexible and fairer for people with mental health needs, and for support to be available for employers.

There was also an update on personal health budgets, which the Department of Health will be piloting in 70 PCT areas very shortly. Over a third of these sites will be looking at mental health issues. The pilots will be evaluated throughout, and will end in 2012.

For an update on Mind's project, go to the news, policy and campaigns section of their website: www.mind.org.uk. There you can download three new publications on personalisation: a guide for care coordinators, views from people who use mental health services, and a review of evidence.

Alternatively, we've provided a link to these documents in the personalisation section of the Volition website.

Self Directed Support goes online

Some councils are looking at online market place or e-market place (amazon or ebay style) websites to help people find and purchase support.

One such site, shop4support, a social enterprise set up between InControl and Valueworks (provide eProcurement and Supply Chain web based software solutions) recently gave a presentation in Leeds. Such a site could act as the broker for support with vendor ratings and opinions posted by service users in order to contextualise services and offer a range of information to enable the purchaser (service user) to make the best choice for them. The site can manage the entire purchase to pay process.

shop4support suggest benefits to providers (sellers) such as back office systems to deal with the multiple administration of many individual service users rather than one traditional contract with commissioners; being able to manage and maintain their own online store including different pricing lists for different client groups/areas etc and low cost transaction methods – usually direct debit (dd) with negotiations ongoing re how this can be underwritten for small organisations who are not

financially insured to use dd. All charges sit with the seller and the idea is that the site becomes self financing.

Local authorities can choose to manage a local version of the site including being able to switch off providers if they have concerns. They would also need to ensure that clients who do not have internet access are not disadvantaged. Shop4Support are currently working with five local authorities including Wigan and Oldham and nationally around 300 service users are accessing their support through this system. This could potentially blow open the social care market place with individuals, private companies and national providers all listed together. Volition would really like to hear your views on this and your suggestions for how we should engage with the issues it raises.

For more information get on that search engine or see: www.guardian.co.uk/society/2009/mar/18/shop4support-social-care
www.shop4support.com/s4s/ui/content/home.aspx
www.outnabout.org.uk/CIO/usp.nsf/pws/CIO+-+Social+Care+Providers?open

The Right to Control

The Right to Control is the latest government initiative that falls under the personalisation umbrella. The government is legislating to give disabled adults (including people with mental health needs) the power to control a range of funding streams to which they are entitled. As for personal budgets in social care, disabled people could choose for a public body to arrange for services or equipment they need, take a direct cash payment to buy services or equipment, or a combination of both.

The funding streams that might be included in the Right to Control are: Access to Work, other specialist employment support such as Workstep, Independent Living Fund, Supporting People, Disabled Facilities Grant, Disabled Students' Allowances and community care funding.

In the first place the government will test out the Right to Control through a number of "trailblazer" sites in local authority areas in England. This will help them to work out the best ways to deliver the Right to Control, costs and benefits, and how it might work for different groups of disabled people, including a focus on people with mental health needs.

The Office for Disability Issues is now running a consultation about the Right to Control trailblazer sites.

The consultation covers:

- which funding streams should be included
- how to make it easy for disabled people to understand and use, with a seamless service

- overcoming barriers including the question of keeping existing services going if fewer people are choosing them
- what support disabled people will need to exercise their Right to Control
- challenging decisions
- implications for service providers (including third sector) and commissioners.

The consultation raises a number of questions about how well the Right to Control will fit in with existing personalisation policy and practice, particularly the existing expansion of personal budgets for social care, and the soon-to-be-piloted personal health budgets. The Right to Control is only available for disabled people, but some of the possible funding streams, for example Supporting People, are available to non-disabled people who nonetheless have support needs. Deciding who is eligible will be a tricky matter.

The consultation documents and more information can be found on the Office for Disability Issues' website. They are particularly keen to hear from disabled people, and there is a toolkit to help you run a consultation group if you would like: www.odi.gov.uk/right-to-control

Volition will be responding to the consultation, so if you have anything you would like to feed in, please let us know. The deadline for responses is 30 September 2009.

National Suicide Prevention Strategy Annual Report 2008

This is the sixth annual report of progress since the national suicide prevention strategy for England was launched in 2002. The National Mental Health Development Unit (NMH DU), replacing the National Institute for Mental Health in England, is responsible for leading on implementation of the strategy.

The latest published statistics show a further and very welcome fall in the overall rate of suicide amongst the general population. This report highlights some of the work being done nationally as well as what was achieved in 2008.

Download the report from www.nmhd.org.uk/resources

New from SCIE

At a glance 5: Mental Capacity Act

This summary presents an overview of the Mental Capacity Act (MCA) 2005, which is important to health and social care practice. The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework.

www.scie.org.uk/publications/ataglance/ataglance05.asp

At a glance 6: Personalisation briefing for commissioners

In the first of SCIE's new series on personalisation for professionals, 'At a glance: Personalisation briefing for commissioners' offers an introduction to the subject as well as the implications for commissioners and examples of change.

www.scie.org.uk/publications/ataglance/ataglance06.asp



Notice Board



NEWSFLASH: Green paper on shaping the future of care

Shaping the Future of Care Together sets out a vision for a new care and support system. The Green Paper highlights the challenges faced by the current system and the need for radical reform, to develop a National Care Service that is fair, simple and affordable for everyone. It sets out a number of consultation questions and asks everyone to provide their views about how they think Government can make this vision a reality and develop a care and support system fit for the 21st century.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102338

The consultation will run until 13th November 2009.

NEWSFLASH: New Horizons

The New Horizons shared vision for mental health consultation has started. The document sets out ideas to target the root causes of mental illness and the development of higher quality, more personalised services. It explores the prevention of mental illness and early interventions. It also looks at how services can become more innovative and work more effectively together.

New Horizons is not a final document. There are still important questions to be answered and your response can help influence the final version.

To have your say, visit: www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103144

The consultation will run until 15th October 2009.

IMPACT Health Awards

The IMPACT Awards have been running since 1997 and are designed to recognise and reward charities that are doing excellent work to improve people's health. They are funded by GlaxoSmithKline and managed in partnership with The King's Fund. The awards are open to registered charities that are at least three years old, working in a health-related field in the UK, with a total annual income between £10,000 and £1 million.

- ◆ An overall winner will receive £35,000, nine other winners receive £25,000 and up to ten organisations that are highly commended or runners up receive £5,000 or £3,000.
- ◆ You do not need to present a new project. The awards are designed to recognise success and achievements

for existing work.

- ◆ You decide how to use the award money.
- ◆ Organisations that win or are highly commended for an IMPACT Award will be offered free training valued at £3,500 for each organisation.

Find out more about the IMPACT Awards Development Network:

www.kingsfund.org.uk/research/projects/gsk_impact_awards/gsk_impact_awards_2.html

Deadline for applications for the 2010 awards is 5pm on Friday 25 September 2009. For more details visit:

www.kingsfund.org.uk/research/projects/gsk_impact_awards/

Mental health mapping - view the data online

Many Volition members are involved every year in providing information for a national mapping exercise of mental health services. The information gathered helps the Department of Health to compare services in different areas of the country, and to check that a range of statutory services are being provided.

The 2009 reports are now available to the public online at: www.mhcombinedmap.org/Reports.aspx
In additional reports on levels of service provision in

different geographical areas, the following have been added:

- Time series reports – to compare staffing, bed numbers and caseload between two years
- Find service report – to find an individual service by name or postcode.

The 2009 service mapping directory of service contact details is also available at: www.mhcombinedmap.org/Directory.aspx