

Devon LINK Counselling & Related Therapies - CART

Minutes of the meeting in public held at the LINK Networking Event
3pm – 5pm, Wednesday 3rd March 2010
St Sidwells, Exeter



Present: **Simon Henderson (Chair) - SH**
 Carol Jones (Counsellor) – CJ
 Caroline Lee (Host & Facilitator) – CL
 Vic Bowsher (Dementia Care Trainer) – VB
 Robin Tay (CAMHS) - RT
 David Tarbox-Cooper (Independent Consultant) - DTC
 Caroline Woodhead (Service user)– CW

Apologies: Andrew Kemp, Edwina Huggett, Louise Hawkins

	ACTION
<p>1. Matters arising Simon Henderson duplicated in the list No reports from Doncaster and Newham yet GAD7 and PHQ forms given to group for discussion.</p>	<p>Post minutes to CW</p>
<p>2. Consideration and discussion of draft proposals, leading to formal agreement and adoption of CART ‘Terms of Reference’</p>	
<p>3. Development of an action plan</p> <p>3.1 CL presented Task Group Handbook to the group in draft form. All have to abide by a conflict of interest policy. Declaration at the back of the handbook. It shows the Legal framework and how LINK fits in with Health and Social care commissioning. Terms of reference will fit within it. It is a summary of the intention of Parliament when passing the LINK Legislation. It will support and strengthen what group is doing. E.g. of how handbook can be used: VB is a trustee of the organisation that hosts the group and may need to address this in the conflict of interest. Means some people may not be able to take part in some areas of discussion, this is outlined in the manual. All comments to C L directly. This is a first draft and should not be circulated. Any queries to be addressed at next meeting.</p> <p>3.2 CL met with Supporting People User Network in Exeter. Want to set up something in Exeter for people with MH problems of all descriptions. Important to speak with them as have experience of using services. They would like to hold a “recovery day” CL is looking into this, it may be something the group would like to get involved with. SH suggested talking to Southwest Pound - outreach workers back office support. Work heavily in Torbay with rent deposit scheme. Director and company secretary. For anyone in the county. Nobody is excluded or discounted. On the group as had a specific Q about counselling in the South Hams.</p> <p>3.3 CL said there needs to be a standard way of asking other groups to</p>	<p>3.1 CL to ensure member of MIND attends the next meeting. SH to draft letter. Catriona Widdows to finalise and send out</p> <p>3.1 Request agenda item to address conflict of interest and any matters arising from the Handbook.</p>

contribute. Who to ask? What questions will we ask?

3.4 SH asked about the group establishing effectiveness?

CL said it is more to do with the mapping, where people are so we can go and ask them. Maureen Casey mentioned monitoring. We can perform a monitoring function. E.g. monitor IAPT (Improving Access to Psychological Therapies)

3.5 CJ – Update on IAPT. Doncaster report based on statistics is hard to follow. “BACP Therapy Today” article on IAPT has reference to problems in the south west. Wrote to Louise Robinsons, author of report, for clarification. Louise responded – ‘we are in contact with Devon counsellors and I think they have done a fantastic job by lobbying and informing their commissioner who is swimming much against the tide in the southwest in maintaining their contracts’. CL suggested getting someone in from NHS Devon who holds the purse strings for IAPT. CJ – BACP not trying to organise competencies because the situation is so fluid. Things change on a weekly basis. Meanwhile, Devon are training up the IAPT people to ask the questions and then referring them to High Intensity practitioners. People in Honiton persuaded their commissioner to take them back.

3.6 CL The handbook is there as we have a need to go through the conflict of interest. LINK participants may be asked to represent at board level and there needs to be clarity about the role. Also LINK participants need to be authorised by the Strategic Planning Group if they wish to go outside the LINK and consult with the public through community groups etc.

3.7 CJ – Government want to regulate counsellors. If regulate the way they are doing it they will not be able to work as they are. Interested in how young people will want to inter-relate. Very different to our way of living. Chat rooms etc. Develop online?

3.8 CL said that to enable young people to have their say we have to make sure they have a safe space. Young person from the youth parliament attended an event with me on Monday. LINK Devon is trying to set up a youth forum in Exeter. CJ said young people are not necessarily used to such situations. More likely to be online? RT – Diversity. Link with the UK youth parliament. Good link with this group. Could be utilised. Also a contingent of young people I have regular contact. One has expressed interest in taking part in the CART group? CJ – would it be easier if there was a small group as opposed to an individual? Spoke last time about inviting someone from CAMHS?
CL asked said there are a number of youth organisations and she will contact them when given the go ahead.

3.5 CJ to forward article if possible for inclusion on the resource portal.

3.8 Online youth provision

<p>4. AOB</p> <p>4.1 What is the Senior Council? CL- Anyone over 50 can join. It's an Association of People – have some dept of work and pensions money. Within the council. Dept of work and pensions money. SH - can make recommendations at county level and has to be listened to. Not enough people aware of what the senior council for Devon stands for RTC - Age support in Okehampton looking at mental health support</p> <p>4.2 CJ - Too many groups perceived as not making a difference. Surrounded by state jargon CL - We, the LINK, have regulatory backing to make sure people take notice. The LINK is allowed to scrutinise on involvement in world class commissioning. World class commissioning – benchmark in national indicators for how commissioning is to be carried out within the NHS. Targeted. We have a role to strengthen involvement to ensure needs of service users are taken into account when commissioning services. NHS trusts required to answer questions within 20 days. Not the same as FOI. Information we can request is not the same as an FOI. We won't get stuff that is commercially sensitive (wont tell us if not considered to be in the public interest). We can refer up to ministerial level is required)</p> <p>4.3 CJ - CART is a complex group, e.g. IAPT – so fluid and the Government change things so frequently. CL - e.g. Tendering: if begin criticising an issue/provider members can withdraw (e.g. Robin can) from the discussion. CJ - important to have VB here to advise on dementia. Also important to look at young people.</p> <p>4.3.1 CJ - Dementia cafes. Possibility that voluntary counselling could help? Not necessarily with sufferers but with carers? VB said the café's are professional and have a CPI and a CPN that will be there most of the time.</p> <p>4.3.2 CL wrote to Heather Penwarden a document about community hubs and how should be provided. Came across it by accident. How can we help to get peoples voices heard? Referred Alf Boom campaign.</p> <p>4.3.3 VB - town council, nurses etc aggressively going after them about the bungalow. Assessment ward in Exeter? 10 – 12 months then it will re-open? Memory café where carers can go and have someone to chat to. That's what the bungalow provided. The Dementia café run once every 2 weeks. Nothing compared with the bungalow but something. CL said can be referred to the memory clinic from the cafés. CJ referred to Gerry Robertson's programmes that reported one care home where people properly trained. Now lots are being closed – state funded. SH - seems to need to be privately funded and managed.</p>	<p>4.1 CL to arrange attending a Senior Council Meeting with DTB</p> <p>4.2 Role of LINK and World Class Commissioning</p> <p>4.3.3 VB to keep group updated re Dementia in East Devon</p>
---	---

CL - CQC website. Put in care homes and it will list them.

4.3.4 VB said some carers are in dire need of help. They have a 24 hour routine. Worn down mentally and physically. SH asked what info is relevant and can be acted upon? CW asked about people caring in their own homes. Described personal experience as a short term carer. Difficult to access information. CL said a recommendation could be made

4.3.5 SH - In the press recently: some GPs good and some aren't. Do all practices need some form of IT database that would enable them to find the details of where to go or leave with an appointment.

CJ said mental health care ok in the south east not good in the south west. Point of diagnosis and the help available at the time.

CW said there is no signposting available

CL - we will make a recommendation which they will have to respond to and account for any decisions surrounding it.

VB - Caseloads should be 50 and GPs have up to 120!

4.3.6 CL - David light & Jim Delves wrote the carers pathway. We could invite him to a meeting of arrange for one of you to meet him. Torbay healthcare trust has helped them to publish is because recognised the document as valuable.

SH - Can we invite Amanda Williamson from Mind, Jim Delves or David Light to the next meeting and give them a 15 minute slots to talk them do a Q&A? Give them dates of both meetings to allow choice.

4.3.7 CL- Need to be clear about engaging young people. How they can influence service change. e.g. Facebook or twitter. To engage not to counsel them. Need to be sensitive. Develop relationships. Check emotional well being. Need to ensure confidentiality, child protections law adhered to etc. SH said is will be difficult to manage confidentiality. Not sure we can take responsibility. CJ said still to contract confidentiality into a group

4.3.8 VB said there are 2 factors a. education of doctors v education of nursing staff in hospitals. Called to Tiverton Hospital to train as they are desperate for training.

Suggested Questions:

Who is in charge of Mental health training in Devon?

Who trains the staff in hospitals in hospitals here?

Do the hospitals need to have a dementia ward?

VB - Go in for a medical issue and have dementia and not care for as being in need of mental health care too. Too often hear 'We're taking it on board'. 'We'll have a consultation' 'We've learned lessons from that' etc. SH said can include questions in the final report e.g. is there a dementia ward? CJ said we need to ask how it will be funded - Social enterprises? Invite someone running an upstream services? CW said

4.3.6 SH to invite Amanda Williamson, David Light and Jim Delves. Catriona Widdows to forward the letters

[4.3.6 Catriona Widdows to draft a letter for DPT and NHS Devon following precise instructions as to content from Chair and CJ]

<p>Wonford House, mental health side, service user led induction service. Can this been used with dementia? SH said the group needs to be careful not to be too focused on dementia.</p> <p>4.4 CL - induction days are useful. Devon partnership trust. Enables all staff members to be involved (from cleaners to managers). Freshers fair. Allows them to learn what it's like to be a mental health sufferer. Welcome to attend a meeting when CL attending – will email dates of next ones. Need to book you in so they know you will be attending. In the morning there is an induction about quality of life etc for MH sufferer. Speech from Ian Tulley. Ed Coutts and others give workshops. Volunteers come in a share experiences. Shows staff how to deal with sufferers. Raises awareness of people's needs</p> <p>4.5 SH suggested focusing on one area. Getting the model right. Getting the procedures right etc. Then use it to deal with other issues. CJ said she would be happy to write up interim report. CL this goes to SPG group – participants at the centre of the network from the beginning. Meet every 2 months to discuss where the LINK is going. They hold the purse strings. £60k per annum to spend on all LINK activities. We need to send proposals for activities, events etc to them. CJ - will want to go for more than 6 months because of the elections etc. CL said the whole group can contribute. Would like to invite whoever is writing the report to attend an SPG meeting. Venue somewhere in Exeter. 2 sides of A4. Include wish to meet for longer than 6 months and explain reasons for. CW will email the report to the group before submission.</p> <p>4.6 SH – inconsistency of GP surgery quality. 10-15 minutes per patient. Difficult in high population areas. All relative to the size of the practice. Capability of practices varies. Need to ensure don't leave a surgery without a referral or signpost. Need to be capable of doing this correctly. CL - at point of diagnosis may not get enough information about the condition. SH -Data Warehouse – holds all information required or signposts to information. Need initial analysis and modelling then need to ensure kept up to date CJ - IAPT objective but not working currently</p>	<p>4.4 CL to email dates of next freshers fair to allow group members to attend</p>
<p>Date & Time of next meeting</p> <p>Actions:</p> <ul style="list-style-type: none"> • 14th April 3.30pm – 5.30pm • 11th May 10.30 – 12.30pm <p>All at St Sidwells</p>	<p>SH , please email agenda to Catriona and she will circulate it to the group in advance of the meeting.</p>