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**MINUTES OF THE TORBAY SUPPORTING PEOPLE
MENTAL HEALTH AND HOUSING STRATEGY SUB-GROUP MEETING
Meeting 2: 2008
THURSDAY, 22nd May 2008 – 2.00 pm to 4.00 pm
MEETING ROOM, PEARL ASSURANCE HOUSE, TORQUAY**

Present	Job Title
AR	Mental Health Commissioning Manager
RH	Community Recovery and Independence and Assertive Outreach
ML	Provider representative (Rethink)
SH	Client representative
SG	Client representative
AB	Devon Partnership Trust
Lizz Higgins	Supporting People
Rose Knapman	Supporting People

ITEM	
1 Apologies	
GP	Provider representative
DB	Devon Partnership Trust
JL	Devon Partnership Trust

2 Minutes of previous meeting	
2.1 No minutes were available – deferred to next meeting	LH
3 Matters Arising	
3.1 JL has taken a post in Newton Abbot and as such has resigned from the Strategy Sub-Group. Members expressed the view that he would be missed and had contributed a lot to the mental health services in Torbay. Lizz asked to pass on our thanks to JL for his contribution	LH
3.2 Register of Interests. All members were reminded to complete the register of interests if not already done.	ALL
3.3 Handing over MHSG support to Rose Knapman. Rose Knapman has recently been appointed as a Service Development Officer for Supporting People and will be taking over the support for the Mental Health strategy area. Members welcomed Rose to the role.	
4 Discussion of the Commissioning Body Funding Decision	
4.1 The meeting held a wide ranging discussion about the recent Commissioning Body decision to cut funds by about 1/3.	
4.2 A Research Paper was presented by Lizz Higgins using Hub Information to identify the number of people waiting for services. This identified a	

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	<p>need for greater provision for high multiple needs clients, young people and a difference in the patterns of accommodation based referrals for men and women. The paper also identified a high number of people in Registered Care (5) and hospital (3) and one person in a rehabilitation setting waiting for appropriate accommodation services. In a number of these cases the service user had so far been refused by all services that they have been referred to. Following examination of the figures the group asked LH to amend the paper to reflect Accommodation Plus as a separate category from accommodation and 16 actually waiting for accommodation.</p>	LH
4.3	<p>The following points were identified:</p>	
4.4	<p>It may not be necessary to cut services – services may need to work better.</p>	
4.5	<p>Floating Support is relatively inexpensive. High cost services are all in the accommodation based range. There needs to be a review of accommodation based services by Clients/Supporting People/Devon Partnership Trust.</p>	
4.6	<p>There needs to be tightened criteria for people needing accommodation based rather than floating support services. LH agreed to ask the Hub to undertake the work involved in establishing effective criteria.</p>	LH
4.7	<p>A question was raised about the effectiveness of referrals from the Hub and this will be raised with the Hub Manager.</p>	LH
4.8	<p>It didn't appear that the decision around MH service funding had taken account of the deprivation indices to the level that they are different from Devon and Nationally.</p>	
4.9	<p>It was agreed that the Mental Health and Housing Strategy Sub-Group needs to submit a plan to the Commissioning Body including:</p>	AR/LH
4.9.1	<p>Arguing for more money based on -</p>	to
	<ul style="list-style-type: none"> • National Strategies • Torbay Strategies • The Torbay Deprivation Indices related to Mental Health 	coordin ate
4.9.2	<p>The response needs to outline timescales for the reduction</p>	
4.9.3	<p>It was agreed that all providers needed to have an equal opportunity to respond to the funding cuts and argue their own case. The strategy for responding would involve firstly asking Providers how they could contribute to delivering a sector at this lower cost of £750,000.</p>	
4.10	<p>A question was raised about what the difference is between floating support and accommodation based services. It was suggested that:</p>	
	<ul style="list-style-type: none"> • Staff on site are more available to people • People don't expect to stay there forever 	
4.11	<p>There is a need for greater pre-tenancy work – this could be done by Social Inclusion floating support.</p>	
4.12	<p>Members identified the significant level of cross client group needs and queried the overall approach involving allocating funding based on client groups. There was felt to be a need to break down the classification and address people on the basis of need.</p>	
4.13	<p>Considerable debate was had around the issue of Social Care budget</p>	

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<p>funding and the potential availability particularly for high need residential and hospital discharge cases.</p> <ul style="list-style-type: none">• Supporting People maintain the position that people discharged from Residential Care or Hospital with significantly high needs should be funded from this budget.• Providers are unwilling to take a number of clients and we need services that are fit for purpose for the clients we have most need to place.• Issues around risk were raised with the provider representative citing people with a history of violence. Supporting People maintained that we are only talking about a small number of people and in at least some cases it is not so much about risk as the difficulty of managing non-violent behaviours.• ML made the point that the services were supporting people who had been discharged because they had stabilised with the expectation of an ongoing SP service. She further stated that while there is still social care in some service provision, taking this out of the individual service delivery would be likely to cause relapses. All agreed that it would not be desirable that people who didn't need secondary mental health services continued to use them. LH argued that if these services were maintaining mental stability then they were a lower level of medical support that should be funded from a different pot. ML argued that the Outcomes framework was so broad that this could be quite reasonably be taken to be an outcome, and that providers had asked for clarification on a number of occasions.• LH Stated that she recognised the lack of definition in the outcomes framework, but that Torbay expected support services to be working in the expectation of greater independence through the work and she would talk to her manager about issuing a local clarification.• Several members raised the issue of how this move was putting pressure on the social care budget. LH argued that the constant funding cuts to the social care budget were putting pressure on the Supporting People budget, not the other way round. <p>4.14 It was suggested by LH that their needed to be buy-in by Health practitioners into the concept of greater joint working since regular case review with MH input would probably facilitate better outcomes.</p> <p>4.15 There appear to be two separate issues, accessing accommodation and providing the support.</p> <p>4.16 The Strategy Group need to look at how the sector is currently arranged:</p> <ul style="list-style-type: none">• The role of Support Time and Recovery workers• How closely services work with Primary Mental Health Team• Issues around the lack of movement to independence in the “staying healthy” strand of the mental health networks• Considerable discussion was had around the levels of social care and the discharge of service users from secondary mental health services based on housing support that keeps people stable. It was expressed that although this was needed it fell between budgets	<p>LH</p>
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<p>and as such would be detrimental to the health system if Supporting People dropped funding for this aspect.</p> <p>4.17 Questions were asked about the level at which increased service provision can be found by:</p> <ul style="list-style-type: none">• Moving people with pre-tenancy and move-on and resettlement needs into Social Inclusion floating support.• How many people have cross cutting issues with Homelessness and Criminal Justice and could be served by services in this sector• How many people cross over with Young People’s services and what is the scope for developing young peoples services with a better understanding of mental health needs. <p>4.18 Other considerations that need to be addressed in planning include:</p> <ul style="list-style-type: none">• A gap in high multiple need service delivery. To design this sort of service effectively it was agreed that the consultation would need to involve taking the names of people to the social care panel so that they can discuss what sort of service is needed to meet requirements.• The need to identify any people whose primary need is Learning Disability so that they can be passed to the Learning Disability sector for individual budget funding.	
<p>5 Recurrent and Non-recurrent bids.</p>	
<p>5.1 It was acknowledged that the funding bids had to be in by the 6th June 2008 and that after this no further bids rounds would be likely to be available.</p> <p>5.2 An assessment officer to assessing service users in accommodation based services was suggested by Supporting People but not agreed.</p> <ul style="list-style-type: none">• It was suggested that Supporting People need to trust their providers to do that work.• It is felt that this would subject clients to another unnecessary assessment.• It was identified by Supporting People that there are currently Learning Disability clients in mental health services and that these people need to be identified and assessed to ensure that they are funded by the right sector.• It was clarified to mental health commissioning representatives that mental health support workers are not involved in a 3 way relationship to develop support plans.• The Group indicated that they have previously said that they want to proceed towards individual budgets slowly and don’t see that this should be involved in the current situation.• It was suggested that any reviews should be whole service reviews rather than individual client reviews and that any issues about levels of coverage in services should target individual providers.	

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5.3 5.4 5.5 5.6	<p>1: A bid for non-recurrent funding to cover services for clients in Learning Disability services was agreed.</p> <p>2: A bid for joint funding for a high needs women's service was agreed. This would be likely to be with H&CJ.</p> <p>A focus on further work with the private sector including:</p> <p>3: A non-recurrent bid for a pilot service for a worker in the Hub / Landlord Service in Housing Services to work specifically towards developing landlord relationships to find accommodation for multiple needs clients as well as young people with multiple needs was agreed.</p> <p>4: a post to undertake pre-tenancy work with the clients identified in bid 3 this post would be expected to work with housing and could potentially be a bid across client groups with H&CJ.</p>	
6	Meetings for 2008	
6.1	<p>Meetings were set for the rest of the year:</p> <ul style="list-style-type: none">• June 20th, (Friday) 1pm–3pm• July 23rd, (Wednesday) 2pm-5pm• August 27th, (Wednesday) 2pm-5pm• October 1st, (Wednesday) 2pm-5pm• November 5th, (Wednesday) 2pm-5pm• December 8th, (Monday) 2pm-5pm <p>Meeting venues to be announced</p>	