

22nd November, 2012.

Dear Aidan Thomas,

I am a carer for my son who is in his thirties and lives in the community. He has been a service user of the Trust for fifteen years, receiving support from the Assertive Outreach Team in the city locality.

For many years, I have involved myself in the work of the Trust, serving on countless committees, formerly including Chair of the Trust's Carers' Council and for three years as a governor. I presently serve on the Carers' Focus Group advising on pathways of care, and the Trust's IMROC group.

I acknowledge the need to redesign services in the light of prospective budget cuts. Also, I support the policy of people with mental health conditions living in the community.

As a member of the NSF NHS Trust, I am writing this letter to express my deep concern about the current squeezing of services and human resources in the City Locality Outreach Team. When the number of inpatient beds are to be radically reduced, despite, (quoting Kathy Chapman, Dunstan Hall, 9 November: 'The need for beds is statistically rising...'), and more people will be living with support in the community, I am unable to understand why more of the resources that are being 'taken out of intensive services to protect other services...' - (Kathy Chapman, 9 November) - are not being re-assigned to support and strengthen outreach services which being drained to breaking point. The Outreach Team has been my son's and my first and only line of support. The time the care co-ordinators have spent with my son has kept him out of hospital and supported his physical health and mental health recovery. Time spent with Service Users is being radically reduced, due to a drastic reduction in staff. It is this staff, keeping SUs out of those disappearing inpatient beds.

The provision of psychological therapy, provided as a discrete treatment to those in secondary care is fugitive. I am aware of the government remit for the Wellbeing Service. However, in my opinion, this service was presented by the Trust to the public, as improving the availability of psychological therapy for those - not only in primary care, but also in secondary care. To my knowledge no one in secondary care has accessed therapy through this route, and people with schizophrenia, despite NICE guidelines, are rarely offered psychological therapy. I have no confidence in statements suggesting this service 'will be rolled out to SUs in secondary care sometime in the future'. As a member of your Foundation Trust I applaud the acquisition of the Wellbeing Service, but continue to consider the lack of availability of a range of psychological therapies available in the Trust's services to be a deficiency. Service Users and carers have been begging for a range of psychological therapy for years and years.

I acknowledge the need to change and evolve, however, as a carer, who has spent a great amount of time working with the Trust, considering and advising on strategic as well as operational issues, I have experienced a plethora of policies and documentation - the majority of which have taken a great amount of time and money to formulate, only to be expensively revised or ditched before they have been successfully implemented. For example, I have seen Care Plan documentation revised countless times, when the real issue is the necessity for all Service Users and their carers to have a care plan which gives more than lip service to recovery and the Whole Life Policy.

Similarly, in my opinion, Carer Strategies and Assessments are for the most part ineffectual. Moreover, to presently expect Outreach Teams to find time to regularly liaise with carers is

unrealistic. The Carer's Strategy and the Triangle of Care are policy documents which are empty words.

I care passionately for the people you serve who live in the community, fighting to regain their lives in a society which stigmatises and misunderstands them. I acknowledge and applaud the efforts the Trust is putting into analysing and redesigning its services, but despite expensive conferences and consultations, the majority of the public are unaware of the planned reduction in services and the effect this will have. I am concerned that the provision of the outreach services sits uncomfortably between the proposed pathways and needs more consideration.

This letter is to implore the Trust to give urgent attention now, and future consideration, to augmenting and extending the resources of the City Outreach Team, which - in my opinion - is managed and nurtured admirably by Nick Bishop.

Please note this E mail represents my own personal views.

Yours sincerely,

Copies to:

Maggie Wheeler
Graham Creelman
Barry Capon
Kathy Chapman
Tony Jackson Chair of the governors
Kate Pace Chair of the Carers Council
Stephen Fletcher Chair of the Service Users Council
Mary Rose Roe Carer governor
Sharon Picken
Rebecca Horne consultant psychiatrist
Clare Lusignea consultant psychotherapist