



MENTAL HEALTH AND LEARNING DISABILITY SUB GROUP MEETING

Thursday, 8 July 2010

Boardroom, Parish Centre, Beverley Minster, Beverley

Action

1. **Present:** Sylvia Whitton, Louise Beecroft, Liz Bonavia, Sally Browne, Ortrud Nield, Neil Griffiths, Assistant Director of Joint Commissioning, PCT

Apologies: Alison Rowlands, Ruth Marsden

2. **Introductions and Welcome:** Members of the group and NG introduced themselves. SW welcomed NG to the meeting. She emphasised that this group aimed to be proactive and supportive to anybody or any organisation involved in mental health and learning disability matters.

3. **NG on Buckrose Ward:** NG told the meeting that Bartholomew House had been the most recent closure as there had been issues around dignity, quality and standards. One of the issues in Buckrose Ward was also connected to dignity. Male and female patients could not be separated as it would cost too much. He explained further that the Crisis Resolution Home Treatment Team (CRHT Team) had reduced dependency on wards/units. One of the concerns was the large number of small units. One of the suggestions was that a large model might be the ideal. The consolidation of adult mental health services in Castle Hill could be one of several options.

NG stressed that no decisions on mental health services including Buckrose Ward had been taken yet. He informed the Sub Group that a public Board meeting was going to take place in September 2010. He assured the Sub Group that the LINK would receive a formal letter inviting the LINK to the public Board meeting.

NG commented that the Board had taken no decision yet to go to full consultation. A lot of questions needed to be answered first. The option of a closure of Buckrose Ward might be based on financial or practical reasons. Maybe a Centre of Excellence was the solution. But nothing had been

decided yet. Peter Choules, PCT and himself would be writing down the options for the Board meeting.

NG highlighted that all the rules were changing but under current rules the PCT could not close wards without the full support of GPs and public engagement.

NG and the CRHT:

SW gave NG a copy of the Sub Group Proforma. NG was concerned that the Sub Group had CRHT as priority 3 on its work plan. He had always considered CRHT as one of the successes.

SW confirmed that the Sub Group was not saying that it was not a good service but that only a very small number of carers had responded to the satisfaction survey. The Sub Group might get a much higher number of carers' responses by conducting its own survey in conjunction with the Humber NHS Foundation Trust. For this reason SW and RM were going to a meeting with Dave Knapp on July, 13, to discuss this further and to explore other possibilities of working together. NG commented that it could be brought to MHPB. SW said that the group would keep him informed of developments.

NG and respite and health checks for carers:

SB raised the issue of carers and respite and the problem of accessing appropriate facilities. NG suggested the Mental Health Partnership Board could consider inviting the local authority to look at improving respite facilities though this would require a market analysis.

NG said that the PCT had put money into health checks for carers. It was too early to say whether carers actually used the service.

NG and Home Intensive Treatment (HIT) and CRHT:

NG stated he would welcome information provided by the Sub Group on the following two questions:

1. What is the experience of the HIT and CRHT for users and carers?
2. What is it like to be admitted to Buckrose Ward or Mill View or any other mental health unit?

He added that the Sub Group's proposed CRHT questionnaire would be a valued source. SW welcomed this proposal and any future possibilities of working together.

LBo (Mencap) strongly expressed concern that previous minutes reflected lack of involvement with Learning Difficulty and why we hadn't done anything about a recent paper.

SW assured her that Learning Difficulty was a priority on our workplan and that AR was our official representative on the LD Partnership Board and that ABW and JL also attended the LDPB in different capacities and this was good representation for a very small group. The appropriate forum for matters arising at the LDPB was this Sub Group.

LBo drew the Sub Group's attention to the travel wallet for people with learning disability and recent press releases about care for people with learning disabilities. She urged the Group to undertake more work for the benefit of people with learning disabilities.

4. Minutes of previous meeting:

The minutes were agreed as a true record with one minor amendment.

5. Matters arising:

5.1: ON to check whether Jane Fenwick, Humber NHS Foundation Trust, had responded to the Group's enquiry about David Ripley's request. If she has not then DR needs to be invited quickly.

ON to follow up

5.2. SW requested to put Partnership Boards reports on the agenda as a regular item.

5.3. SW had not been able to go to the Older People's and Dementia Partnership Board meetings as the LINK Forum had fallen on the same date.

5.4. LBe reported that she was a member of the Dementia Strategy Implementation Group.

5.5. Meeting between SW, RM and Dave Knapp on July, 13: Dave Knapp's queries about which questions referred to patients and which questions referred to carers will be looked at in detail.

5.6. ON reported that G. Mitchell was not able to join the Group but was happy to be consulted on issues.

6. Comments on Forum 22 June 2010:

LB had found the Forum very productive. Commissioners had to answer difficult questions. A lot of issues had been raised that could be pursued such as accessibility and flexibility of respite.

SW said people did not seem to know what kind of help is available. At the Forum, Mike Cheeseman, Humber NHS Foundation Trust, had offered to give a talk to the Sub Group. SW suggested that the Sub Group needed to be much more inclusive and needed to become broader in its work plan. Mike Cheeseman would be able to offer an overview of mental health services.

SB said that there is much more real partnership working taking place than in the past.

ON highlighted that less members of the public attended than anticipated due to illness.

ON suggested that Saffron could be invited to the Sub Group's meetings as they were users of the services the Sub Group looked at and had first hand knowledge.

ON to invite Saffron to meetings and obtain and distribute their leaflets.

7. Proposed Project: Crisis Resolution Home Treatment Team:

See Agenda Item 3 above.

8. Partnership Boards/ Strategy Groups:

See Agenda Item 5.2 and 5.3 above.

9. Enter and View:

SW reported that Dave Knapp had commented that there was already a lot of input into monitoring. Care needed to be taken to avoid duplication.

ON to check with Emma Robson, ERYC, whether monitoring visits were already taking place in Rose Park.

It was agreed not to adopt the joint protocol for working together that existed between the Hull LINK and Humber NHS Foundation Trust.

ON to bring Enter and View material to next meeting.

10. Terms of Reference:

- 11. Communication with the PCT:** ON reminded the Sub Group that all communication between the Sub Group and the PCT had to go through the Host as these were the agreed communication arrangements
- 12. Good Practice:** SW stressed that good practice should be championed by the Sub Group. SW had sent a letter to the Mental Health Partnership Board highlighting their excellent presentation on eating disorders.
- 13. AOB:**
- 13.1 SW attended a dementia workshop and gave out copies to those present, which highlights more flexibility and appropriate care timing for clients.
- 13.2 SB invited members to a HANA (Humber All Nations Alliance) event on 9 July.
- 14. Date and Time of next meeting:** 12 August, 10am – 12 noon
Driffield Business Centre, Skerne Road, Driffield. ON to provide a list of next meeting dates.

DRAFT