



The ERYLINK is hosted by HWRCC

**Meeting between  
The ERYLINK Mental Health Sub Group and Peter Choules, NHS East  
Riding of Yorkshire  
Friday, 6 November 2009  
1:30pm – 3:30pm  
Centre 88, Hull**

**Present:**

Alison Rowlands, ERYLINK  
Sally Browne, ERYLINK  
Eddie Brooks, ERYLINK  
Sylvia Whitton, ERYLINK  
Ruth Marsden, ERYLINK, Chair  
Jean Turner, ERYLINK  
Ortrud Nield, ERYLINK Ass. Co-ordinator  
Peter Choules, Joint Commissioning Manager, NHS East Riding of Yorkshire

**Apologies:**

Lesley Saunders, ERYLINK

**Item 1: Minutes of last meeting 15.10.09**

Item 2.2:

“PALS documents about complaints” should read: Complaints  
“Complaints about mental health go to PALS” should read: Complaints about  
mental health go to Complaints

Item 2.7:

“IAPD” should read: IAPT

The minutes were agreed as a true record.

**Item 2: Mental Health Partnership Board (MHPB)**

**2.1.:** Ruth Marsden welcomed Peter Choules to the meeting. Peter and the members of the Mental Health sub group introduced themselves. Peter said that any issues about the commissioning process and enquiries about how different issues meshed together should be directed to him. He stated that he would like 2 people to represent the ERYLINK on the Mental Health Partnership Board. He stressed that he would give the ERYPCT perspective on the agenda points.

**2.2: Peter gave background and details of the Mental Health Partnership Board:**

**2.2.1 Structure:**

Mental Health Local Implementation Teams (LIT) had been in existence for 8/9 years. They had played a similar role to the Mental Health Partnership

Board before it came into existence. Working in partnership the Local Authority (LA) and the ERYPCT have now established 4 Partnership Boards:

- Older People's Partnership Board ("Dementia" is placed here.)
- Mental Health Partnership Board
- Learning Disability Partnership Board
- Physical Disability and Sensory Impairment Partnership Board

All 4 Partnership Boards report to the Health and Social Care Executive. The MHPB is for all adult ages. Children and young people are separate.

### **2.2.2** Membership of the MHPB:

1. representatives from the PCT (Director and Assistant Director of Joint Commissioning; Joint Commissioning Manager: Peter Choules)
2. representatives from the LA (Head of Adult Services: Rosie Pope; Strategic Development Managers: Derek Newton, Rita Hunt)
3. representatives from Humber Mental Health Trust (Unit General Manager: Lisa Smith)
4. representatives from the 3<sup>rd</sup> sector (Rethink: Andrea Nettleton; MIND: Greg Aitkin; North Bank Forum: Julie Hastings; Carer representation: facilitated by Ruby Watson, Rethink)

**2.2.3** The MHPB has a weakness in terms of public engagement. Peter said he had come to this meeting to improve this weakness.

### **2.2.4** Purpose of the MHPB:

To overview the commissioning of the mental health services.

## **2.3** Work plan of the MHPB:

Peter circulated and explained the work plan of the MHPB laying particular emphasis on the issues raised on the agenda for the meeting.

**2.3.1** Transformation: MHPB is looking into how it is affecting commissioning.

**2.3.2** Single Point of Access: Eddie Brooks explained that "Care Forward" is trying to set up a one stop place for people with mental health problems in Hull which is to provide services for users and providers. Peter explained that the geography of the East Riding demanded that services were as localised as possible.

**2.3.3** IAPT: The Government announced it would provide £173 million nationally. £ 1 million had come through. The problem was that the rest might not come through.

In the East Riding there are now 20 new trained staff (recruited over the last 2 years). Until they are recruited there are no provisions at Primary Care Mental Health level. They have to deal with a significant waiting list. The PCT commissioned them from the Humber Mental Health Trust (HMHT).

The East Riding commissioners purchased the Stepped Care Approach from HMHT.

Step one: A person with a mental health problem goes to the GP for help.

Step two: Low Intensity Workers deal with people who suffer from problems such as anxiety or depression on a low level.

Step three: High Intensity Workers (e.g. nurses) deal with people who suffer from problems such as moderate depression, phobias or panic disorder. The

Workers are specially trained in cognitive-behavioural therapy. Give sessions of up to 16 hours.

Step four: Specific intervention is given by a psychologist if step three is not sufficient.

In the East Riding there are about 26 000 – 30 000 people with mental health problems.

Jean Turner raised that ethical considerations would be coming out in February 2010.

**2.3.4 Hard to reach communities:** 2 Community Development Workers have been recruited through the HMHT to engage with Black and Minority Ethnic groups, travellers and economic migrants so that they can access services. 5 Community Development Workers have been recruited for Hull through HANA (Humber All Nations Alliance).

**2.3.5 Crisis Resolution Home Treatment:** Policy is if people (who have suffered a mental health crisis) can be treated at home then they will be treated at home and not in a clinic. Peter said 300 people had benefitted from this service. The feedback from service users and carers was good.

Eddie pointed out that people who had to go to Rosedale day care/activities still had transport problems. He emphasized that the PCT needed to take the responsibility for making sure that every facility was in place when people were sent home. Jean emphasized that transport would become a problem for many people who had to go from the East Riding to Hull if Buckrose Ward closed.

**Action: Peter** to send Ortrud the service users and carers feedback survey.

**2.3.6 Eating Disorders:** Peter stated that this was a significant issue in the East Riding. Old practice was that people stayed in an inpatient unit and went home after treatment. When the disorder came back they had to go to the inpatient unit again. Peter said the trend now was to keep people out of inpatient units and support them at home. Community support needed to be enhanced for people with eating disorder.

**2.3.7 Acute Hospitals/Mental Health Strategy:** The number of people in acute hospitals with significant problems of dementia, delirium or depression had increased. The result was that more people stayed longer in hospital. This problem was addressed in the new and draft Mental Health Strategy. Hull was investing a lot of money in the implementation of the Strategy. Peter explained that the East Riding had financial constraints and therefore could not contribute fully to resolve this problem.

Ruth enquired whether there was a separate staff team to deal with people who had these problems or whether current staff should be trained. Peter said current staff would be trained and a single point of access would be set up at Castle Hill Hospital and Hull Royal Infirmary to deal with problems around learning disability and mental health problems. This was laid out in the new and draft Mental Health Strategy.

Sally Browne stressed the importance of supporting carers. Peter explained that the government had announced dedicated money for carers earlier this year. There were problems around timing. The ERYPCT budget had already been set but the money from the government had not arrived yet.

**2.3.8 Integrated Community Mental Health Teams (CMHTs):** Exist between LA and HMHT for people with severe psychosis (bipolar disorder, suicidal behaviour or severe depression). Peter pointed out that the remit of CMHTs had to be changed and people with eating disorders had to be added to their remit.

**2.3.9 Specialist Commissioning Group:** Ruth asked about support for people with transsexual and transgender issues. Peter explained that the Specialist Commissioning Group came in when gender transformation had been done as people with gender transformation were more prone to mental health problems.

Eddie stressed that there should not be a separate section for them. They should be treated like everybody else when mental health problems arose. Alison inquired about continuing healthcare management. Peter explained this was not about people with lifelong conditions but about people who needed placement in special residential units.

### **Item 3: “Death By Indifference”**

It was pointed out that HMHT had produced a response which in turn was incorporated into the new and draft Mental Health Strategy.

Peter explained that the PCT’s response had been three-fold:

Firstly, via the good work that was done through the DVD produced by the Learning Disability Partnership Board (LDPB). The Board also wants to send it out to GP practices.

Secondly, GP practices were paid to offer annual reviews to people with learning disabilities. GP practices were funded to do this but only half the practices were offering to do this.

Thirdly, in Castle Hill Hospital and Hull Royal Infirmary there is a group which reviews the experiences of people with learning disabilities.

He added that in 3<sup>rd</sup> sector or independent sector homes a wide range of quality could be found. But the LA or the Care Quality Commission picked up on issues.

Ruth then suggested to Peter whether the ERYLINK should target the surgeries which were not offering the annual review as this linked in with the work of the GP Access Action Group.

Alison Rowlands told the meeting of a video that described the experiences of people with learning difficulties and/or long-term conditions in a residential setting. Ruth suggested that this video should also be shown to the practice managers.

The question arose whether the Partnership Boards were engaging all stakeholders on all the Partnership Boards. It was suggested to Peter to sound out the other Partnership Boards about this if he wanted to.

**Action: Peter** to show the LDPB DVD to the Mental Health sub group.

**Action: Peter** to come back to the Mental Health sub group whether he wanted to take up the suggestion of the LINK targeting surgeries in respect of annual reviews.

**Action: Alison** to obtain the video and show it to the sub group.

### **Item 4: ERYLINK Representation on the Mental Health Partnership Board**

It was agreed to send 2 representatives to the Mental Health Partnership Board.

Ruth suggested that the LINK would act as a critical friend.

Peter said that from time to time it would be helpful to get back to the Mental Health sub group and get a wider view on certain issues. Ruth invited Peter to get in touch with Ortrud if he thought the LINK could assist with issues.

It was agreed to set up a timetable for meetings of the Mental Health sub group in the new year and to let Peter know so that he can get in touch when an issue arises.

Peter then left the meeting.

It was agreed to elect the 2 representatives at the next ERYLINK Lead Group meeting.

**Action: The sub group** to set the dates of the next meetings.

**Action: Election of the representatives** at the next ERYLINK Lead Group meeting.

**Item 5: Date and Time of next meeting:**

Thursday, 17 December 2009, 10 -12; venue to be arranged (preferably Willerby Hill)