

**EAST LoTHIAN
JOINT MENTAL HEALTH PLANNING GROUP**

**Wednesday 24th June 2009, 2 pm
Boardroom, Edenhall Hospital**

MINUTES

Present:

David Haldane	Clinical Services Development Manager Herdmanflat Hospital
Thomas Miller	Unison (Health)
Nikki Moran	Development Worker, ELIG
Paul Noyes	Planning & Commissioning Officer (Mental Health), ELC
Linda Young	Community Psychiatric Nurse, JMHT
Neil Mayfield	Consultant Psychiatrist, Herdmanflat Hospital

In attendance:

Rohan Bruce *Minutes*

Action

1 Apologies

Lesley Aitkenhead, Laurelle Edmunds, Fiona Graham, Patricia Graham, Linda Irvine, Ian Johnston, Angela Kenny, Tony Segal, Garry Smith

2 Minutes of the previous meeting

Point 4.2 – 2) ‘Eating disorders’ required clarification as relating to South east Scotland Inpatient unit and West Lothian Rehab Unit.

Point 6.1 – CMHT – An additional point was made during the last meeting that the Psychiatric Emergency Plan (PEP) is being updated. A draft will be ready by 10 July.

Point 6.1 – IHT – A clarification was made: ‘It was noted that responsibility for NHS complex care budget lies with Jane Hopton’.

Point 7.1 – Action Plan – An addition was made: ‘A Lothian event is planned for 25 August, targeted at senior staff in community planning’.

Point 11.1 – AOCB - It was noted that it is in fact ELIG who are looking for new management members and not Stepping Out.

With these amendments, the minutes of the meeting held on 27th May 2009 were approved.

3 Matters arising

3.1 *Public information/websites*

Ian Johnston (IJ) to check who is involved and lead for NHS Lothian. Work also to be done on Council website. **IJ**

David Haldane (DH) noted for information purposes that Alexis Burnette is the Identified Communication Officer for East Lothian at the NHS Lothian Board.

Paul Noyes (PN) noted that a communications subgroup would be necessary to implement changes. This could be a reconstitution of a previously organised group.

3.2 *CMHT Funding*

During the last meeting there was discussion regarding whether the ELJMHPG was or was not asking for more funding. DH reported that Linda Irvine (LI) had said there was no more funding available for ELCHP mental health. He updated the group on the background to this information, including un-recruited positions (i.e. social works, IHT, specialist registrar, OT) and a need to improve multidisciplinary working practises. As of 1st October, DH said that money is to be moved to the Mental Health Strategy for Strategy, in regards to Garleton. DH clarified that he had identified other ways of working to support the community team including moving people from Garleton. He noted that the safety and security of Garleton still remains a priority.

PN noted that reviews of operational policies needed to occur. DH requested that it be minuted that 2 allocations reviews have taken place, which Ian Johnson (IJ) is involved in, and a sector meeting review is about to take place.

Thomas Miller (TM) asked how much the shortfall is, to which DH replied that this comprised of staff vacancies (3WTE), amounting to circa £70 000.

3.3 *Unified Advocacy Service*

There is a major proposal going forward in Edinburgh to re-commission advocacy services across client groups. A discussion of the implications of this ensued regarding ramifications for various services, and the need to inform the public of developments when possible.

NM enquired what general reactions had been to the concept of a unified advocacy service.

PN replied that discussion of the issue still needs to occur between and within services in order to clarify this. DH noted that legislative requirements would also need to be

clarified and considered in relation to mental health services in regards to this.

Linda Young (LY) noted that there is a requirement in social work legislation to encourage & enable independent group advocacy. Intergroup communication is taking currently place regarding these issues.

3.4 *Exercise Prescription*

Garry Smith (GS) to feed back on the funding application process in collaboration with LI. **GS + LI**

3.5 *Project Board*

Relocation of acute beds: a clear date was set at the last meeting of 4th September 2009. A further project board is scheduled for 3rd July – DH will attend and feed back to the group. DH noted that an event organised for acute care and future planning permissions involving the project board has been rescheduled from 1st July to 2nd July. DH to attend and feedback. **DH**
DH

4 Local Strategy and Implementation Plan

4.1 *IHT*

DH gave an update regarding bed occupancy of IHT continually running at 12+ beds. A management meeting has been organised to discuss this as a perception has developed of IHT not working when in fact it is. Claire Faulds (CF) will collate data for this meeting. DH noted that regarding continuity of care, of the staff currently on Garleton ward only one would like to move with the ward to the REH. However there are a number of members of staff retiring which will free some funds. There is potential for current Garleton workers to work at REH temporarily in order to aid patient transition. DH suggested that during the next 10 week action plan consideration should be given to finding a way of encouraging Garleton staff to agree to work at REH during the transition period.

Neil Mayfield (NeM) updated the group on bed allocations. Recent drafts of bed allocation plans show east and mid beds located together in a mainly 'East & Mid' unit, in line with commitments previously made. There is some potential inconvenience in having 20 beds allocated in a 25 bed ward, and there are probable differences in working system setups between East & Mid and REH clinical teams.

4.2 *CMHT*

DH & CF have been liaising with the police regularly about the change of the Place of Safety from Garleton to the Royal Edinburgh Hospital (REH) discussion regarding potential places

of safety ensued.

PN noted that the change would need to be agreed as part of the revised Psychiatric Emergency Plan (PEP). It was noted that the PEP is currently being updated - a draft will be ready by 10 July and will be circulated.

DH has asked LI to ascertain the use and frequency of use of the Place of Safety, as it impacts on the projected need for IHT to technically leave East Lothian for work purposes.

NM enquired what plans there were for a 'Plan B'.

LY noted that these issues have been recognised since discussion of the bed move began. She stated that any plan B would require more funding and people. Discussion ensued, and it was agreed that although not ideal, at present no viable decentralised alternative to the REH as a place of safety is possible.

DH noted that due to some working staff requesting a change of hours, there will be some increased coverage in East Lothian until 21:00hrs which may help, although circumstances could still arise where manpower could be insufficient. It was noted that Roodlands OOH is at present the only location with some potential for use.

LY noted that it is important for the planning group to have input into the Older People's Strategy (OPS) as amongst other things they are developing a rapid response service. LY suggested a formal presentation be made by the planning group to the OPS planning group. DH, PN & TM to look into this.

**DH, PN,
TM**

4.3 *Cameron Cottage*

All continues to go well. 6 new admissions over the last 3 months, more male than female members currently there. Assessment procedures need to be tuned slightly. PN noted that regarding the more unwell patients in Cameron Cottage there does not appear to be adequate links/communication/way of fast track accessing between Cameron Cottage and IHT regarding medical support if required, particularly after hours.

NeM queried whether such direct access was necessary, as each patient has both an allocated consultant and usually a CPN in addition.

DH noted that there are in fact regular contacts between IHT and Cameron cottage, especially on Friday afternoons. DH also suggested that creating better links is a Cameron Cottage management group issue.

NeM noted that the issue might be whether Cameron Cottage should have direct access to IHT rather than going through NHS 24. Conversation regarding the pros and cons of this will be debated in other forums.

Nikki Moran (NiM) requested a tour of IHT & CMHT when convenient. DH replied that any member of the Mental Health Team is welcome to this at any time.

4.4 *Social Work Posts*

LY informed the group that one post has been filled. The second candidate has withdrawn. This post will need to go to advert again as there were no other suitable candidates. LY suggested the possibility of employing an agency social worker. DH and LY **DH+LY** to liaise on this and discuss with Christine.

4.5 *Peer Support*

DH noted that Vicky has doing a great job in Garleton, but that a concern is that Andrew has been off sick for a lengthy period, creating pressure.

4.6 *Day Services*

FG and PN have met on a monthly basis with Tyne Park to ensure that action plan progress continues. Progress continues to be made. The current attender list has been shared with CMHT, and care planning is being worked through. A specific room is now available for CPNs and being used for CMHT bookings. Tyne Park staff have undergone recovery training. New garden allotments have been funded and developed as 'therapeutic horticulture'. The lunch area has been moved into a new, less formal café area (old crèche). Engagement with CMHT staff is good, current foci are on service delivery (e.g. on alternative therapies) and clear communication of the Tyne Park programme to CMHT and Social Work, and a lunch/coffee event is planned to give CPNs and Social Workers an opportunity to look around and interact with staff and service users.

4.7 *Psychology*

DH reported that more space has been created within CMHT offices for Psychology.

4.8 *Procurement*

A consultant (Sam McLean) is currently working in social care to develop 3 - 4 user intelligence groups for the main aspects of the service, one of which is for Mental Health Services, components of which will come from operational services, planning commissioning and service user carers/representatives. Sam will be coordinating a proposed meeting on 22nd July, 10:00hrs in order to start this development. Christine Chambers will be asked to represent the operational aspect, and NM is invited to attend. Sam will attend the next meeting to fully update the group.

4.9 *Carers*

To be carried forward to the next meeting.

4.10 *ELIG*

NiM reported that little has changed in regarding the Royal Edinburgh Engagement Group. Focus is currently on process and not outcome. NiM will keep the group updated

NiM

4.11 *Acute Patient Forum*

One more meeting to be held before the move. Once the move has occurred, the format of the Patient Forum will be discussed and reconfigured to accommodate REH. Minutes from the Acute Patient Forum are still intended to be circulated at the JMHPG

5 Towards a Mentally Flourishing Scotland

Lothian Event

A Lothian event is planned for 25th August related to Community Health Staff and Community Planning. Details will follow when available.

6 AOCB

Joint Old Peoples Planning Group (JOPPG)

DH noted that the JOPPG (mental health) would like to talk with JMHPG regarding inequality of service towards older people.

PN proposed a joint working group might be needed after adequate intra-group debate.

LY suggested an invitation be extended to Vanessa Strong to attend the next JMHPG in order to consult Mental Health on the issue.

ADHD Paper

Draft ADHD paper: it was noted that any comments on this were to be sent to Linda by 26th June as the paper will be discussed by the Programme Board on 3rd July.

8 Date of Next Meeting

22 July 2009 - Board Room Edenhall 2pm