

Patient and Client Council

Your voice in health and social care

Notes of the Bamford Monitoring Group Meeting Friday 6 October 2017, BCM, Grosvenor House, 5 Glengall Street, Belfast

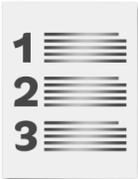


Members at the meeting:

John McKee, Carer
Justin Greenwood, Service User
Francis McKenna, Service User
May McCann, Carer
Pat McDowell, Carer
Ursula Campbell, Service User,
Jean Hale, Service User,
Catherine McGroggan, Service User,

Present:

Maeve Hully, Patient and Client Council
Joanne McKissick, Patient and Client
Council
Briege McAlister, Patient and Client Council
Gerard McWilliams, Patient and Client
Council

Item	Welcome and Introduction	Action
	<p>John chaired the meeting and welcomed everyone and asked everyone to introduce themselves. John welcomed Joanne McKissick who has taken on the role of administering the group. Joanne thanked John and said she looks forward to working with everyone.</p>	
Item	Apologies	Action
<p>apologies</p> 	<p>Paul McFall, Service User, Brian Sinnamon, Carer, Nigel Warburton, PCC and Iolo Eilian, HSC Board.</p>	
Item	Notes of the last meeting	Action
	<p>The notes were approved.</p>	
Item	Matters Arising	Action
	<p>Letter issued to Trusts re: Supported Living Accommodation – A letter was sent out to the Mental Health Directors in the five Trusts on Friday 25 August. We have received three responses to date. Briega has contacted the Northern and South Eastern Trusts and they are following up a response.</p> <p>John said that the responses alone don't give a comprehensive picture in terms of</p>	

supply and demand. This may need to be pursued.

Joanne responded that as John has pointed out the information received does not give us any demand or supply issues. It would be good for BMG to understand what the scale actually is and we need further information.

May said that John, Paul McFall and herself sit on the Bamford Service Team. The issue of supported housing has been coming up quite a lot. It appears the Trusts are hoping to move towards a floating support model rather than providing actual accommodation. May feels it is an area we need to keep our eye on.

May believes the big issue we are raising is how someone qualifies to be in supported living accommodation. May thinks there are really big problems in Mental Health services. For example a contradiction where they are trying to make people more independent, yet moving them or keeping them with their parents. This also raises the issue of who cares for this person when their parents are no longer able to look after them.

Maeve asked why the BMG wrote to the Trusts asking for these figures.

John replied that this was based on earlier discussions that the BMG had. There was concern among members individually, collectively and among our own network of contacts that there may not be adequate resources in terms of provision from Trusts. What May is saying, is that undoubtedly there is a lot of blurring between the different conditions and needs of people. Dementia is a big area and John has come across this recently in the Northern Trust. Funding for private providers is not providing a combination of both residential and nursing beds. It is either one or the other. This will cause a lot of difficulties for individuals as needs change.

Joanne asked is the concern around criteria and to try and understand how decisions are made.

John said another aspect is people in hospital because they don't have appropriate community spaces.

Gerard shared if you are learning disabled you have to be referred by your social worker to get supported living. This is one of the criteria and you then apply directly to the Housing Executive.

Catherine said it would be good to receive the letter that was sent and the responses

received. Joanne replied that once all the responses have been received these will be shared with BMG members.

Joanne asked if the sub-group want to meet again to look at questions for the Housing Executive prior to the representative attending the December BMG meeting

May reported that there was a presentation from the Housing Executive at the Bamford Service Team meeting. She was devastated at what she heard; there is no money available, they cannot afford to keep people in houses, looking to provide floating support where at all possible.

The following questions were put forward for consideration:

What is care and support and how is it defined and funded?

What is the difference between the support given to a client who is a tenant and a client who requires mental health support?

How do people get support?

Supporting People Budget: Is there feedback from service users on how tenants use this money?

	<p>Supported Housing: How much choice is there in terms of location? What steps are taken in an effort to ensure the person is being placed in a safe environment/area?</p> <p>Based on experience shared within the BMG people with a mental health issue are often being located in inappropriate areas. Is this the case?</p> <p>How is allocation assessed and does it take into account the person and the Trusts recommendations as well?</p> <p>Questions to be circulated to members for feedback before being sent to Housing Executive.</p> <p>Concessionary Fares (November agenda item) - Moira Doherty, Department for Infrastructure will be attending the November BMG meeting to discuss this issue. The Chief Executive from Disability Action and Brian Drury from the Equality Commission will also be in attendance.</p> <p>May asked if we could get more information on the remit of the Department for Infrastructure. Joanne informed the meeting that there is a review happening at the minute in terms of Integrated transport. May said that this has now been stopped. Joanne said she was</p>	<p><i>Briege</i></p>
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	<p>not aware of this and that she sits on the stakeholder reference group. PCC had recruited service users for the reference group through the membership scheme. Joanne will contact Department of Infrastructure for an update.</p> <p>Bamford Evaluation –The Bamford Evaluation is still waiting to be signed off by the Health Minister, whenever someone is appointed to the post.</p> <p>Membership - Briega had emailed recruitment information to members to share with anyone interested in joining. Justin to follow up his contact as Briega has had no reply from them. May to forward contacts to Joanne and Briega.</p>	<p><i>Joanne</i></p> <p><i>Justin</i> <i>May</i></p>
<p>Item</p>	<p>Updates from Commissioning Team/Programme Board</p>	<p>Action</p>
	<p>May gave an update on the Bamford Service Team meeting.</p> <p>Learning Disability Update: As mentioned the Review of Integrated Transport has been stopped. Joanne will ask for an update.</p> <p>How funding is made available to learning disability and mental health, is called the Capitation Formula. This was discussed. Mental Health is very closely connected</p>	<p><i>Joanne</i></p>

with economic deprivation whereas learning disability is not. May noted the way in which the capitation was done was to take a combination of the population and factors like deprivation, etc. This is going to be changed. It will be interesting to look at what kind of difference this will make.

Hospital Passport – 500 each have gone to the Voluntary/Community sector. John informed the meeting that this was launched in Stormont.

Gerard informed the meeting that he did a trial run with the hospital passport. He visited Trust facilities to see if they were aware of the programme. The majority of Trust staff were not but think it is a good idea and would like it to become universal. Gerard visited 3 hospitals and none of the staff were aware of it. One student nurse was aware of it as she was specialising in learning disability nursing.

Mental Health Update:

The Regional Mental Trauma Network was discussed – lots of work going on at the moment. Kieran Mullholland, Psychiatrist is leading this.

Beating the Blues will run for another 3 years.

	<p>Maeve said a previous concern with this programme was that only GP's could give people the license to do this. She noted that voluntary sector organisations can do this now.</p> <p>Catherine said that Beating the Blues is only for people who have mild to moderate depression.</p>	
<p>Item</p>	<p>Update from Finola McGrady & Tomas Adell, Mental Capacity Unit, Department of Health – update on implementation of the Mental Capacity Act</p>	<p>Action</p>
	<p>John welcomed Finola and Tomas to the meeting.</p> <p>Finola thanked the group for the invitation and gave an update on the implementation of the Act.</p> <p>The Act was passed by the NI Assembly in March 2016 and given Royal Ascent in May 2016. While it is now officially an Act it has not come into force as there is still a lot of work to be done.</p> <p>The Act represents a major cultural shift for the HSC. It is really important that all Health Care staff are trained up and everyone is aware on how to work under the Act. The Department of Health put together a four year implementation plan for implementation of the Act by 2020.</p>	

Work started last year on drafting the Code of Practice and associated regulations that were required for implementation. The Department set up a virtual reference group which now consists of over 250 members. Jackie McNeill was the contact point for BMG. This will now be Joanne McKissick.

The Draft Code of Practice and Regulations were circulated to the group for comments. There has been lots of useful feedback from the reference group. So far over 1500 comments have been provided which are invaluable in helping to revise, refine and redraft the Code to improve it. The full draft of all the Chapters of the Code of Practice for health based provisions was issued to the reference group in April 2017 for a second round of informal consultation. This was to run until the end of September 2017. The draft Code consists of 27 Chapters and is about 150 pages long.

There are also 11 draft forms put together to help people think of the kind of things they need to consider under the Act. There are also 10 of the draft regulations provided for comment. The Department are also putting together a scenario booklet which will be supplementary to the Code. The purpose of this booklet is that it will have

useful examples of how the Act will work in real life situations. Stakeholders and Professionals on the virtual reference group have been asked to provide scenarios based on their own practice and experience. The aim is to continue this engagement until a full draft of the Code and the majority of the Regulations are ready for public consultation, hopefully next year.

The next phase will be to focus on training and development of training packages for professionals.

The plan at the minute is firstly to create training packages for the implementation of the Act and secondly training HSC workforce on the new legislation. The intention is that all staff in the health service will receive some level of training. This could be e-learning packages, short time group sessions to full day training classes depending on the professionals involved. The Department cannot start on the training until the Code and Regulations are finalised and money becomes available.

There are a number of other work streams that are associated with implementation which the Department is currently working on. These include:

- costings and securing of finances
- drafting and enactment of legislation

	<p>powers</p> <ul style="list-style-type: none">• jurisdictional issues including patient transfers• design and delivery of training to the HSC workforce <p>Other delivery issues are:</p> <ul style="list-style-type: none">• awareness raising• awareness programme• development of IT solutions• establishment of Trust panels• the office of public guardians <p>Work is continuing in the Department. No formal date set for commencement. This will be subject to Minister and resources. Finola noted challenge of having no Minister in place and little available money. Despite this the Department is still pushing on with implementation as far as they can.</p> <p>Francis asked is the Department going to provide an easy read version for service users.</p> <p>Finola agreed. The Code of Practice is primarily for professionals/practitioners who have to work with people lacking capacity. As part of the awareness raising process the Department will be producing leaflets on different sections, different kinds of areas and there will be easy read versions.</p>	
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May asked about the tribunal and the appeals process that was in the previous legislation. Where will this all lie in the future Act and will RQIA have a role in this?

Finola replied that the mental health review tribunal will be renamed under the new Act to The Review Tribunal. It will cover issues much wider than mental health. It will sit under the Court Service, so the Department of Justice will have ultimate responsibility. RQIA will continue to have their regulatory oversight role. This might not be in the Regulations, but part of RQIA legislation.

John asked would RQIA be deemed as an independent advocate or basis for independent advocacy?

Finola responded that in terms of general peer advocacy Trusts employ peer advocates. They will receive training in the same way as the rest of HSC staff. The Act itself does provide for independent mental health capacity advocates. These advocates have a very specific role in the Act.

Catherine asked if there is a danger we are expecting current independent advocates to provide two roles? That of mental capacity advocates as well as independent advocacy.

Finola said there will be criteria. If there is a peer advocate or an independent advocate that meets the criteria and wants to be an IMCA that is fine but likewise they don't want the roles to be blurred.

May asked if the Department has taken any learning from the role out of the Mental Capacity Act in England.

Finola replied that a House of Lords Report said that the Act was rolled out too quickly and implementation was patchy. For this reason the Department are not rushing. They know it will bring a big cultural change.

Justin asked in terms of advocacy does the Department intend to roll out a peer support model for the Act?

Finola said it does not come under the Act. The Act is only for the Independent Mental Health Capacity Advocate with certain roles. It does not take away from peer advocacy already in place. It is a different role. Ideally it would probably be best for the person to have both advocates.

Tomas said that under the Act the IMCA is only there until a decision is made. Peer advocates are there for longer periods, they are complimentary roles.

	<p>Maeve asked how the group can be kept informed of the progress of the implementation of the Act?</p> <p>Finola replied that regular or quarterly updates are sent out. Briege and Joanne's names are to be added to the email list for these updates.</p> <p>Catherine asked if the BMG could submit a scenario for the summary booklet. Finola replied she can resend the email that went out in April regarding the scenarios and that the Department would be happy to receive a scenario from BMG.</p> <p>John thanked Finola and Tomas for attending the meeting and for the useful update.</p>	<p><i>Finola</i></p> <p><i>Members</i></p>
<p>Item</p>	<p>Project Updates</p>	<p>Action</p>
	<p>2016/2017 Projects</p> <p>Mental Health Future Planning Project – No further update has been received. Joanne to follow this up with Briege Quinn, Public Health Agency.</p> <p>Iolo emailed to confirm that HSC Board communications team working with Ulster University to ensure most up to date version goes on NI Direct. HSC Board also intend to do some promotional work on this</p>	<p><i>Joanne</i></p>

2017/18 Projects

Mental Health Care pathway – Maeve asked Finola to provide a written update regarding this project as it is in the PCC's Business Plan. Finola replied that she will check with Martina McCafferty what is happening with this piece of work and will email Joanne.

John asked if members wanted to share any thoughts on the Care Pathway?

May replied that BMG members had discussed this before and one issue is that staff don't know a lot about it and not all staff are trained up in it.

Maeve said that a lot of work went in to producing the Care Pathway. If it is there and is going to improve people's progress it should be properly implemented.

Francis said the Care Pathway outlines a timeline when people should hear back from professionals. Current staff shortages, pressures and waiting lists would impact the evaluation as the targets will be breached.

Catherine said that when she mentioned the care pathway with her GP and health professionals, they said it was being redrafted. There seems to be confusion

Finola

	<p>and Catherine wonders how valid the mental health care pathway is.</p> <p>Catherine shared that when she spoke to service users at the Recovery College about the pathway, it was the first time some had heard of it.</p> <p>Finola said she would feedback all comments to Martina.</p> <p>Healthy Minds Worksop - John thanked Jean for speaking at the Healthy Minds Workshop in June.</p> <p>Project Ideas 2017/18 – Joanne said this was discussed at the last meeting. Service User/Carer engagement re: evaluation of Mental Health and Learning Disability annual health check was popular – would the group be keen to explore this? This piece of work would cover both mental health and learning disability.</p> <p>May said we need to make sure that this is not statistically provided. Joanne said her understanding is that we could look at lived experience and perhaps have in-depth interviews to try and understand what it is like. The work would consider both completion and the benefits experienced by the person.</p>	<p><i>Finola</i></p>
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	<p>Gerard gave an overview of his own experience of his annual health check from a learning disability perspective.</p> <p>May asked if we could leave it broader which is just to do with mental health and physical health. We have RAID and Health Care Facilitators. There is a lot going on in this area, rather than necessarily narrow it down to annual health checks?</p> <p>John said we have to bear in mind these are projects for 18/19.</p> <p>Joanne said she would share that approach for the development of the PCC Business Plan.</p> <p>Maeve said we want to make sure we have discrete learning disability and mental health projects in the business plan. Maeve continued that some of our projects have been small and the organisation is starting to think of having less but bigger projects.</p>	<p><i>Joanne</i></p>
<p>Item</p>	<p>Correspondence and Events</p>	<p>Action</p>
	<ul style="list-style-type: none"> • Department of Health - Mental Health Nursing Review and Co-Design Group – May and John attended this. John gave feedback. • Contact 7th Suicide Prevention What Works? Conference – 16 November 	

	<p>2017, Titanic Centre, Belfast – two members can attend this Conference. Briege to pull out names from a hat and inform the members.</p> <ul style="list-style-type: none"> • All Party Working Group – 10 October 2017, 4pm-6pm, Stormont. John to forward details of this to Justin. • Nursing and Midwifery Task Group – Justin gave feedback. 	<p><i>Briege</i></p> <p><i>John</i></p>
Item	Risk	Action
		
Item	AOB	Action
<p>.....</p> <p>.....</p>	<p>December Meeting (Christmas Lunch) – it was agreed that this meeting will take place in The Mount Business and Conference Centre on Friday 1 December 2017.</p>	<p><i>Briege</i></p>
Item	Next Meeting	
	<p>Friday 3 November 2017 at 11:30am, BCM Grosvenor House, 5 Glengall Street, Belfast, BT12 5AD.</p>	

END