

Patient and Client Council

Your voice in health and social care

Notes of the Bamford Monitoring Group Meeting Friday 3 March 2017 The Mount, 2 Woodstock Link, Belfast, BT6 8DD



Members at the meeting:

John McKee, Carer

Brian Sinnamon, Carer

Justin Greenwood, Service User

Paul Greer, Carer

Francis McKenna, Service User

Jean Hale, Service User

Present:

Maeve Hully, Patient and Client Council

Briege McAlister, Patient and Client Council

Nigel Warburton, Patient and Client Council

Gerard McWilliams, Patient and Client Council

Item	Welcome and Introduction	Action
	<p>John chaired the meeting and welcomed everyone. Maeve Hully attended in Jackie's absence.</p>	
Item	Apologies	Action
<p>apologies</p> 	<p>May McCann, Carer, Pat McDowell, Carer, Catherine McGroggan, Service User, Jackie McNeill, PCC and Iolo Eilian, HSC Board.</p>	
Item	Notes of the last meeting	Action
	<p>Notes were approved subject to one change requested on Page 12 to reflect John's attendance at the Policy Forum for NI Keynote Seminar.</p>	
Item	Matters Arising	Action
	<p>Follow up with Trusts re: suitable provision for mental health patients being discharged from hospital for convalescence into residential/nursing homes – John referred to the Trust's responses that were emailed to all members.</p> <p>Nigel talked through the figures received. Members were surprised that the numbers were</p>	

	<p>very low in some Trust areas.</p> <p>John suggested inviting the SHSCT and BHSCT along to discuss their figures with the group.</p> <p>It was agreed to write to the Southern Trust for further clarity on this matter.</p> <p>Francis said that the Southern Trust have a facility in Newry for respite and they could not use it for a while because RQIA said it did not meet the requirements. Nigel said that this is highlighted in the response that the Southern Trust gave in relation to future planning. They were working with RQIA to get the respite facility registered and the refurbishment work has now been completed. John wants appropriateness of the facility to be included in the letter.</p> <p>Recovery Newsletter – this was posted out to members with the papers for today’s meeting. Francis informed the meeting that the Southern Trust are bringing out their own newsletter. Briega to contact Recovery Colleges in</p>	<p><i>Jackie</i></p> <p><i>Briega</i></p>
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	each Trust area and see if they have their own newsletter.	
Item	Updates from Commissioning Team/Programme Board	Action
	John said there was no update as the February meeting was cancelled.	
Item	Update on Mental Capacity Act – Andrew Dawson, Department of Health	
	<p>John welcomed Andrew to the meeting.</p> <p>Andrew gave an update on the Mental Capacity Act. It is the last major piece of the original Bamford jigsaw that went through the Assembly last year and got Royal Assent in May. The Act when it does commence, repeals the 1986 Mental Health Order for everyone except those aged under sixteen, for whom there will be additional protections in place under the 1986 Order. The Act will cover health and welfare, personal finances and the criminal justice system. The Act has 294 sections</p>	

	<p>and 11 schedules. The first strand is to develop a Code of Practice. Draft Chapters of the Code of Practice have been produced and issued to the reference group which includes over 160 organisations and the PCC/BMG are included in this group for comments. The first draft will be informally consulted on for 6 months (May-November 2017) and once this is completed the draft will be sent out for full public consultation. Easy Read and summary issues will be provided for the consultation version of the Code of Practice.</p> <p>The second piece of work relates to the Regulations – this will provide detail on the working of the Act. These will include an Independent Mental Capacity Advocacy service. The Department will probably have to produce around 50 sets of regulations which will allow the Act to be workable. Most of these will require consideration by the Assembly. These will be drafted in consultation with the reference group followed by a full public consultation.</p>	
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	<p>Training will be an important aspect of the introduction to new legislation for all 65,000 HSC staff. This will be delivered in an efficient way so everyone gets the training, at the right time. The day to day running of the HSC will not be disrupted when training is being provided.</p> <p>Separate legislation will have to go through Westminster to provide for transfer of patients between Northern Ireland and England, Scotland and Wales. Additional work will also involve a change in paperwork across the HSC, e.g. consent forms. New IT systems and finance will also have to be put in place.</p> <p>In terms of timescales there is no official commencement date but before Christmas the Department was informally working towards having the Act commenced by April 2020.</p> <p>Francis raised the issue about having professional workers trained but it is difficult getting people released from their jobs to attend training.</p>	
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	<p>Andrew replied that it will be hugely difficult. There will be a tiered approach taken according to the different job roles.</p> <p>Andrew further explained that the Department have also been in touch with the Universities to get the training introduced in the medical and nursing curriculums before the legislation comes into force so this means that new graduates on the wards will already have the training as part of their course.</p> <p>Gerard asked will the capacity training also apply to the voluntary sector e.g. people who work in supported living.</p> <p>Andrew said the training will apply to the voluntary, community and independent sectors, although delivery arrangements still have to be considered.</p> <p>Justin asked would training be provided for people who work in the department of communities, e.g. welfare officers/housing officers as some people who are</p>	
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	<p>unemployed have mental health issues and claim benefits.</p> <p>Andrew said that is a very good point and he will feed this back to his team.</p> <p>Francis asked is there an appeals procedure if incapacity is challenged.</p> <p>Andrew replied that there are a number of safeguards regarding appealing decisions. For serious interventions the Trust must appoint independent advocates to represent the person's best interests.</p> <p>Paul was curious to see how people with mental health problems can get involved in this work, what input have they had in helping the Department put this altogether.</p> <p>Andrew responded that he joined the team in 2014 but the bill has been in gestation since 2007 and there has been four consultation exercises. Andrew was involved in the last engagement exercise in 2015 and there was a number of</p>	
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	<p>consultation events with the mental health and learning disability communities. The reference group has over 160 organisations and the BMG are included in this. Andrew said if anyone wants to be included as an individual on this list they would be welcome. The Department are flexible on receiving comments between now and November on the Draft Code of Practice.</p> <p>John queried what the independent advocacy would involve or consist of.</p> <p>Andrew explained that they have not got to that stage where they are designing that service. He detailed that it will most likely be a regional led model and the onus on the legislation is that the Trusts will provide an independent advocate where one is required.</p> <p>John asked if the funding for this would come through the Programme for Government and if we go into direct rule would this delay the Act?</p>	
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	<p>Andrew referred to what comes out from the Election could affect funding.</p> <p>Gerard asked if someone is assessed under the mental health act and that decision is made, would that person be monitored to get deregistered.</p> <p>Andrew replied that all cases are unique and from the Department's view one of the key principles of the Act is that the person must have the least restrictive option i.e. when that person is seen as not lacking capacity anymore or still lacking capacity but needing less support, then their case would be monitored.</p> <p>John asked Andrew for an update on the Bamford Evaluation. Andrew responded saying the draft evaluation had been sent out to other Ministers for comments and when the Assembly fell last night they had still not received comments from some Departments. It will be given to whoever comes into power as a top priority under</p>	
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	<p>their mental health list.</p> <p>John thanked Andrew for attending the meeting.</p>	
Item	Project Updates	Action
	<p style="text-align: center;">2016/2017 Projects</p> <p>Future planning for elderly carers of someone with mental ill health –</p> <ul style="list-style-type: none"> • Summary of feedback from Trusts – Nigel gave an update on this project and shared a paper copy of the findings with members. He highlighted a few of the outcomes received from the Trusts. Paul would be keen to hear the responses from the other two Trusts. Nigel is still chasing these responses from the Western and Belfast Trusts and will share with members on receipt. • Members were informed that the PCC/BMG had resubmitted a business case to PHA seeking funding for an Information Pack and Training for mental health carers on future planning. 	<i>Nigel</i>

	<p style="text-align: center;">2017/18 Projects</p> <p>Maeve said that the PCC Business Plan is going to the PCC Board on 21 March for final agreement.</p> <p>Mental Health Care pathway - A meeting has been arranged with PHA, HSCB and Department of Health to discuss the Department's proposal. The meeting will be held on 30 March 2017 at Castle Buildings. Maeve asked if any member would like to volunteer to go along to this meeting. Paul, John and Justin would like to attend. Briege to forward details to members.</p> <p>HSC Experience for people with a learning disability and a mental health problem – Nigel has been asked to lead this project. He is organising an event and he is talking to voluntary and community groups to hear what their issues, if any, on this subject. Partnership working with a voluntary/community group may be considered for this event. Briege has been sourcing venues and dates. The dates that are proposed are 27, 28 or 29 June. Members have no preference.</p>	<p style="text-align: center;"><i>Briege</i></p>
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	<p>Nigel is also looking at relevant speakers and asked members for ideas to help shape this event. Members comments included:</p> <p>Francis said that getting particular courses at Regional Colleges is an issue and lack of day opportunities – perhaps these could be themes. Another theme could be asking if the recovery colleges are making any suitable provision for people who have a learning disability. He also suggested finding out what Recovery Colleges in the mainland offer people with a Learning Disability and Mental Health problems.</p> <p>Brian said that he is worried that no one knows what degree of those people with a learning disability have a mental health problem and has never seen any evidence where there is some sort of process of assessing these people.</p> <p>Maeve said that it is about context setting. Brian asked are social workers trained to identify someone with a learning disability</p>	
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	<p>and a mental health problem.</p> <p>Brian continued that the Belfast Trust learning disability team at Mount Oriel have a support team who deal with behavioural problems.</p> <p>Francis suggested that perhaps we could contact the Trust's Clinical Psychologists at Queen's.</p> <p>Gerard said there is Edgumbe Disability Services and John mentioned Triangle in the Northern Trust area.</p> <p>PCC Members' Choice Project – Maeve highlighted this year for the first time there will be a member's choice project. Members were initially asked for service areas to base the project on. The majority of members suggested a project on Mental Health. Plans are in place to ask members to specify within Mental Health what exactly do they wish to base their project on. The following areas are going to be suggested:</p> <p>Addiction services, MH hospital services, MH community Services,</p>	
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	<p>psychological therapies and 'other'. Views on the above service areas and new ideas were expressed by BMG members.</p> <ol style="list-style-type: none">1. Prioritising the provision of therapies for all conditions.2. Discharge from hospital - people are being inappropriately discharged with insufficient preparation. This matter also arose at the Mental Health Forum in the Southern Trust.3. People who are too ill to attend recovery colleges. What are the Trust's offering them? <p>After some discussion Maeve said she would let Jackie know that the BMG members would like to suggest something around discharge from hospital, for the member's project.</p> <p>Brian asked was there any areas coming out for learning disability services. There are four main areas, transitions, day opportunities, respite and planning for the future.</p>	<p><i>Maeve/ Jackie</i></p>
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	<p>Paul, Francis and Brian would like to see some kind of a project on transitions.</p> <p>Maeve said that we do not have a project in this year’s business plan but maybe we could do a general piece of work around transitions and then do a big project on it next year. Maeve to speak to Jackie about this.</p>	<p><i>Maeve/ Jackie</i></p>
Item	Correspondence and Events	Action
	<ul style="list-style-type: none"> • Francis said there is an event on 23 March at 10.30am-1.00pm run by the Southern Trust’s Recovery College on Understanding Addiction in the ABC Community Network, Portadown. The GROW meeting will follow this at 2.00pm and if anyone would like to attend this they would be welcome. • Brian is attending a meeting regarding the Integrated Transport Strategy Development. • Justin is attending a few research events on service user involvement which are being run by the PHA and he 	

	<p>is also involved in the Review of Adult Social Care work. Maeve thinks it would be helpful for the BMG to have a presentation on the Review of Adult Social Care. It was agreed to invite Joanne McKissick from the PCC and also the lead from the Department of Health to a future BMG meeting.</p>	<i>Briege</i>
Item	Risk	Action
	<p>Francis informed the meeting that if Direct Rule comes into force people will have to pay the bedroom taxes, etc like they do in England.</p>	
Item	AOB	Action
<p>.....</p>	<p>John would like to invite someone from the Equality Commission to speak on Public Transport. There are a lot of issues ongoing, people with a learning disability and a few others get a half price smart travel pass whereas people who are blind get a free smart travel pass. There is also the issue of bedroom tax and again there are two significant groups that this does not apply to, a full-time</p>	

	<p>student who is at University and someone who is in the services. Someone who provides respite for a person with a mental health or a learning disability is not excluded from bedroom tax.</p> <p>Paul said that he provides respite for his daughter but he now has to pay bedroom tax. He does not have her staying full-time. He was told the reason is because he does not receive Child Benefit for her. Paul would like to know how the changes within the benefit system will impact on people who are vulnerable. John said that the rent allowance will be reduced by 14%.</p> <p>It was agreed to make contact with the Equality Commission to check if someone could come to a BMG meeting and discuss the issues that were raised.</p> <p>Justin raised the issue of the difficulty of getting to Antrim Area Hospital by public transport at the weekend.</p> <p>Maeve informed the meeting that the PCC member's event is being</p>	<p><i>Briege</i></p>
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	<p>held on 29 March at Belfast City Hall.</p> <p>Maeve informed members that Lorraine Brown, Department of Health has moved to a new job in the Department of Education and the new contact for BMG is Finola McGrady. Jackie has a meeting set up with Finola for 30 March. It was agreed that the Chair would attend this meeting also.</p>	
Item	Next Meeting	
	<p>Friday 7 April 2017 at 11:00am, BCM, Grosvenor House, 5 Glengall Street, Belfast, BT12 5AD – new venue noted.</p>	

END

