

**NOTES OF INAUGURAL COLCHESTER MHSM LOCALITY FEEDER GROUP MEETING HELD ON THURSDAY 15<sup>TH</sup> JULY 2010 10AM-12PM AT PARNELL ROOM, FRIENDS MEETING HOUSE, 6 CHURCH STREET, COLCHESTER, CO1 1NF**

**In Attendance:** Keith Biggar (Temporary Chair/Deputy Chair, MHSM Group/Unites), Barry Gilheany (MHSM Locality Groups Facilitator), Stephen Foggo (Neighbourhood Watch, Billericay), Karen Wilkinson (Health in Mind), Steve Strain, Jack Oakey, Phoebe Ridgwell (AA), Harry Young (Governor, NEPFT/MHSM Group), Jayne Marshall (LINK), Mari Duffy (Connexions Colchester), Pam Hutton (MIME Making Involvement Matter in Essex), Andrew Smith (Governor, NEPFT/MHSM Group), Caroline Barratt (Tendring District Council/Essex University), Julia Galaway (Shaw Trust), Jackie Tizzard (Phoenix Homes 9 Oxford Road Project), Peter Dennis (CHUMS), Peter Hassard (NEEDAS – NEPFT), Nikki Gadsby (Connexions Colchester), Barbara Buxton (Rethink), Debbie Eaton (Colchester CHMT), Debbie Dunning (SEPT), Mike Waddington (NEPFT), Rachel Walton (TACMEP), Nileema Vaswani (Project Manager, LINK – CEMVO), Sue Sullivan (Colchester MIND)

## **1. Introduction**

Barry formally welcomed attendees to the meeting followed by a round of introductions. At this stage, Keith took over as Temporary Chair.

## **2. Purpose of Meeting/Outline of Feeder Groups Project**

Keith explained the background to the project and how it fits in with LINK operations. It emerged out of a gap in service user provision identified by the MHSM Group resulting from the abolition of Mental Health Forums that had existed throughout Essex. 13 feeder groups were to be set up across LINK locality areas and their purpose was, as well as providing a social, networking and educational resource for their members, to identify local needs in relation to Mental Health and Substance Misuse Services which were to be fed through to the Mental Health and Substance Misuse Group who in turn would feed such findings to Mental Health Service Commissioners. A task of the Feeder Group could be to nominate a representative to feed this information through. The Group would also nominate representatives to two other User Involvement projects – Involving Essex and the MIME project at Anglia Ruskin University.

The Group was to meet four times a year.

At this stage comments from the floor were invited.

Issues were raised regarding the timings of meetings, specifically that mornings were an unsuitable time for Service Users to attend. It was agreed that future meetings would take place in the afternoon.

Some attendees felt that four meetings a year were not sufficient. Others commented on the low attendance of Service Users; only two it was claimed were present although it was subsequently accepted that people should not be asked to state as to whether or not they are Service Users.

A question was asked about whether young people could be invited to the Group. Nileema explained anyone could attend but that we employed a LINK Youth Officer whose job it was to involve young people in the 18-24 age range.

### **3. Group Rules**

These were passed by acclaim.

### **4. Composition of Committee/Election of Officers**

It was agreed not to proceed with this until a Steering Group Committee was formed at the next meeting. It was emphasised that any such body would have to be Service User driven.

It was agreed that Keith remain as Temporary Chair until the election of a Steering Committee was formed with a full complement of Service Users. Barry would continue to be the note taker.

### **5. Taking Colchester Feeder Group forward**

It was stressed that it must not be a "talking shop".

Andrew Smith stated that a useful project at the community level would be local research into the effects of the closure of local Drop-Ins; their replacement by the more focused and time limited Bridge Building Service provided by MIND and Rethink, and a comparison of the Bridge Building Model with the Drop-In Model.

There was a discussion on the meaning of "Service Users". The definition that was settled on was any one who uses statutory or voluntary services in Mental Health and Substance Misuse but that people who attend should not be asked to identify themselves as such.

**It was agreed to map services that had existed before the Drop Ins were closed and to do a comparison with now.**

There was a discussion on how to sell the Group to Service Users and on the desirability of a service user quorum at meetings. It was pointed out that some attendees wore "two hats"; those of Service User and representative of organisations and that others may be reluctant to self-declare as Service Users.

Nileema stated that the designation of attendees at meetings did not matter; it was not necessary to "tick boxes" by putting people into categories.

**It was agreed that at future meetings there would be:**

1. A formal open session for which people could request items at the start of the meeting.
2. A dedicated session for people who self declare as Service Users.
3. A speaker.
4. A fair division between mental health and substance misuse issues.

The following were felt to be ongoing issues:

- Community Day Services
- Drug & Alcohol Services
- Dual Diagnosis

At this stage, Mike Waddington offered to give an impromptu talk on the Government White Paper "Liberating the NHS" – acting as a messenger.

He explained that Primary Care Trusts would be abolished by April 2013; responsibility for Public Health was to pass to Local Authorities and Health and Overview Scrutiny Committees (HOSCs) were to be abolished and be replaced by Health & Well Being committees. GP consortiums would decide which services need commissioning.

Provider bodies like NEPFT and SEPT would have the ability to compete for contracts and Foundation Trusts would become, according to the Health Minister, "the biggest Social Enterprise sector in the world."

LINKs were to be rebranded as Health Watch (at the Care Quality Commission, which suggests they would concentrate on provider services?) and would take on advocacy roles much like the old Community Health Councils.

He stated that the model of the NHS envisaged by its Chief Executive was that of "a system not an organisation".

Mike commented that the statement in the White Paper that 'Mental Health Services must not be overlooked' meant that they were indeed being overlooked.

There were to be eight more consultations on the White Paper with the first one due to end on 15<sup>th</sup> October.

**It was agreed to put the White Paper consultation on the agenda for the next meeting.**

In the Q & A session afterwards, concern was expressed as to whether GPs would receive training for commissioning. Mike discounted fears of privatisation of health care services as BUPA cannot compete with NHS bodies (although US and South African companies do). He did point out that that trust foundations must make a surplus must make a surplus to be reinvested into buildings and service improvements.

Other concerns were expressed about the effects of competition between statutory and voluntary providers of services. Peter Hassard said that some NEEDAS services were now being provided by the voluntary sector.

*It was suggested that a useful project for LINK would be "What Do You Know about GPs in your area?" as under the White Paper people can choose their own GP.*

There was discussion about whether services would be provided in GP surgeries. Sue Sullivan commented that GPs were already on board with the commissioning of the IAPT – Introducing Access to Psychological Therapies that Health in Mind was acting as a pathway to.

The Care Quality Commission star rating system had been scrapped.

## **6. Mental Health and Substance Misuse**

On the issue of the availability of talking and other psychological services to people with drug or alcohol problems; Sue Sullivan said that IAPT guidelines stated that prospective clients had to be "fairly stable" to engage with but that there was no definite policy and that clients were taken on a case by case basis. Peter Hassard stated that NEEDAS can now refer people to IAPT depending on individual cases.

LINK was to convene a major Substance Misuse conference in the autumn.

NE Essex PCT had made GBP200, 000 available for the treatment of alcohol abuse which has enabled NEPFT/NEEDAS TO employ a full time alcohol nurse at Colchester hospital. Colchester hospital was the only hospital in the country that had an AA worker on site.

## **7. LINK Update**

Nileema outlined the Countywide LINK structure

The next NE locality meeting would take place on Thursday 5<sup>th</sup> August at St Botolph's Church, Colchester 5-7pm

The next meeting of the MHSM Group would take place on Thursday 22<sup>nd</sup> July 2-4pm at Epping Town Hall.

All meetings are put on the calendar on the LINK website.

## **8. Open Session**

It was felt that this had already taken place earlier in the meeting.

## **9. AOB**

As the first consultation on the White Paper was to start next week (and end on 15<sup>th</sup> October), it was suggested that a workstream for the Group could be the reading of the consultation papers. *Wai Yeung would do a policy brief which would be circulated by co-ordinators including Barry and a group of people would read the paper and make comments.*

**Attendees requested that a group be formed to consider the White Paper. The consultation would be considered at Countywide level and all members would be invited to any event.**

**10. Date of next meeting**

One of Thursday 16, 23 or 30 September 2010 2-4pm depending on diary commitments.