



MENTAL HEALTH PARTNERSHIP BOARD

MINUTES

2-4pm, Thursday 8 July 2010, Committee Room 3, Haringey Civic Centre, Wood Green, London N22

Attendance

1.	Etta Khwaja	Haringey Race Equality Council
2.	Paulette Case Robinson	ACTIVE EIGHT
3.	Anna Jozetowicz	NHS Health Trainers
4.	Stephen Wish	Polar Bear Community
5.	Nick Bishop	Mental Health Carers Support Association
6.	Sarah White	Mental Health Carers Support Association
7.	Hana Paul	Supporting People, LBH
8.	Dorian Cole	IAPT, NHS Haringey
9.	Peter Sartori	ACTIVE EIGHT
10.	Janet Alldred	BEH MHT
11.	Kuda Chiweda	NHS Haringey
12.	Lisa Redfern	LB Haringey
13.	Dorothy Mukasa	NHS Haringey

1. Apologies – Paul Knight (Personalisation)

2. Minutes of 13 May 2010 – Agreed as a correct record

3. Matters Arising

2.1 *Supporting People* – Need clarity from Hana Paul as to exactly how many service users are on the books, 300 or 400. Central Government had cut the Supporting People budget by £800k. Lisa will provide the meeting with more information regarding in-year savings.

2.2 *Schizophrenia Guidelines* – Service users should be involved in monitoring the effectiveness of how the NICE guidelines are being implemented. i) Fiona Wright to be informed the MHPB would like representation to the Group. ii) Users and Carers sub group needs to put this on their agenda.

10. *Joint Chair of MHPB* – Sarah White from the Mental Health Carers Association, had kindly agreed to attend the MHPB and consider whether she might co-chair the MHPB with Lisa Redfern. The chair welcomed her to the meeting.

4. MOVING FORWARD – JOINT MENTAL HEALTH AND WELLBEING STRATEGY FOR ADULTS 2010-2013 The MHPB has a role in monitoring delivery on the plan.

4.1 Increasing Access to Psychological Therapies (IAPT) (Kuda & Dorian)

- There are funding delays, however 2008/9 funding has been agreed.
- IAPT deals with 7 anxiety disorders, and depression
- Enfield IAPT to be launched in South Enfield, to be managed by Dorian
- Waiting times are low, Post Traumatic Stress Disorder is slow
- Counselling is not for people with anxiety disorders. Step2 and Step 3 services have a 5 month wait for cognitive behaviour therapy.
- GPs can be reluctant to refer to IAPT. Patients can be on medication for 2 years before GPs refer to IAPT. They have limited knowledge of availability of mental health services. There are 4 GP Mental Health Leads
- There are 1 ½ counsellors for the whole borough
- 30 cognitive behaviour therapists in the borough
- 2/3 of clients since October 2008 are from BME communities, 15% from Kurdish/Turkish communities and the service is culturally competent for that group.
- The national evidence on IAPT services show people need a self referral route if we are to increase access by BME groups.
- There is a need for bigger focus on primary/secondary care interface.

Community Services – we are working to increase Personalisation, remodelling existing services.

Rehabilitation and Recovery – supported care and housing. What are the barriers against independent living.

Reducing Over Reliance on Inpatient Beds – The number of beds in Haringey outnumbers the national average, even when deprivation is accounted for. Patients **do not want** to be in hospital. Community workers take too long to see relapsing patients, who end up in hospital. *What is the benchmark of beds per population?* . People should not be stepped up or stepped down too quickly, otherwise they deal with their problems by going into crisis. Crisis-Recovery Houses have very positive report back. Closing beds creates other problems in the community.

Training – Staff and service users need training on recovery, how to self care, life long learning skills. This is important if people are not to continually end up in crisis and eventually become institutionalised. *Recovery vs Health focus* = requires other interventions beyond health including education, employment, training

Access to Primary Care – capacity issues remain

Supported Housing – Housing is very important to recovery.

5. BEH MENTAL HEALTH TRUST SERVICE LINE IMPLEMENTATION

There have been 6 service lines since January 2010

- i. Forensic
- ii. Common Mental Health
- iii. Severe and Complex
- iv. Crisis and Emergency
- v. Dementia and Cognitive Impairment

- vi. Psychosis – Community Mental Health Teams, CAMHS, START, primary Care.

Services are provided across BEH MHT and are not borough based. The Service Lines help to deliver the NICE Guidelines. Relationships with PCTs and Local Authorities are still being worked through, there are financial restrictions.

Prevention and Early Intervention in Psychosis service development in Barnet is different. Anxiety and Depression are dealt with either by the GP in Primary Care, or IAPT or Severe and Complex service line. The Hubs are:
 IAPT Bipolar Personality Disorders Schizophrenia
 Etta would like to see the Minimum Data Set statistics on age, gender, ethnicity, of service users. **Kuda** to send link to members.

6. REPORT BACK FROM SUB GROUPS

Dorothy gave an update on the AHPN Sub Groups as follows:

- i. Equalities and Social Inclusion – 3 June
- ii. Primary and Secondary Clinical Care Interface Sub – 1 July
- iii. Service Users and Carers’ Sub Group – 7 July
- iv. Mental Health Promotion and Prevention of Self Harm

7. AGENDA FORWARD PLAN

8. ANY OTHER BUSINESS

- 8.1 Hana Paul will be leaving the Council on 30 July. Kamli v Baptiste (spelling?) will take over her role.

9. DATES OF NEXT MEETINGS

MHPB 2010 – 11	Time	Venue
8th July	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
9th September	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
11th November	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
13 January 2011	2.00-4.00pm	Committee Room 3, Haringey Civic Centre
10 March 2011	2.00-4.00pm	Committee Room 3, Haringey Civic Centre