

# Minutes from Deaf Mental Health Commissioning Sponsoring Group

8<sup>th</sup> November, Uffculme Centre, BSMHT

**Present:** Sue Turner, Rosemary Granger, Matthew James, Pat Hemmings, Mandy Dunn, Andy McDermott, Nick Kitson, Steve Powell, Paul Stemman

**Apologies:** Bob McDonald, Beverley Humphries, Claire Mills, Peter Houghton

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## Update

A summary of the project and what has been achieved over the last few months was given – meeting with NSCG, with Regional SCGs, correspondence with ADSS, Business Change Manager meetings, etc.

Rosemary and Steve reported on their discussions with Adrian Pollitt, Julia Stalibrass and Sean Fannan from the National Specialised Commissioning Group. Mental Health and Deafness was to stay on the National Definition set and there was protection for the provider services when the three Trusts receive Foundation status.

## Regional commissioning

Steve then reported on the visits to the three regional SCGs which showed some had well developed plans in operation whilst others were still at the early formative stages. The North West SCG was the most developed SCG and it was felt they could offer leadership in how commissioning along the whole care pathway could be developed.

There was a discussion around commissioning in London. Nick explained that the Consortium used to tell the provider what they wanted, rather than just being reactive and monitoring what is done.

Steve explained that the SCG person in the West Midlands, Phil Brian, seemed personally committed, but there didn't appear to be any organisational commitment. The SCG's reason for this is that the PCTs have not given them a mandate. Sue said that having something short and succinct she could take to the SCG CEO and Chair would help.

Paul said that the picture in the North West was very different. They are in a good position in terms of deaf mental health commissioning and the other specialised conditions. The team seem very clear about their role, which they embrace proactively. Two-thirds of the PCTs in the region now work collaboratively to commission the JDU. This will be all the PCTs next year. There was a discussion about whether the JDU had withdrawn to its host region, but Andy said they saw a role for themselves in supporting local teams both within the region and outside of it – but they had to be realistic about what they could offer.

There was also a discussion about the North West SCG's proposals for addressing Payment by Results (where 80% of the funding would be top-sliced by the SCG). It was felt that this could work well for providers. Discussion also touched on whether one SCG could commission services nationwide, on behalf of the others. It was felt there were dangers with this, but it should certainly be considered.

It was agreed that Jon Develing, from the North West SCG, would be approached to see whether he could have a role within this project. Karen Helliwell and Sue McLellan (WM and London) would also be approached. Rosemary suggested that after February we try to extend this to other non-host regions.

Nick explained that the national picture for commissioning the services was very patchy. Some areas had good links, others had none at all. Arrangements were probably *ad hoc* in 75% of the country. Partly because of this, it is hard to say whether the number of beds (nationwide) is right. Sue explained that in Birmingham they had operated eight or nine of the 12 beds for the past few years. Steve added that commissioning from Wales was currently poor and that didn't help matters.

### **Traffic lights**

Nick raised the question of a 'traffic light' for "sensory impairment". It was thought that this was probably part of the Autumn mental health self-assessment. Rosemary said that the SHAs validate these assessments so we could, possibly, provide them with information which would help them in the process, e.g. Cornwall saying "green" just because they have Nick in the patch would not be enough?

### **Benefit profiles**

Matthew explained that a big part of the programme was for the services to work closer together. Key areas were better access, care pathway covered and suitable sub-specialisms. To achieve these aims we need to get active. Each provider has identified three past projects that they can share, and three new ones which can be worked on to benefit themselves and the national picture.

For example, Denmark House have a training programme that others can possibly benefit from. And the JDU has been through a modernisation process from which the others can learn. Future projects are: Denmark House – discharge pathways and problems, JDU – marketing, Old Church – drugs and alcohol.

Sue explained that Denmark House would be moving to the new building, but the exact number of beds had not been agreed. Physically there will be 12 beds, but some of these will probably be used by another specialism (e.g. neuropsychiatry). They were working now to try and judge the right number of Deaf beds.

### **Number of beds required**

Andy said that at the JDU the number of beds had dropped from 18 to 16 and now 12. There is no waiting list and some long-term patients are ready for discharge. Old Church had also reduced beds from 18 to 14. There was a discussion about how the type of admissions may now have changed, and the units possibly used a different approach. The question remained whether there were people from non-referring areas that should be using these beds, and whether reducing capacity would cause problems if proper referrals flows where in place. This is an area that the Business Change Managers would have to address (perhaps by mapping Deaf population and referral rates from areas with good links).

Matthew wondered whether extending the range from Deaf (capital "D" to "deaf" with a small "d") would make a difference. Nick questioned whether this would be clinically appropriate. Pat said that Denmark House had always been flexible and taken a range of patients.

Matthew stressed the importance of the stepped care pathway. He said that in the NE they didn't want a dedicated Deaf team because they do not know what the capacity

should be. Instead they want a virtual team that will be able to respond flexibly. This will be based on a training programme, delivered by a university. Within two years they should have multidisciplinary staff that can step out of the mainstream and work effectively with Deaf patients. Matthew was keen that other regions consider this approach and learn from their experience. Mapping will start at the end on November, training in December.

**Children**

Steve mentioned children’s services. There are currently six beds in London, in addition to the Dudley and York services. A recent visit to Exeter had highlighted the continued need, and the problems with access to services. Mandy said that a new post had been created to look at the national care pathway for the service (continuing until March 2009).

**Prisoners**

Steve also told people about a project which will be assessing the mental health of Deaf prisoners. Sue asked whether there were any designated prisons for Deaf inmates. Steve confirmed that there were not, and Deaf patients were frequently moved. Sue wondered whether designation was something the project should push for – especially if the prisons could be located near the three specialist providers.

Bob McDonald had sent his apologies a note from him on the latest DH approach to commissioning was read by Steve.

**Date of Next Meeting**

8<sup>th</sup> May 2008 in London. Lunch at 12 o’clock.

**Actions**

Outstanding actions from previous meeting – None

<b>Task</b>	<b>Responsibility</b>
Short succinct brief on project for sponsoring group members to use	Paul Stemman by early December
Formal invitations for SCG leads (London, North West, West Midlands), to join sponsoring group meeting.	Steve Powell to draft and share with Rosemary Granger for joint release
After February meeting with SCG leads in London, other non-host regions approached to be invited to support the group,	Steve Powell/Rosemary Granger
Approach to WM SCG to see whether they will consider addressing mental health and deafness	Sue Turner
Jon Develing, from NW SCG, be approached to see whether he could chair the Sponsoring Group	Steve Powell
Establish whether a “sensory” traffic light exists and whether the project could support SHAs to validate.	Rosemary Granger