

National Deaf Commissioning Sponsoring Group Minutes

21st November, 2008 at Greater Manchester West MH Trust

Present:

Elaine Fletcher	Northumberland, Tyne & Wear Trust
Bev Humphrey	Greater Manchester West MH Trust
Carole Theobald	East of England Specialised Commissioning Group
Nick Kitson	Cornwall Partnership Trust
Vicky Boswell	South West London & St George's MH Trust
Matthew James	North East Commissioning Team for Learning Disabilities & Mental Health
Steve Powell	SignHealth
Paul Stemman	SignHealth Interpreter

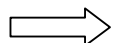
Apologies:

Paul Farrell	East Midlands Specialised Commissioning Group
Rosemary Granger	North East Commissioning Team for Learning Disabilities & Mental Health
Sue Turner	Birmingham & Solihull MH Trust
Mary-Ann Doyle	West Midlands Specialised Commissioning Group

- 1) Minutes of the previous meeting were approved.
- 2) **Business Change Managers** update. Matthew presented (see Appendix A). There was a discussion around bed occupancy and changes over time. Steve pointed out that Birmingham had expected to reduce the number of beds available but now had a waiting list. Carole said it would be useful to have figures over a three year period, by region. Nick said it was useful to look at Denmark where they now had five beds for a population of 5million. Bev said that at the JDU the model of care had changed so that patients now tend to be more acutely ill, rather than long-term: and secondary providers are partly to blame for not making referrals. Vicky said that in London the DEST provided inreach to mainstream hearing wards.

The scoping exercise had highlighted differences between what the three providers said happened (in terms of contracts) and what commissioners thought happened.

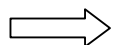
Carole said that the SCGs had very little resource to effectively commission all services on the National Definition Set. There is currently a piece of work which may lead to some 'conditions' being mandatory. There had been strong support for Deaf mental health services being included, and Carole thought that most SCGs would be prioritizing it from next April.



Action: Rosemary to push for mental health and deafness to be mandatory.

Paul explained that the new Mental Health Act Code of Practice has a section on what clinicians should do when they have a Deaf patient – which includes contacting one of the

specialised services. SignHealth will be writing to mental health providers to point this out. Nick said inclusion in the CoP was important as it was, in most cases, binding. Matthew said that the Deaf mental health university course had now started in the North East. There are approximately 30 people from primary and secondary care taking part (from a wide range of services). The course can be replicated elsewhere and there has been interest from Scotland and Southern England.

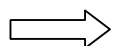


Action: Matthew to provide SCGs with curriculum and course details.
Action: Steve to write to all providers to remind them of their Code of Practice duties.

- 3) **Commissioning report.** Paul briefly introduced the report, highlighting the emphasis on the full care pathway, SCGs being linked to a specialist centre, and SCGs working in partnership.

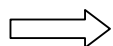
Bev asked about the creation of the report: who had been involved, what happened to it next. Paul said that some SCGs had been consulted (and all had seen the draft) but there had not been much input (apart from London and the NorthEast).

Carole suggested that the report be taken to the SCGs' Mental Health & Learning Disabilities Group and, from there, to the National Specialised Commissioning Group. If it was endorsed by NSCG then it would carry much more weight and could be more easily adopted by SCGs. The key recommendations were looked at.



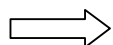
Action: Paul will send Carole the latest draft so it can be circulated to SCG commissioners.
Action: Paul to speak to Carole and Nick about recommendation four.
Action: Steve to write to NSCG to ask for endorsement.

Steve said he was concerned that Deaf people may miss out on the Improving Access to Psychological Therapies (IAPT) programme. He said that about 6,000 Deaf people could benefit every year at primary care level. Carole suggested that the Group contact SHAs to remind them of the IAPT recommendations for including Deaf people.



Action: Rosemary to be asked to write to SHAs to ask that deaf mental health be included in IAPT bids.

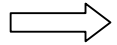
Steve also raised the question of who should commission advocacy services. In Manchester the JDU is passing back funding so that the SCG can commission advocacy services for the service. Patients will not be prevented from accessing the service because they are not from the North West. Steve said this meant the SCG was – in effect – commissioning advocacy services on behalf of other SCGs, and this was an important step forward. He will contact the other host SCGs to see whether this initiative can be reproduced elsewhere.



Steve to write to SCGs to ask them to jointly commission advocacy.

Bev asked about a recommendation on involving of Scotland and Wales in the commissioning guidance. Representatives from those countries are involved at with the

SCGs' Mental Health & Learning Disabilities group, and any SCG leading contract monitoring would involve them.



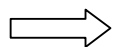
Action: Paul to include Scotland and Wales in recommendations.

- 4) **Scoping.** Matthew tabled the results of his scoping exercise, which looked at which regions had contracts for Deaf mental health services. Carole said that it would be worth doing the same exercise again in the future. She felt that more SCGs would be engaged after April. There would also need to be more clarity about what the column headings mean.

There was a discussion about the Sponsoring Group. Steve said that he felt there should only be one more national meeting at the end of the project. In the meantime, supra-regional cluster meetings should take place, i.e. arranged on the division of the country outlined in the commissioning report. Carole said she would encourage this to happen.

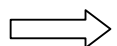
- 5) **Specialised Services National Definition Set.** All of the mental health 'conditions' are being consulted on at the same time. It will be circulated for a short consultation at the end of the year. Those present hoped that the SSNDS would be consistent with the commissioning guidance report.

- 6) **Involving other areas.** It was agreed that the specialist providers could try and bring in contacts who are starting to establish Deaf mental health services, e.g. Bristol. Bev said this was best done regionally rather than nationally. It was suggested that half-day events could be held somewhere to help kick-start commissioning in an area. Bev suggested areas were targeted, such as Liverpool, where commissioning had not historically been very strong.



Action: Steve to contact Bob McDonald to see whether there can be DH support for cluster meetings/events.

- 7) **Standards.** Paul said that there would be a need for standards as commissioners started commissioning new services. This would follow-on from the commissioning report. Vicky asked whether it could be outcome focused, if possible. Nick said that there were some standards drawn-up years ago, which could form a starting point.



Action: Paul to draft a standards document and circulate it to members of the Group.