

BIRMINGHAM LINKs – MENTAL HEALTH Action Group (MHAG)
Minutes from meeting held on Wednesday 26th October 2011
Held at Fazeley Studios, 191 Fazeley Street, Digbeth B5 5SE
12.00 – 2.00 p.m.

PRESENT:

Alex Davis (AD) (Chair)	Paul Brian-Tovey (PBT)	Edwin Martin (EM)
Ken Barlow (KB)	Gerry Moynihan (GM)	Enid Said (ES)

HOST FACILITATOR PRESENT:

Katy Bunn (KBunn) – Birmingham LINK Coordinator
Pam Dixon (PD) - Birmingham LINK Advisor
Claire Lockey (CL) – Birmingham LINK Administrator

APOLOGIES:

Mike Tye (MT)

1. WELCOME & INTRODUCTIONS

1.1 It was agreed that AD would chair and he welcomed everyone to the meeting and introductions were made.

2. INTRODUCING BVSC THE NEW HOST

2.1 KBunn said BVSC have now taken over the hosting arrangements with effect from 3rd October 2011 until 31st September 2011. BVSC held an open event on 10th October 2011 to formally introduce BVSC, discussed governance, how it works and moving forward. We are speaking to every Action Group to hear your views of how we work together. Copy of presentation was circulated.

2.2 KBunn discussed the proposed structure would be a selection process rather than election due to the reduced membership and timescales. There were previously 1600 members however only 125 transferred their data, which does not warrant an election process. There will be activity groups to increase the awareness, agree work plans evidence based and it is clear that there needs to be something around social care and dignity in care. There will be a LINK seat on the City Council HealthWatch Advisory Board.

3. HOW WE WORK TOGETHER & YOUR VIEWS

- 3.1 PBT said he has concerns about any Link's structure that overwhelms the direct intentions of the LGIPH 2007 act and the lawful activities it supports. Good practice would always be best served where Action Groups peer reviewed each other with a supportive positive ethos inside a round table approach. He added primary legislation is clear about the LINK monitoring activities and people need to be trained around *the actual monitoring methods employed*.
- 3.2 AD said the previous Core Group put obstacles in the way of what the Action Groups were doing and comes to this with unfortunate history with negative views and has some concerns that it did not work.
- 3.3 GM said it is unanimous amongst health professionals that the LINK failed. We had problems with the LINK and the Core Group and understanding there is no comprehensive Core Group due to any governance. The only membership that exists for the Core Group are those members who were elected in February, which is an insufficient number to make up a credible Core Group. There is therefore, no valid Core Group for the LINK. Whatever the model may be it cannot determine how the Action Groups work as they are established and well functioning.
- 3.4 PD said some of those things are messages that she had picked up from other Action Groups and meetings. She would like to hear members' thoughts about a decision-making process and how it could be made more accountable how arrangements such as would you like the Strategy Group to operate.
- 3.5 PBT said a "Strategy Group" suggests people who make it up are experts in practice. However, in his view only a few people on the LINK with at least some monitoring expertise came from the PPI days. They were all too few though. We knew what we are doing in monitoring terms and most of the then "strategic" Core Group did not have the expertise. Scrutiny for instance on an Action Group's decisions to use the (HAOSC) power of referral has to be justified at HAOSC itself with the required evidence. Few understood the process.

With ref to the HAOSC referral, from previous experience, the Mental Health Action Group (MHAG) tried to use the CLOG (Core Liaisons Sub Group) for some support. However apart from a couple of good people that "clogged" everything up and the timescale and optimum date was closing for the referral. Andrew John had to pursue matters vigorously with the members of CLOG to get a response.

Some Core Group members in June 2010 made private agreements with commissioners which breached the Action Group's already agreed May 2010 working protocols in and the Host was not invited to that secretive meeting. The Action Groups came under a Sept 2010 assault by those previously illegitimate private agreements which were finally overruled inside a crucial consultation. It all endangered patient's rights. The MHAG is the only group that is not working in isolation, it collaborates with others and it monitored a social care consultation in Feb 2011 where lessons that were learnt became enshrined in a report which was

sent onto the Council

- 3.6 PD said in her experience when people volunteer they want to give something, make a difference and offer their expertise around an area. The LINK needs to think about who identifies who and has the necessary skills/training required.
- 3.7 GM said we spent 3 years discussing LINK matters and that came to an end. The LINK needs a group or body to authorise the expenditure and this is the only requirement. Action Groups are autonomous, attempts to send freedom of information requests and the decision making is made in a specialist Action Groups who know their areas. If BVSC do not get this right they will ruin their own reputation. GM said there are control-rumours going around and if this is evidenced he will take it further. BVSC have to be very cautious that everyone is open and transparent. We cannot have someone sitting on a Foundation Trust or Health Board and then come to the Action Groups and advise us we cannot do this or that and he understands this is starting to occur.
- 3.8 PD said she is concerned about the fact there were already moves to undermine BVSC and that is a strong allegation.
- 3.9 KBunn said BVSC is working in an open and transparent way ensuring they meet with all the Action Groups to get a majority view. BVSC will be open and transparent in every way ensuring all members views and comments are published at the same time as the structure.
- 3.10 PBT has anxiety regarding previous practice where the city council met with certain people on the Core Group and there was no report back or any contact with members prior to these meetings. The previous host did have meetings with the city council and other people and PBT would be worried if this practice continues.
- 3.11 PD said this is useful feedback and reassured members that BVSC would work hard to make sure this history will not be repeated. We need to ensure we are all open, transparent and minutes are shared with everyone.
- 3.12 EM said we only have 11 months so we need to consider our priorities. There has been a consultation on HealthWatch which seems to be privy to those individuals going to the meetings and results of any consultations should be shared.
- 3.13 ES said at the Health & Wellbeing Shadow Board meeting they said there is a HealthWatch Steering Group that meet weekly and feed back to the Health and Shadow Board.
- 3.14 PD said following discussions with all the Action Groups efforts are being made to get their views on the proposal re : a small sounding group will be set up to look at some detail. Full details will be sent to members and if members are interested in being part of this group, they should let PD know. There will be a physical meeting taking place on 2nd November AM and an on-line meeting in the evening. Following this all comments/issues and a proposal will be published for 2 weeks for everyone to comment.

- 3.15 PD said lack of training seems to be a key message and we need to ensure that people are trained and supported appropriately. Also as part of the selection process for the Strategy Group or similar we need to ensure those selected have the capabilities to support Action Groups. ES said that some of the people will have worked as carers but this does not mean they cannot represent everyone.
- 3.16 PBT said people on LINK will need to be trained in monitoring, to understand how to use information like service agreement plans and specs. There are a number of things to comparatively check with commissioners between service specs and actual patient experience and the LINK must be able to challenge.
- 3.17 Some members felt Enter and View reports were not reflective and organisations like PPI Solutions should provide good monitoring training.
- 3.18 KBunn said some training is being considered for members as this has been a key message. Best practice has to be considered and some procedures that did not work and those are the procedures that need to be agreed and in place straight away.
- 3.19 PBT said the LINK never had a defined membership though the law does describe the activity link members would carry out. KBunn said it is up to Birmingham LINK to deem its membership and Birmingham has a lot of services accessible to everybody.
- 3.20 GM said HealthWatch will be a corporate body

4. AGREE PREVIOUS MINUTES

- 4.1 Agreed the previous minutes to be a true and accurate record.

5. WORKPLAN – THE WAY FORWARD

- 5.1 A copy of the work plan was circulated. PD said the key issue was to ensure there is evidence to rise out concerns. The Host is the resource that LINK has available to them, to help it look at priorities for the next 11 months and the support available from the Host.
- 5.2 PBT said he would like to make sure that “prescription rates” [Drugs prescribed] in relation to monitoring the Improve Access to Psychological Therapies programme are being viewed compared to any successes etc of the IAPT programme are being discussed with commissioners.
- 5.3 AD raised a meeting took place with Dave Newall and different organisations as there is evidence for migrants finding it difficult to access primary and secondary care. This work needs to continue.
- 5.4 KBunn said within the 11 months period the group need to identify something that is achievable and focus on areas that are evidence based taking on board any new issues. Timescales need to be attached so they are achievable and work towards ensuring the workplan priorities are measurable.

- 5.5 PBT raised that GP's are receiving £1.10 per registered patient to set up (PRGs) Patient Reference Groups. This roll out needs to be monitored for its effectiveness .ES said this was raised at the Health & Wellbeing Shadow Board where they agreed to go to their GPs to raise information through PRGs. There is a need to monitor and find out if websites and other PRG methods are available.
- 5.6 ES said Diane Markman is taking over the new role for Patient & Public Engagement / and other related roles (plus complaints). Diane/Sandra from PALS will be having a Mental Health Carers Conference in April 2012 10.00 am – 6.00 pm at Birmingham City Football Club where LINK could have a stall.

She said that there are 25 beds now available for carers at the UHB and there will be a meeting with West Health and Moseley Hall Hospital to discuss having them available at their hospitals.

Action: ES send information to host regarding event.

- 5.7 PBT agreed to put in quarterly reviewability (End of Jan 2012) into the workplan, update and input timescales for further discussion at the next meeting.

6. MEMBERSHIP FORMS

- 6.1 KBunn advised new membership forms are being produced in line with the city council collation of data. The LINK previously had 1600 members however only 125 transferred their data. If members are aware of any existing or new members that wish to join, to let the host know.

7. NEXT STEPS

- 7.1 PBT to review/update the mental health workplan for discussion at the next meeting.
- 7.2 Agreed date of next meeting:

24th November 2011 – 12.00 – 2.00 p.m.

Venue: to be confirmed and majority favoured Fazeley Studios.