

**MENTAL HEALTH AND LEARNING DISABILITY REVIEW
(N. IRELAND)**

**35th STEERING COMMITTEE MEETING, TUESDAY 28 FEBRUARY 2006
AT BELFAST CASTLE, AT 10.00 AM**

Present

Professor Roy McClelland
Dr Oliver Shanks
Mr Glenn Houston
D I Gary Mullan
Mrs Maureen Ferris
Rev Trevor Williams
Dr Diana Patterson
Mrs Marie Crossin
Professor Alan Ferguson
Mr Roy Keenan
Mr Michael Kelly

Master Brian Hall
Mrs Siobhan Bogues
Dr Paschal McKeown
Mrs Mary O'Boyle
Mr Nevin Ringland
Dr David Cameron
Mr Brendan Mullen
Mr Pat Convery
Mr Sean Ferrin
Miss Vikki Greenwood

Apologies

Professor Geoff Shepherd
Ms Eileen Sherrard
Mr Brian Dornan
Miss Joanne McDonald
Dr Fred Browne
Mr Bill Halliday
Mr Mark Timoney
Mrs Martha McClelland

Mr Colin Beck
Mr Leslie Frew
Ms Moira Davren
Mr Martin Daly
Dr John Hunter
Mrs Marian Nicholas
Dr John Owens

Welcome, Introduction and Apologies

1. Professor McClelland welcomed everyone to this 35th meeting of the Committee. He noted the apologies received and thanked Dr Patterson for chairing the previous meeting.

Chairman's Communications

(i) Paper SC 19/06

2. Professor McClelland drew members' attention to this paper, which detailed the meetings/events he had held or attended in February, plus some key Review events in March.

(ii) **Paper SC 8/06 (Rev)**

3. This paper was also included in the meeting papers. Paragraph 13 had been revised as agreed at the last meeting.

(iii) **Royal College of Psychiatrists' Conference, 24 February**

4. Professor McClelland reported that this had been a very good conference on legal issues and ASD. Those present had been very receptive to the Review's thinking on these subjects.

(iv) **Romanian After Care Project**

5. Contributions to this project were disrupted by the recent postal strike in Belfast: many Review members indicating that they would contribute once this was over. So the Fund remained open until late March, when the Support Team would take the total received to the project. Professor McClelland also advised that everyone contributing had to complete a Gift Aid declaration, copies of which were available from the Support Team.
6. He also reported that many members had written separately to Mrs Bamford or had sent letters or cards to him or the Support Team to forward to her. Summing up people's reaction, he quoted from a response from John James, a member of the Experts by Experience Group who said, "The loss of David has been keenly felt by all of us. I feel it is beholden on us to try and create the best possible mental health service in Northern Ireland as a testimony and legacy of his work, his ideas and his passion".

(v) **Name of the Review and Chair/Deputy Chair**

7. Discussion then led on to the suggestion at the last meeting that the name of the Review should formally become "The Bamford Review of Mental Health and Learning Disability (Northern Ireland)" in recognition of Professor Bamford. Professor McClelland said that he had sounded out the Department and Mrs Bamford on this and they were both receptive to the idea. It was agreed that the name would be adopted orally, but that it would be necessary to seek the Minister's endorsement of a formal change. The question of changing letterheads etc would follow, if this approval was given.
8. Linked to this was the question of the Chairmanship of the project. Professor McClelland had been "Acting Chair" in the interim, but he sought the meeting's views on whether he or someone else should now become the Chair. It was the meeting's unanimous view that he should assume this role; but again Ministerial endorsement would be needed. The Support Team would pursue these two points with the Minister

9. Professor McClelland did not consider that a formal Deputy Chair was needed, since the Review would be completed in the summer. However, following discussion, it was agreed that consideration would be given to named alternative(s) who could, for example, chair a meeting at short notice, in the event of Professor McClelland being unavailable.
10. Members were also anxious to enhance representation for learning disability in this important “Pre-Implementation” stage. Professor McClelland agreed to consider the points further and report back in due course.

(vi) **Vision for Change Report**

11. Professor McClelland drew members’ attention to this report from the Republic of Ireland, which was a strategic vision for mental health service change there.

(vii) **Experts by Experience Meeting, 11 March**

12. This meeting, which would include the Mental Health Carers’ Reference Group, the Equal Lives Group and some Autism (NI) representatives, was planned for Saturday 11 March. The aim was to review these groups’ expectations and experiences of the Review. A resulting report would be brought to the Steering Committee.

(viii) **EU Green Paper on Improving the Mental Health of the Population: Towards a Strategy on Mental Health for the European Union**

13. Eileen Sherrard had advised that she had copied this paper to her colleagues, with a view to responding, as it was a consultation document. Any comments from within the Review should be sent to the Support Team, who would compile a composite response.

Note of the Last Meeting (SC 13/06)

14. This was agreed without amendment.

Matters Arising

(i) **Communication and Influencing Strategy**

15. Dr Patterson highlighted some excellent TV, radio and press coverage on the publication of her committee’s report on 23 February. She expressed thanks to Sam Simpson for organising this.
16. In addition, Professor McClelland advised that BBC Television (N. Ireland) were running short items on the 6.30 pm News on three nights in the next week

on mental health. He was giving a 2 minute interview as part of this series, on the second night.

17. A third important development was that he had written to the local Political Parties inviting them to a meeting on 7 April, which would be a follow-up to the December meeting with them, and whose aim was to discuss how best they might assist with the implementation of the Review's recommendations.

(ii) **Workforce Issues**

18. DHSSPS had indicated that the revised report would be sent in the very near future.

(ii) **Budget Letter**

19. No reply had yet been received from Dr McCormick, however, Professor McClelland said that it was likely that the Review would accept any offer of a meeting, as this would be an ideal opportunity to press for progress on implementing all aspects of the Review. It would also be a chance to make the point about equitable treatment on resources for mental health and learning disability, on which the Strategic Priorities paper should comment, and on the use of current resources.

(iv) **Draft Strategic Priorities and ASD Reports**

20. Professor McClelland advised that the completion of these two reports were linked because of the need to finalise the Review's thinking on organisational arrangements. It was essential to know the Department's plans on implementation and discussions with them were continuing, but their proposals on this were unlikely to become clear for a few weeks. Professor McClelland had also again recently discussed the ASD issues with Arlene Cassidy, PAPA.
21. He clarified, however, that the Strategic Priorities report was intended to have a dual purpose: an overall summary of the Review; and a clear statement of initial priorities (over the first 3 years ahead) to implement its recommendations and produce a modernised and reformed mental health and learning disability service. As such, the paper would be a useful communication aid for the Review in forthcoming meetings, such as with the Political Parties. It would also help to direct DHSSPS' initial implementation work.
22. As a way ahead, meantime, it was agreed that the start of the document needed to be expanded, especially on learning disability. Professor McClelland would take this forward with Siobhan Bogus.

Draft Report: Dementia and Mental Health Issues of Older People (SC 14/06)

23. Professor McClelland welcomed Ian Sutherland and Jim Anderson to the meeting for this item. Both were members of the working committee.
24. Nevin Ringland introduced the draft report with a power point presentation (SC 20/06). He began by focussing on the likely increase in the numbers of elderly people in the population over the next 40 years, advising that the 65 + age group might well present the biggest problems by then. He then highlighted some service users' and carers' issues identified to the committee, each of which had been addressed in their work. The remaining slides covered key recommendations from each chapter in the report. Implementation issues had still to be addressed, along with some continuing work on the document, so it was not yet in a format to issue for consultation. However, he welcomed comments on the work so far – especially on the management issue (ie which programme of care should have lead responsibility). Applying the committee's holistic approach, they preferred the older persons' directorate.
25. Brendan Mullen said that he preferred the GP Special Interest Group approach rather than the Local Enhanced Service format, but had no strong views on it. The elderly programme was huge and specialist services would have a small budget. His preference was for the mental health programme to hold responsibility, but the key issue was the linkages with other programmes, such as adult mental health and children and young people mental health.
26. It was thought that the issues around day hospitals should be looked at further. On long-term care, statutory nursing care was seen as an essential element, or that an additional premium should be paid to private nursing homes to cover the care of those with extra needs. In this respect, recommendation 51 needed to be clearer.
27. Other key points made included:
 - human rights issues (pages 19 and 20) were well-covered, but possibly needed to be expanded;
 - there were two recommendations on advocacy and also on 24 hour response;
 - there should be more emphasis on respite care and respite homes;
 - disappointment on the lack of recommendations on learning disability;
 - the report should flag up the need for users and carers to be involved in future policy, planning and evaluation;

- there is also the associated issue of the capacity/ability of older carers to become involved;
- need to cover advance statements/directives?
- there were excellent examples of good practice quoted;
- there should be more on “technology” to enable older people to remain in their own homes (and the extra resources needed to do this);
- there was a need for a Vision and Principles statement/chapter;
- on page 65 (para 3.16) psychology should not be separated out: it should be part of the assessment team;
- state who should have responsibility for those with senile dementia;
- costings will be a challenge, as many of the recommendations are about changing attitudes and investing in staff development, including in the voluntary sector.

28. Professor McClelland thanked members for their helpful comments and Nevin Ringland and his committee for their draft report, which was well-advanced and readable. It was important that the other working committee convenors commented on it as quickly as possible and were content with its recommendations. The aim would be for the Steering Committee to see the consultation version at its April meeting.

Draft Outline for the Legal Issues Committee’s Report (SC 15/06)

29. Brian Hall spoke to this paper, which was first draft outline for his committee’s report. It had already been discussed with Professor McClelland and the other Legal Issues Sub Group Convenors, and proposed a thematic approach to the report. He had also drafted a timetable to enable him to deliver a draft report to the April Steering Committee meeting. This included preparing a summary of likely key recommendations for the March meeting. Members agreed the draft structure.

Draft Final Report: Mental Health Promotion (SC 16/06)

30. Professor McClelland welcomed Dr Graeme McDonald and Mr Paul Fleming for this agenda item. Both were members of the working committee. Professor Ferguson then introduced this report, referring to the key outcomes from the consultation exercise and the resulting changes made to the draft report.

31. The main issue concerned the primary recommendation about the creation of a Mental Health Promotion Directorate at the heart of Government to drive forward mental health promotion at central level. The working committee was committed to this and the Steering Committee endorsed its general thrust, but they suggested some minor re-wording and that some justification should be added.
32. Other key points were:

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| Pages 50 and 110 | - The Equal Lives report has been published. |
| Recommendation 3 | - As currently drafted, this is not a recommendation. Moreover, the reference to the Task Force on suicide needs to be updated. |
| Executive Summary | - While this is small enough to be incorporated within the report rather than a stand-alone document, it should be re-drafted to make it more punchy and readable. |
| The Introduction Chapter | - This should cover the process issues only, with a new Vision chapter added. |

Some presentational points were also highlighted

33. The aim was to finalise the report, which needed to be in the same presentational format as the other Review reports, and have it published by the end of April, before a proposed launch of the document at Parliament Buildings, planned for Friday 5 May.

Reports from Other Working Committees

Social Justice and Citizenship

34. Christine Eames' Human Rights and Equality group were working towards issuing their draft report for consultation in late March. Leslie Frew would present his group's draft Promoting Social Inclusion consultation report at the March meeting.

Child and Adolescent Mental Health

35. This committee would meet again on 2 March to finalise the revision of the report following the consultation exercise, and would present this at the March Steering Committee meeting.

Forensic Services

36. Work was continuing on the revision of the report, as discussed at the last meeting, prior to consultation.

Needs and Resources

37. The next meeting was on 10 March.

Date of Next Meeting

38. **Tuesday 28 March, at 10.00am.** Venue to be advised later.