

**MINUTE OF THE MEETING OF THE MENTAL HEALTH SIG HELD AT 1.00 PM ON THURSDAY 23<sup>RD</sup> OCTOBER 2008 WITHIN PLAYFIELD INSTITUTE, STRATHEDEN.**

**Present:**

George Cunningham	General Manager, KLCHP	GC
Bob McLean	General Manager – Mental Health Directorate, KLCHP	BM
Katherine Cheshire	Chartered Clinical Psychologist, NHS Fife	KC
Phyllis Turner	Team leader, Social Work	PT
Sallie Anderson	FEAT, Voluntary Sector	SA
Roseanne Fearon	Senior Managers, Adult Service	RF
Roslyn Blair	Team Leader, Addictions Services, LMHP	RB
Carolyn Walker	Health Improvement Practitioner Chair, GNEFCHP	CW

**In Attendance:**

Alan Briggs	Assistant Director of Finance, NHS Fife	AB
Fiona MacKay		FM
Lisa Ingram	Corporate Services Administrator (minutes)	

**Apologies for Absence**

Apologies for absence were received from Gary Guichan, Alisdair Gray, Matthew Roll, Val Hatch, Vera Scotland, John Short and John Dow.

**MINUTES OF PREVIOUS MEETING HELD ON 18<sup>TH</sup> SEPTEMBER 2008**

The minutes of the meeting held on 18 September 2008 were approved subject to the following amendments:

Designations to be added to all those present.

Page 2: “**A member** said that Tayside already have a peer support worker in each Local Mental Health Team who are supervised and managed by an independent voluntary group albeit the wages are paid by Tayside Health and Council.”

Page 3: “Roseanne explained the position is that everything **we are doing underpins the Health and Social Care Plan.**”

Page 7: “She said that the review **was completed last year. Ken**

**Action**

***conducted the review and Fiona linked in through the evaluation and monitoring.***

Page 7: "She said that we are looking at a very tight specification and that her aim would be completion by April 2009 which gives **7 months** notice"

Page 8: VONES should read **VONEF**

Page 8: "***Roseanne Fearon advised she was not aware of any correspondence to her regarding this.***"

Page 9: "This is specifically for **vulnerable** adults **as well as those with incapacity.**"

## DECLARATION OF INTEREST

GC advised that the members of the Mental Health SIG were required to declare an interest in any agenda items, stating what form that interest takes.

No declarations were noted at the meeting. Both John Dow and Gary Guichan noted their apologies due to their interest.

## ADVOCACY

GC advised the group that John Dow had sent an email to Lisa and proceeded to read it out due to members attending not having had the chance to read it. GC informed the group that John's letter would be attached to the minutes (appendix 1).

BM explained the letter was clever as he thought it was setting down a marker that the SIG will reach a flawed decision. He informed the group that he felt the discussions should still take place. GC replied stating that the purpose of the meeting was to make the discussion as open as possible. The SIG were informed that both GC and RF had a meeting with the TODAY group and GC felt it was clear that he had a different opinion of partnership working from John Dow.

GC went on to express that he understood why the TODAY Group see him as having a conflict of interest but he informed the SIG that he is clear as an officer who is accountable for spend.

GC hoped he listens to views and opinions and advised he is paid to exercise judgement in terms of the best way to deliver changes within the service. GC stressed that if the SIG agree to do nothing, then the decision will be taken not to tender.

BM suggested that tendering was not part of the meetings discussion process and explained that tendering would ensure the group would get the service they require for Advocacy. RF agreed that the meetings purpose was not to discuss tendering.

RF went on to say that she felt the main purpose of the meeting is the outcome of the review last year surrounding advocacy and how the group improve what they currently deliver. RF explained the tendering process as a 'red herring'. RF reminded the SIG that feedback from service users and carers was that they did not believe the we were using the allocated advocacy funding to its full advantage.

RF reminded people that the SIG requested the evaluation of the work currently provided by the advocacy organisations and review what needs to be purchased. It was suggested that a better structure needs to be put in place. RF advised that if the decision was taken to change the service, to widen the stakeholder base and provide the service in a different manner to get more, there was no other option than to tender.

The group were asked to reflect back to the consultation on the Health and Social Care Plan which showed the advocacy services had not improved from the perspective of those that attended the events. GC believed that the public and groups campaigning about service delivery and service redesign show that changes need to be made and he believed that the SIG have been wanting improvement in service over the last two years. GC stressed the only reason not to change was that the SIG were happy with what is currently being delivered in terms of advocacy.

RF stressed she would like a debate to take place on whether the change should happen. She reminded the SIG that she had not been involved for a long time but advised that since she has come into post, she has heard a lot of people say there is room for improvement and she believed this should happen as there is more focus now on how advocacy is delivered and what is expected. RF stressed that tendering is not an attack on the voluntary sector and that it is the legal route to get to the outcomes that are required.

SA queried if the report was available to refer to as she felt she could not make a decision or contribute without seeing the report to establish how the conclusion to change services had been reached. GC advised that he

thought SA could contribute due to her attending all meetings where this has been discussed. SA, stressed she didn't feel in a strong position about the recommendations around the changes in the delivering of advocacy services. SA advised she had referred to previous minutes and nothing she has read gives her the confidence to participate in the way she felt she should. She stated that if the decision of change has come because of the report, then she would like to see the report.

GC advised the decision was taken not to table the report as it was around performance of two individual groups. GC stressed that the groups are delivering what they have been asked to.

SA advised she had no problem with wanting to achieve better but she worried the tender contract could preclude an organisation. SA also advised that the timescale would be difficult for the voluntary sector to work to. She reminded the SIG that the sector is not part of a robust, well funded, secure business.

FM advised the SIG that she has been delivering a lot of training to the voluntary sector recently and she found that the view of tendering was mystified by what work is needed. She advised that when a service is changing, the procurement means it has to go out to tender.

RF stated to the SIG that one contract could be a consortium. She also advised that there is a written specification that ensures everyone can bid. The SIG were also advised that the CVS Fife training was making smaller groups more comfortable with tendering who were previously anxious.

SA suggested taking the report the decision was based on and bringing it to the SIG in a different format so that the recommendations could be considered. AB agreed with this as he agreed that everyone seems to be unhappy but he has not seen the evidence.

BM spent time referring to previous minutes and stressed that he could not find documentation stating that either group objected to the review being carried out or its findings and he referred to minutes that stated new specifications were expected to come out and the organisations would rise to that challenge. BM suggested that at the time of the review there may have been an assumption that revised specifications would be given to the providers in place.

GC advised that there was no hidden agenda and he was not aiming to put people out of business. GC went on to state he would be horrified if that was how the tender had been written. It was stressed to the SIG that both parties providing advocacy at the moment are doing what they have been asked to but there is now a need to increase the volume and range.

KC queried if there was any known competition who may tender but RF advised that she did not know. RF advised that following the matrix for the tender, 80% is focused to factors around quality and 20% is focused around money. RF stressed the 80% gives scope for smaller organisations to add value. KC suggested that if it was stressed one tender could be a consortium, it may calm things down from the organisations currently delivering the service. RF advised that this had been made clear in the individual meetings that both she and GC have held with the organisations.

RF emphasised that she was not criticising the current providers as they are delivering their specification but she advised that the service has got to get better. To make these changes, the only route would be tendering.

SA advised she was still unclear of the remit of the meeting being held and GC explained that the meeting was called to discuss where the SIG would like to take advocacy. RF advised that given the debate for the last two years has been about the shaping of advocacy services, she wanted to know whether the SIG want improved services to allow for more volume of the work currently being carried out. RF explained that the aim of reducing the waiting time and including a collective advocacy stakeholder events as well as supporting smaller groups would be built into the specification.

BM thought a lot of the angst was due to a lack of transparency with regards to the SIG Group and thought the SIG should take on board that criticism. BM acknowledged that the subject of advocacy has gone on for longer than it should. He reminded the meeting that the review was complete December 2008. BM assumed that the review pointed out that there would be a revised specification alongside the legal requirement to tender.

GC agreed there was room for criticism in the process and the time the SIG has taken to resolve the process. He believed on a wider aspect, this required the SIG to look at being more focused. GC explained that a meeting had taken place with the Scottish Government and the onus is moving to outcomes. GC advised the SIG should now focus on a plan and monitor and debate the range of services. GC thought it would be a good idea for the SIG to consider performance reports, the Health and Social Care Plan and the Delivering for Mental Health Documentation.

SA advised that by representing the voluntary sector she felt it seemed she has come to a meeting to hear advocacy services should be improved and she admitted she would have difficulty disagreeing with that. She stressed that she could not comment on a suggested way forward without seeing the report. SA continued to state that based on the evaluation she has heard she thinks the decision is in the hands of the statutory services and she

advised that as a voluntary sector representative she endorsed the need for all services for the community of Fife to be improved but beyond that, she felt she could not comment.

RF explained that she realised the difficulties a voluntary organisation could experience with time restraints while drawing up a tender. She advised that she would be willing to be flexible with that to ensure no organisation is disadvantaged.

The SIG were asked if anyone else would like to comment to which no member replied.

RB advised that on behalf of the LMHP she was unable to comment due to the short notice of the meeting and not being able to discuss this subject with her colleagues. RB did state she had no objection to the review, she understood that tendering was a legal requirement for a change to take place and assured the SIG that the LMHP have put advocacy as a high priority to look at.

GC advised he had listened to the members' opinions and he could see there was an agreement that advocacy services need to be improved along with other services. GC advised the neither group had found the review unreasonable in the past but to achieve the flexibility needed, one contract is the way forward. GC assured the SIG that the services in the new specification are enhanced from that currently provided and there will be no cuts in money.

GC thanked members for attending at such short notice and closed the meeting.

**DATE OF NEXT MEETING:**

The next Mental Health SIG meeting will take place on 20<sup>th</sup> November at 1.00pm within Committee Room 3, Fife House.

Hi Lisa,

I would indicate that neither myself nor Christina, are able to attend the additional meeting of the Mental Health SIG to discuss the draft paper for consideration at the Health and Social Care Partnership Group. I would therefore ask that the following concerns of the TODAY Group be raised AND recorded in the minutes of the additional meeting

I would respectfully request that the meeting are asked to consider the issues around "conflict of interest", whilst I fully acknowledge that it would be totally unacceptable for either organisation currently involved in the delivery of advocacy services within Fife, in line with requirements of the Mental Health Care and Treatment (Scotland) Act, to be part of any voting, or final decision making process.

I do feel that in order to fully evaluate/consider the "best way forward" with regard to future and existing funding for this service. The Mental Health SIG require the opportunity to fully discuss, the background to these "proposed" changes, how they may impact on individuals, and groups who require INDEPENDENT Advocacy services, how these can be measured etc. I feel that to achieve a full and transparent partnership approach to this or indeed any decision making, does require more information, than perhaps the limited, and one dimensional information which may be presented by those tasked with "purchasing services" who may themselves have a "conflict of interest" as indicated in the last minutes.

Can I assure the Mental Health SIG, that the TODAY Group are not against a balanced and open discussion around better, more productive ways of ensuring the sustainability of identified, and legislative service, for those vulnerable groups and individuals within Fife.

However we do feel that this proposed change at this time, does not allow for equity, and inclusive discussion. Alongside other voluntary groups we welcome the opportunity to meet service requirements, but these decisions must be achieved in partnership, not in isolation from the views of those who deliver services, and the valuable views of those who require services, being excluded, from the opportunity which appears to be open to purchasers of services. I feel and it is the opinion of our members, that the Mental Health SIG should take every opportunity to ensure they are in receipt of as wide a "picture" as possible in order to achieve meaningful involvement and engagement. I feel the additional meeting, without allowing open discussion may, at best, reach a "flawed" decision, and at worst make recommendation without having ALL of the facts/information available to them.

Yours John Dow, User Member of Mental Health SIG,