

Transport arrangements for patients experiencing a mental health crisis

Steering Group Minutes – 12th March 2015

Attendees

Name	Organisation
Malcolm Alexander	LAS Patient Forum
Nick Broughton	Co-Chair of Strategic Clinical Network for Mental Health
Pauline Cranmer	LAS
Sinead Dervin	NHSE
Kula Dimby	LAS
Sarah Fairhurst	MPS
Ursula Gallagher - CHAIR	Brent, Harrow, Hillingdon CCGs
Sarah Garner	LB Newham
Susan Green	District Judge – Camberwell Green Court
Carole Lawrence-Parr	CPI
Mark Napier – MINUTES	CPI
Katy Neal	Commissioning Lead LAS
Anne Sheridan	Social Care Lead for CNWL
John Vaughan	Director of Strategy and Performance - BEH

Apologies

Name	Organisation
Rob Blackstone	Chair of Social Care leads Network
Maria Kane	BEH
Jane Milligan	LB Tower Hamlets
Fionna Moore	LAS
Daniel Thorpe	MPS

Actions

	Action	Owner	Status (RAG)
1	ToR to be reviewed to incorporate changes requested.	CPI	
2	Service user representative input to be explored with Mind.	SD	
3	Project timeline to be expanded to incorporate milestones and deliverables.	CPI	
4	Research component to include qualitative aspect	CPI	
5	Research component to include transport from police custody.	CPI	

6	Research component to include review of practice elsewhere.	CPI	
7	Draft research tools to be developed and circulated.	CPI	
8	Outline communication strategy to be developed	CPI/SD	
9	Minutes to be circulated	CPI	
10	Dates for meetings to be scheduled	SD	

1. Welcome and introductions

UG welcomed attendees to the first Steering Group overseeing the project relating to transport arrangements for patients experiencing a mental health crisis.

2. Background to the project

SD provided an introduction to the background to the project and the need for a pan-London solution to be developed that better meets the needs of all organisations and agencies involved in the support of patients requiring transportation.

UG asked all attendees to introduce themselves and explain their organisation's experience of transport arrangements for patients experiencing a mental health crisis.

3. Review of Terms of Reference

The draft ToR were reviewed.

MA noted that the ToR should refer to patient: safety, dignity and outcomes. This amendment was agreed by the other attendees.

It was noted that current membership is lacking a CEO from a Mental Health Trust. Also it was suggested that the Group would benefit from the input of a representative from an Acute Trust. It was further noted that the Group is not wholly representative of all of London and that it would benefit from stakeholder input from an organisation based in south London.

There was a discussion as to whether Serco (who provide transport services in London for the criminal justice service) should be represented. MN noted that consultation with NOMs had indicated that they did not anticipate that Serco should be involved to this extent as they are the provider of a contract held by NOMS. It was decided that there should be communication with Serco over the life of the project, but that membership on the Steering Group was not necessary.

It was felt necessary that there should be some degree of service user involvement on the group. It was agreed that Mind should be engaged to determine the best way to achieve this.

AS indicated that she was able to represent AMHPs on the Group.

4. Project timeline

MN reviewed the project timeline, in particular noting that it has been developed to sequence in with the commissioning cycle thereby enabling commissioners to respond to the outcome of pilot activity in their planning and subsequent work.

MN agreed to expand on the project timeline and add specific milestones and deliverables.

5. Research brief

MN reviewed a paper setting out a proposed research brief for work that would constitute the first phase of the project. MN emphasised the need for any subsequent project activity to build on a robust evidence-base regarding mental health transport across London.

MA noted that it was important to add a qualitative dimension to the research as this would give a strong users-perspective. It was agreed that the research should incorporate qualitative data where possible.

UG asked that the research include a review of current practice with regard to mental health transport – both elsewhere in the UK and internationally. It was felt that possible solutions may have been developed elsewhere which could be used to inform the subsequent stages of the project.

SF requested that mental health transport from police custody be added to the research brief.

It was agreed that stakeholder consultation events should take place to co-design and explore potential solutions. Such events should include Serco (see above) as well as other interested organisations.

MN agreed to develop a range of draft research tools for those areas requiring primary research. These will be circulated with key stakeholders for comment and review before implementation.

6. Communications plan

The need for a communication plan was agreed on to ensure that wider stakeholders are engaged and informed of the project.

It was agreed that the communications plan needs to be phased:

- Initial awareness raising and engagement
- When proposals for specific activity around transport have been developed and are being piloted – in particular relation to the implications for changes in practice
- Following roll-out of new practice

It was agreed that frontline workers from key organisations should both contribute to the process and be engaged in the communications. This will be explored as the project is rolled out.

UG requested that the minutes of the Steering Group be circulated as soon as possible to give attendees some indication of when they are likely to be involved in various elements.

7. Funding of pilot activity

The funding of possible pilot activity was discussed in order to bring attendee's attention to the likelihood that additional resources are likely to be required at a future date.

The challenge of obtaining funds from partnership organisations in the current environment was noted. While there was a willingness to contribute to the project it might be difficult to translate this into a financial contribution.

It was noted that new and more effective mental health transport services are likely to realise cost savings as inefficiencies and blockages are removed. This however does not necessarily translate into short-term cashable savings.

8. Date of next meeting

SD agreed to schedule meetings for the duration of the project at eight weekly intervals.

9. AOB

Discussion was held on the need to evaluate the project work to ensure that the impact of new activity is fully understood.