



# Report of the August 26, 2008 meeting of the Mental Health Forum in Tynepark Resource Centre, Haddington.

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## Who was there:

Ross Macphail	<b>ELIG</b>
Ken Morrice	<b>Crossreach</b> , Tynepark.
Laurelle Edmunds	<b>Carers of East Lothian</b> , Mental Health Joint Planning Group
Margaret Cessford	Smart Talk
Eilidh MacDonald	<b>SAMH</b>
Veronica Forrest	Convener, <b>ELIG</b>
June Rumbles	Forum Member
Giles Middleton	Service User
Myra Waugh	<b>East Lothian Befriending Scheme</b>
Tom McMurray	Tynepark Cycling/ Fishing Club
George Watson	<b>ELIG</b>
Peter Inglis	<b>SAMH</b>
Ian Stevenson	Management Committee, Tynepark
Linda Sneddon	<b>Occupational Therapy</b> , Herdmanflat
Grace Mackie	Service User
June Irvine	Service User
Marshall Boardman	Carer
Carolyn Boardman	Carer
Lesley Aitkenhead	<b>ELCCF Development Manager</b>
George Paterson	<b>ELCCF Communications Worker</b>

## In attendance:

Gerry Power, General Manager **East Lothian Community Health Partnership**

**After the Report** of the June meeting of the Mental Health Forum was passed by Forum members, the meeting was open to a Question and Answer session, with Gerry Power in the hot seat. Gerry's presence generated a record number of attendees who took the chance of meeting one of the top men responsible for health services in East Lothian.

## Q & A Session with Gerry Power

**Gerry was asked** a series of questions ranging from the potential for new-build to the provision of trusted alternative therapies.



### Cash from sale

**Q: What happens** to money from the sale of Herdmanflat Hospital? Does it go into the NHS to be distributed - if so, is there opportunity for it to be directed toward new facilities at doctor's surgeries?

**A: The cash** raised from sale of Herdmanflat and Roodlands would not be enough to buy a new community hospital for East Lothian which could cost £60m-£70m.

For a new hospital, funding partners would have to think about a Private Finance Initiative, or similar scheme, much the same as the one in place to create a new community hospital for Midlothian which is costed at £18m.

The cost of providing other premises would depend on a business case being presented, and for the Community Health Partnership to 'bid in' for an allocation of money.

*"I do think there is an issue for provision of somewhere to go other than visiting the normal institutional premises."*

**Discussion:** Gerry's answer prompted reaction from Forum members. Transport in and around East Lothian was a problem for many people, and using centralised services was one difficulty pointed out to Gerry.

Forum members were also keen to stress the importance of trying to reduce stigma - many would prefer their visits to mental health services to be made more discreet with venues situated within the community. It was pointed out that, ideally, these could be in local community centres or doctor's surgeries.

Gerry agreed these were points which had to be taken aboard.

In terms of the new community hospital for East Lothian, Gerry reported the decision on location would be taken in December, with work on whatever site was chosen starting in 2010, ending 2012.

Currently, there was no provision for mental health beds - the nearest provision for these would be at the Edinburgh Royal Infirmary.

Gerry said that between now and December, a number of user involvement consultations would be held on siting the new community hospital in East Lothian.

## Lessons from Midlothian

**Q:** Are these any lessons from what has been done in Midlothian which could be applied to practice and planning in East Lothian?

**A:** The redesign of mental health provision in Midlothian spurred by replacement of the ageing Rosslynlee hospital has led to the set up of the Intensive Home Care Treatment Team (IHTT) to provide home support, and the Continued Recovery Team - a multi-disciplinary team composed of professional staff.



An out-of-hours service is available which can provide home visits.

Plans are to copy the IHTT model for East Lothian.

Midlothian is also home to the Orchard Centre in Bonnyrigg, a venue run by Health in Mind, offering day support services and arts therapies.

Gerry added that the Community Mental Health Team and Social Work services would operate together out of the new community hospital. CMHT would work from Pencaig until the new hospital was built.

## Cash from sale

**Q:** Day Services, so important to recovery, have received very little investment under the new plan with voluntary services given little - care to comment?

**A:** Gerry replied that more detailed specifics have to be presented through the planning group for whatever new services are required so budgets can be allocated and provision made.

*"There is little investment in supporting day activities - it's those activities that keep people well and on the path to recovery."*

Significant investment was made in people for the Orchard Centre, said Gerry, as it delivers services NHS can't provide. He added there had been questions over the allocation of funds into non-NHS staff from the unions.

If funding was to be made, a blueprint of these services would have to be drawn up by the planning partners.

## **A New REH?**

**Q: Where will** the new psychiatric hospital in Edinburgh be based? There's concern about accessibility for the people of East Lothian.

**A: Gerry didn't know** when the Royal Edinburgh Hospital might be replaced, or where the new replacement building might be situated, although the present site at Morningside was thought of as a favourable location.

**Discussion:** Gerry's answer drew comment on the suitability of sites. Despite the distance from East Lothian, Morningside was deemed to be a good location, near shops in a neighbourhood with a village atmosphere, unlike, for example, any potential site near the new ERI at Little France.

## **Rehabilitation**

**Q: There's concern** over rehabilitation from the acute ward in Edinburgh given the distance and support given by local staff. Anything to be learned from the Midlothian experience?

*"When I first went to my GP I knew something was wrong and asked to be referred but the GP refused point blank. It wasn't until 10 or 11 years later I was diagnosed by a psychiatrist as ill."*

**A: Park Cottage** in Midlothian, run by Carr Gomm was a good model for East Lothian's Cameron Cottage, said Gerry, who reiterated the work to be done by the new IHTT and CHT in East Lothian once they were up and running.

## Self-Referral

**Q: Results** from a self-referral programme in Doncaster found people who self-referred were in genuine need but had waited the longest? Does this have anything to say for services here?

**A: A better service** might have been provided by a better GP, Gerry replied. He said he would chase up information on the Doncaster model.

He added that services available to GPs now were different than 10 years ago covering a greater spectrum of awareness and bringing in staff such as psychiatric nurses.

## Alternative therapies

**Q: More and more** people with mental health problems want access to tried and tested alternative therapies to aid recovery. Would the Planning Group consider introducing 'treatments' such as art therapy to East Lothian?

**A: Gerry replied** that it was all a question of funding. With limited cash in the mental health budget, such services would have to compete for funding against other divisions of the health service bringing with them more emotive issues. He believed the public will on health priorities considered such therapies as 'accessories' to main line services.



Mainstream funding for alternative treatments have traditionally been via endowments, but these are not sustainable. NHS funding in the past has proved the first to be cut when it comes to budgeting decisions to cover higher costs for core services, and for sudden government initiatives such as immunisation programmes.

Gerry also pointed out that outcomes for alternative therapies were difficult to prove.

## Transport

**Q:** **NHS staff** can have the benefit of transport buses to and from venues. Why limit such services to staff and let patients benefit?

**A:** **Gerry said** he would take the matter up with John Jack, Director of Facilities at NHS Lothian.



## Thanks

**Thanks were exchanged** at the close of the meeting.

Forum members were glad to have the opportunity to quiz Gerry, and he appreciated the chance to consult and hear from service users. He promised he would return for a future Forum meeting.

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**The next meeting of East Lothian Mental Health Forum  
will be held on September 16th, 10.30am-12 noon,  
in Tynepark House, Haddington.**

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Remember to look in at the ELCCF website if you can.  
You'll find these **latest minutes** on the East Lothian  
Mental Health Forum pages at  
**[www.elccf.org](http://www.elccf.org)**