

**BRECKLAND COUNCIL**

**At a Meeting of the**

**POLICY DEVELOPMENT AND REVIEW PANEL 2**

**Held on Thursday, 8 May 2008 at 10.00 am in  
The Norfolk Room, Conference Suite, Elizabeth House, Dereham**

**PRESENT**

Mr M.A. Kiddle-Morris (Chairman)	Mr M.J. Griffin
Mr C.R. Jordan	Mrs S.M. Matthews
Mrs J. Ball	Mrs L.H. Monument (Vice-Chairman)
Mr S.G. Bambridge	Mr D.G. Mortimer
Councillor Claire Bowes	

**Also Present**

Mrs D.K.R. Irving

**In Attendance**

Sheila Cresswell	- Member Services Officer
Riana Rudland	- PFI Monitoring Officer
Claire Salley	- Arts Development Officer
Elaine Wilkes	- Senior Committee Officer

**8/08 MINUTES**

The minutes of the meeting held on 28 February 2008 were confirmed as a correct record and signed by the Chairman.

**9/08 APOLOGIES**

Apologies for absence were received from Lady Fisher, Mrs. P. Quadling and Mr. M. Broughton.

**10/08 DECLARATION OF INTEREST**

Mrs. D. Irving declared a personal interest in agenda item 6 by virtue of her membership of the Norfolk and Waveney Trust Foundation.

**11/08 NON-MEMBERS WISHING TO ADDRESS THE MEETING**

Mrs. D. Irving was in attendance for agenda item 6.

**12/08 MENTAL HEALTH ISSUES (AGENDA ITEM 6)**

Mr. Hadrian Ball, Medical Director of Norfolk & Waveney Mental Health NHS Foundation Trust, and Mr. Eddie West-Burnham, Chief Executive of West Norfolk MIND, were in attendance for this item.

Mr. Ball welcomed the opportunity to attend the meeting to speak to Members about mental health issues and his organisation's Public Health Strategy, a copy of which had been circulated with the agenda. This was the first local authority meeting he had been invited to attend during his eight years as a Director of the Trust.

**Action By**

**Action By**

Mr. Ball explained that the Strategy document was a recent publication covering the next two years and was an important document not only for the organisation but for health economy generally in Norfolk. The Strategy had been developed following the fundamental system reform of the NHS and to meet new requirements.

The Mental Health Trust aimed to participate in public health activity for Norfolk through the Norfolk Primary Care Trust (NPCT) and local authorities in the County. It was pledged to co-operate with NPCT and to provide expertise into that process to provide more mental health activity.

Mr. Ball went on to explain that, as a provider, the Mental Health Trust provided services to individuals with mental health disorders. In the main, these related to schizophrenia and bi-polar disorders. These were common disorders affecting some 1% of the population, either directly or indirectly. The impact of such disorders, not only on the individual concerned but on their families and the wider community, was significant. A sufferer's life expectancy could be reduced (there was a greater incidence of suicide) and they were often also disadvantaged through what was termed secondary harm, such as weight gain as a result of medication, smoking or coronary heart disease.

It was important, therefore, to take an holistic approach to ensure that, not only symptoms were treated, but also that help was available in the wider context of their lives and social circumstances. This was referred to as the recovery model of mental health, with the aim of helping people suffering with disorders to lead meaningful lives.

The public health demographic profile of Norfolk was diverse. Across the County generally, the 65-85 age group was projected to increase significantly but the increase in adults of working age was predicted to be much smaller. However, the figures for Norwich showed the number of adults of working age expected to rise by 9.2% (compared to the average of 2.6%). Also, with the exception of Norwich, the numbers of children under 15 years of age was expected to decrease. This produced an overall profile of older people generally across the County but a younger age profile in Norwich and the services that would be required would therefore depend on peoples' locations and services would need to be focused accordingly.

It was recognised, however, that general trends could hide areas of need and the Trust was endeavouring to ensure it had a clear understanding of the health needs of the population to ensure mental health services were improved.

Mr. West-Burnham then gave an overview of the work of West Norfolk MIND as a provider of mental health services. As providers, although MIND and the Mental Health Trust could be seen as competitors for service provision, they also had to work in partnership.

Mr. West-Burnham explained the type and nature of the work undertaken by MIND and the services provided. As an independent organisation, it was possible for MIND to be more flexible in working with individuals and offering individual care. However, the importance

**Action By**

of an holistic approach was also recognised to take account of the wider community aspect of an individual's needs.

The organisation therefore worked with other services and agencies, looking at the particular issues of the rural area to address and resolve them and to offer specialist support. What West Norfolk MIND provided should not be seen as an end in itself but the means to an end, to enable people to get back into their community. Collaboration between agencies was necessary to meet the demand for mental health care.

In answer to a question, it was confirmed that, in general, it was less affluent people who were more likely to suffer physical or mental ill health.

A member asked how the local authority could best help the health service to direct the right help at the earliest point.

In reply, Mr. Ball concurred that early intervention was known to help in the prevention and treatment of health disorders. He explained that one of the main policy objectives within the NHS was to ensure that services were embedded and accountable at the local level. The Trust was an accountable body and Norfolk County Council, as a partner organisation, was represented on the Trust's Board of Governors. He felt that local government's most influential role in the medium to long term was at the PCT level, where service providers had to work closely with local government, since health services provision could only be commissioned in the knowledge of the needs of an area. Local authorities were best placed to provide that knowledge.

Mr. West-Burnham added that the voluntary services were essential links in early intervention and prevention of health disorders and to this end worked with local authorities and other agencies and organisations to help improve people's quality of life. He felt there was a good opportunity under the new systems to develop such intervention work.

A member commented that people often did not know where to go for help in the ordinary circumstances of their lives and felt that this is the sort of provision that was missing.

Mr. West-Burnham gave an example of a drop-in café in Swaffham which offered the type of service mentioned. There were other methods that could be adopted but he felt there needed to be a political will to lobby for their provision. Mr. Ball felt this was a good example of what an independent service could provide where the NHS could not.

Another member asked whether there was to be any programme of education on mental health issues to raise public awareness. She felt that people's knowledge of this area was low and she particularly wished to see a programme for young people.

Mr. West-Burnham acknowledged there was a need in this regard. His organisation had commenced a particular campaign entitled "Moving People" and information on this could be provided as it progressed and the Mental Health Trust had been commissioned to some of this work.

Mr. Ball added that there had been national and local educational

**Action By**

campaigns over recent years and his Foundation Trust's website offered information. He agreed that there was more work to be done in this area.

In reply to a question from a Thetford member, Mr. West-Burnham explained that MIND was organised on an area basis and that the Thetford area was not covered by West Norfolk MIND, whose boundary stopped at Swaffham.

Further questions raised at the meeting related to:

- The law relating to the "Court of Protection" as being pertinent to the elderly mentally ill and their relatives. It was explained that this related to the Mental Capacity Act 2005 covering people's ability to take decisions, which could be impaired not only by mental health disorders but also by physical conditions. This legislation brought together a series of previous laws and provided the framework within which authorities provided services. Within that legislation were changes that impacted on the Court of Protection.

A member added that from a legal view, the Act had introduced some core principles to uphold people's rights, including the right for vulnerable people or those with limited capacity to be involved in decisions about them. The legal role was a cumbersome one but the new principles enabled people to appoint a social attorney to act on their behalf.

- The issue of advocacy at hearings and dealing with the intricacies of chasing benefits and support was something that a member felt should be provided for all patients if they so required, together with the provision of translation facilities for those who did not have English as a first language.

On the latter point, Mr. Ball explained that his Trust used the services of INTRAN.

So far as advocacy was concerned, he concurred that this was extremely important and new rights on this were established under the Mental Health Act 2007. So far as the issue of claiming benefits for service users was concerned, it was expected that this assistance would be given through the care co-ordinators and others involved with an individual's health treatment to ensure that people had access to appropriate advocacy provision.

Mr. West-Burnham added that his organisation used a range of providers to give support and advocacy to people but that the type of support provided tended to be in those areas where legal intervention was not required. If legal intervention was required, people would be referred on as appropriate.

- In the case of dual diagnosis of conditions, i.e. where a mental health disorder was exacerbated by a secondary condition (e.g. a smoking related issue), a member asked about which was given priority in treatment.

**Action By**

It was explained that treatment depended on the individual circumstances, so that it might be appropriate to treat a secondary harm condition (say, alcohol abuse which was causing a mental health disorder) as a priority, whereas in other cases it might be that the mental health disorder was the prime issue for treatment. Health management of was carried out on the principles of personalised care to meet needs, involving not only treatment for illness but also involving intervention to tackle secondary issues such as drug misuse or health education.

The Chairman concluded the discussion by thanking Mr. Ball and Mr. West-Burnham for their attendance and an interesting debate.

**13/08 CULTURE UPDATE (AGENDA ITEM 7)**

This report provided an update and overview of the activities and achievements in sport and arts development work and highlighted key upcoming activities for the coming year.

The PFI Monitoring and Sports Development Officer explained the background to what had been a very successful sports development programme and the new initiatives which had been introduced. A particular success had been the schools sports initiatives with the aim of easing the transition between primary school and high school and providing an opportunity for children to experience new activities in high quality facilities.

Key initiatives during the coming year included:

- Workforce development for volunteers running clubs to help them up-skill and assist with club sustainability and quality assurance.
- Breckland Swimming Forum, involving national and regional ASA events and special programmes for mothers and babies/toddlers.
- Pilot project following a successful Sport England bid to be run in Banham as part of the National Extended Activity programme.
- A programme of high quality and diverse sport and cultural activity was also being developed to coincide with the handover of the Olympic Games from Beijing to London this year.

A Member raised the issue of provision of and access to activities in the rural villages. It was explained that this was provided through the Holiday Programme. A lot of outreach work was targeted at the villages and the summer programme would offer 96 sessions across 22 venues. However, venues had to meet certain standards of facilities and some villages did not have facilities to the requisite standard. Some children travelled to successive events in different villages. The high school-primary school sports day pilot had been trialled in Thetford and was being extended and a scheme to cluster villages with a town was being trialled at Dereham, where village school children would be bussed into Dereham for a day's sports event at a high school.

**Action By**

Transport remained an issue and last year's pilot programme to provide transport to the leisure centres had disappointingly not been taken up at all. However, the scheme was being tried again this year. Any such scheme also had implications for budget and resources. Any schemes had to be sustainable in the long term.

It was noted that the number of venues had been increased since last year and the programme to achieve a good geographic spread but support for schemes did vary from community to community.

Details of the arts development work were given by the Arts Development Officer. The 2007/08 arts development programme had been varied and successful and included, amongst other things, delivery of the holiday activities programme, Village Stage and Screen and Open Studios, development of the Breckland Arts Network, as well as other activities and events for young people. The BBC Concert Orchestra project had been especially successful and well supported.

The Village Stage and Screen projected continued to grow and nine performances were planned this year (up from five last year).

Feedback from the schools' programmes had been excellent.

Details of the future programme of events included further development of collaborative projects, a funded arts-based community cohesion project being planned with Norfolk Education and Action for Development, 'Art Alive in Norfolk Churches', further development of the Breckland Arts Network, as well as other partnership projects.

The Chairman concluded the item by congratulating the officers on the excellent results and thanking them for their report.

**14/08 WORK PROGRAMME**

The programme was noted. The Chairman advised he would discuss future programme with the Scrutiny Officer prior to the next meeting.

**15/08 DATE OF NEXT MEETING**

Arrangements for the next meeting on 12 June 2008 were noted.

The meeting closed at 11.45 am

CHAIRMAN