

AGENDA MANAGEMENT SHEET

Name of Committee Health OSC

Date of Committee 7th November 2007

Report Title Consultation Proposals for the Development of Adult Mental Health Services in Rugby - Report and Recommendations from the Meeting of the Joint Panel of Health OSC & Rugby Borough Council

Summary Coventry and Warwickshire Partnership Trust are currently consulting on the development of Adult Mental Health Services in Rugby (due to finish 17/10/07). A joint panel of Health OSC and Rugby Borough Council was set up to look at the proposals being made by the Partnership Trust. A meeting was held in Rugby where the Partnership Trust was invited to discuss the proposed options. and evidence was gathered from users, carers, voluntary and statutory agencies on the proposals being made.

For further information please contact:

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Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers Development of Adult Mental Health Services in Rugby Consultation Document

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Cllrs Jerry Roodhouse, Sarah Boad, Helen McCarthy, Raj Randev, Frank McCarney
- Cabinet Member Cllrs Bob Stevens, Colin Hayfield
- Chief Executive

- Legal Sarah Duxbury
- Finance
- Other Chief Officers David Carter, Graeme Betts
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION Yes

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Health OSC - 7th November 2007.

Consultation Proposals for the Development of Adult Mental Health Services in Rugby Report and Recommendations from the Meeting of the Joint Panel of Health OSC & Rugby Borough Council

Report of the Performance and Development Directorate

Recommendations

That the Committee considers:

1. The evidence obtained from the panel meeting
2. The recommendations of the joint panel
3. That Cabinet has a copy of the minutes with recommendations from the joint panel meeting

1. Introduction

The Coventry and Warwickshire Partnership NHS Trust have been considering how they can better meet the needs of the people of Rugby.

They want to ensure that Adult Mental Health Services are provided as close to home as possible, easily accessible, value for money and are of the highest standards possible.

The Community Mental Health Team, Crisis Resolution Home Treatment Team, Assertive Outreach Team and Early Intervention Service are all functioning to a high standard and only those that are acutely ill are admitted to hospital, but the Trust believes that these services could be even better. The inpatient service based at Rugby St Cross Hospital also provides an excellent service, but it is isolated from clinical services and the building presents a number of difficulties to the continued provision of safe quality care.

In the consultation document the Trust presents three possible options for improving community and inpatient services. The three options are as follows:

Option 1 – Do nothing.

For many people this would be the most comfortable option, but the Trust point out that to continue with no change would mean the difficulties, they are already experiencing, would remain.

Option 2 – New premises for Community & Inpatient Teams in Rugby.

This option would require identification and provision of new accommodation for the community teams and the relocation of Linden Ward in the Rugby area. It would be good for community teams and would address some concerns for inpatient service, but it would take a considerable amount of time to achieve and delay service improvements

Option 3 – New premises for Community Teams in Rugby and relocate the Linden Ward to the Caludon Centre in Coventry.

This option would have all the advantages of the second option for the community teams and would address the concerns relating to inpatient services at the Linden Ward. The Linden ward would relocate to two existing empty wards at the Caludon Centre. These wards would operate as a single unit serving the population of Rugby.

2. Recommendations

2.1 That the Committee considers:

1. The evidence obtained from the panel meeting
2. The recommendations of the joint panel
3. That Cabinet has a copy of the minutes with the recommendations from the joint panel meeting

DAVID CARTER
Strategic Director
Performance and
Development Directorate

Shire Hall
Warwick

4th October 2007

A Summary of the Proposals for the Development of Adult Mental Health Services in Rugby

The Coventry and Warwickshire Partnership NHS Trust are consulting with key stakeholders and members of the public on Adult Mental Health Provision in Rugby. This consultation started on the 11th July 2007 and was expected to finish on 3rd October 2007, but it has been extended by 2 weeks to offset the holiday period during August/ September and will now finish on the 17th October 2007.

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More information on these proposals are available in the Consultation Document (see appendix A) or can be found on the following website - under News/What's New.

<http://www.covwarkpt.nhs.uk/>

2. Evidence from Joint Panel Health Overview and Scrutiny and Rugby Borough Council

Health OSC and Rugby Borough Council Panel Meeting Development of Adult mental Health Services in Rugby – Consultation 24th September 2007

Present:

County Councillors	Jerry Roodhouse Helen McCarthy Raj Randev
Borough Councillors	Bill Sewell Tina Avis Michael Stokes
Officers	Alwin McGibbon Warwickshire County Council Georgina Hunt Rugby Borough Council

Also present:

Philip Bosworth	ASSIST
Tim Frost	Community Mental Health Team
Sandy Taylor	Coventry & Warwickshire Partnership NHS Trust
Karamjit Singh	Coventry & Warwickshire Partnership NHS Trust
Dr. Sharon Binyon	Coventry & Warwickshire Partnership NHS Trust
Colin Merker	Coventry & Warwickshire Partnership NHS Trust
Alison Hardy	Coventry & Warwickshire Partnership NHS Trust
Samatha Gray	Crisis Team
Karen Groves	Rethink North Warks & Rugby Carers Support Groups
Dave Shoobridge	Rugby Assertive Outreach Team
Phil Bradley	Rugby MIND
Christine Robinson	Swanswell Trust
Stephanie Fraser	Voices 4 Choices
Heather Clelland	Voices 4 Choices
Sheila Mills	Voices 4 Choices
Ivor Lawrence	Voices 4 Choices
Penny Page	Voices 4 Choices
Maureen James	Warwickshire Age Concern
Anne McGee	Warwickshire Age Concern
Lucy Noon	Warwickshire PCT
Julia Phillips	Warwickshire PCT
Insp. Sue Froggatt	Warwickshire Police
Insp. Robert Gainer	Warwickshire Police
David Soley	Warwickshire County Council - Adult, Health & Community Services Directorate
Simon Veasey	Warwickshire County Council – Adult, Health & Community Services Directorate

1. Introduction

The Chairman introduced the Joint panel and explained that the objective of the meeting was to explore with the witnesses the options proposed in the public consultation document on the Development of Adult Mental Health services in Rugby that had been available in the public domain since 11th July 2007. In particular the Panel was interested to hear about the challenges each option pose to the organisations that could be affected by the changes proposed.

2. Apologies

An apology for absence had been received from Brenda Hardy.

3. Declarations of Interest

Councillor Michael Stokes declared a personal interest by virtue of being Trustee of Rugby MIND.

4. Assessment Of The Impact Of The Proposals For Adult Mental Health Services In Rugby

The Panel heard evidence from the following witnesses.

Community Mental Health Teams, Crisis Intervention Team, Assertive Outreach Team

Community Services

The Crisis Intervention and Assertive Outreach team was established in 2005 in line with the national policy framework. The Partnership Trust was established in October 2006 with five teams across Coventry and Warwickshire. This is currently being reviewed and the plan now is to have one team for Coventry and Warwickshire with five sub groups. Service development is ongoing to address common themes across the different areas such as staffing and economies of scale.

Concern was expressed that if Option 3 were to succeed there would need to be further investment in community services. It was agreed that additional resources would enable the provision of a more robust service. In the medium to long term the opportunity of joint arrangements should improve the quality of community services once the teams had adjusted to new patterns of working.

The need to work with partners to tackle wider issues such as housing and employment was also emphasised to enable a sustain recovery for service users.

In-Patient services

The Partnership Trust considered Option 2 not to be financially sustainable, although the physical issues would be addressed. The Linden Unit does not have access to a Physical Intensive Care Unit (PICU) and there are concerns around staff safety and not having staff to call on in an emergency at night.. Although the night staffing level has been raised to 4 staff due to these concerns the Partnership Trust considers this

is still not sufficient. In contrast the Caludon Centre has approximately 22 staff on site at night from which a crisis response team could be drawn to deal with night incidents and it also has the capacity to manage a number of simultaneous night incidents.

Therefore Partnership Trust considered there would be no clinical benefit for service users to adopt Option 2.

If Option 3 were chosen it would be possible to relocate the Linden Ward to the Caludon Centre immediately as wards are readily available. The Trust intends to move all staff from the Linden Unit to the Caludon Centre. This would enable continuity of relationship between patients and staff.

New Premises for Community Teams in Rugby

The Partnership considered that accommodating community teams together in one building would facilitate improvement to communications. The Trust is currently looking at potential development sites. It is estimated that a new build facility would take approximately 18 months to open, however refurbishing an existing building could be implemented more quickly. Capital is available to support this project.

Warwickshire Police - Rob Gainer, Rugby District Inspector and Sue Froggatt, Judicial Services Inspector

Warwickshire Police raised three concerns if Option 3 was adopted and inpatient services moved to the Caludon Centre in Coventry:

1. Transferring patients from Rugby Police Station to the Caludon Centre would have logistical and resources implications for Warwickshire Police.
2. If patients decide to abscond from the Caludon Centre, West Midlands Police rather than Warwickshire Police would be responsible for Rugby in-patients who abscond, which would be an additional burden of work for West Midlands Police and could result in a reduced quality of care for Rugby patients. They also have concerns that if patients do not receive as many visitors due to lack of public transport, this could result in an increased desire to abscond.
3. Rugby Police Station is currently used as a place of safety for people who require a Section 136 mental health assessment and people are held there until they are assessed. Warwickshire Police through guidance for the Home Office, that this would not be considered best practice (concerns about level of care) and that the existing protocols between them and the NHS need to be revised. They would like to recommend that patients go direct to the Caludon Centre for assessment, rather than the police station, if Option 3 goes ahead.

Voluntary Sector

Phil Bradley – Rugby MIND

Option 3 is the preferred option for Rugby MIND. The relocation of the Linden Ward to the Caludon Centre is needed to improve in-patient services and although there are concerns about transport provision for visitors, buses are available. Ultimately the overall improvements to community adult mental health services should reduce

the number of in-patients. Therefore the focus should be on community mental health services in Rugby and developing joint working between the different teams. If the Linden Ward were relocated, community services would need to be centralised at the same time, as soon as possible.

Rugby Mind reported that service users that have visited the Caludon Centre consider Option 3 a safe option and would prefer their families to visit them there than in the existing Linden ward.

Rugby Mind consider the provision of a crisis house would reduce the number of in-patient admissions, but this would need to be supported by robust community services.

Karen Groves – Rethink

The main concern for carers is transport to the Caludon Centre and what services would be given back to Rugby if the in-patient unit at St Cross is closed. They recognise that to do nothing (Option 1) is not an option as therapies and services need to be improved and carers do not generally view the Linden Ward as a safe facility.

They consider the voluntary sector should be involved in the centralised community mental health facility. Joint working with all the services in one building would be a positive step. However service users and carers do need assurances that community services will be available on discharge from the Caludon Centre to prevent the 'revolving door' - patients being discharged and quickly readmitted, because support in the community was not readily available. Carers and users also need to be involved in the development of those services. It was acknowledged that health providers are starting to work with more actively with the voluntary sector.

Rethink would welcome the provision of a Crisis House in Rugby, should the Linden Ward be closed. By providing care to people in their own community, the need for in-patient care would be reduced.

There was public concern that with services being taken out of Rugby as the town is expanding and mental health problems are on the increase, that there would be a shortfall of provision.

Heather Clelland & Sheila Mills - Voices 4 Choices

The staffing difficulties of Option 2 were acknowledged. The organisation would accept Option 3 as long as a Crisis House is set up in Rugby. Voices 4 Choices already run a successful user led Crisis House in Nuneaton that is available for Rugby patients. They consider the set up in Nuneaton works well with the Crisis Team.

Their concerns included transport issues and the difficulties for patients in returning to their own communities on discharge. They felt the distance from Rugby would make day leave in the build up to discharge more problematic due to the reduced accessibility of Rugby's Community Mental Health Services and the patient's social networks. Users did question whether adequate transport provision would be made

available for patients and the Partnership Trust assured those present that transport would be provided for leave. They also provided information on the work they are currently doing with transport providers (see Appendix A attached, pages 13 and 20).

Age Concern – Maureen James and Anne McGee

Representatives from Age Concern Rugby explained that it works with people aged 50+ who would be affected by changes in provision of adult mental health services and it is not solely an organisation for the elderly.

A formal response to the consultation had been submitted by Elizabeth Phillips, the Executive Director of Age Concern to the Partnership Trust, however unfortunately this had not been communicated to Age Concern staff in Rugby.

Their main focus of concern was around transport to the Caludon Centre. Age Concern relies heavily of volunteer drivers who are already struggling to cope with demand. The importance of having family close by was also emphasised.

They were also concerned whether the existing daycare facilities would be affected by the proposals to move the Linden Unit to the Caludon Centre. It was noted that the day care services provided by Hawthorn and Maple wards would be unaffected.

Statutory Agencies - Simon Veasey & David Solely, Adult Health & Community Directorate, Warwickshire County Council; Julia Philips, Warwickshire PCT

In-patient Services

They support Option 3 the Linden Ward is not safe in its current state, and the Caludon Centre is a relatively close location. Option 2 would not address the current in-patient safety problems. The development Community Mental Health Services has resulted in an increase in more serious cases being dealt with as an in-patient and it was considered essential that a suitable and safe facility should be provided.

New Premises for Community Teams in Rugby

Community services are quite dispersed across Rugby, which sometimes create delays when trying to communicate with each other. A centralised community resource centre would improve communication between teams and generate economies of scale as demonstrated by existing services in Stratford. Multi-disciplinary and planning review meetings for patients would be facilitated much more quickly and cheaply if community teams were based in the same building and could therefore take place more regularly resulting in an improved service. Joint service provision would also improve services for patients with co-morbidity.

Joint Commissioning Strategy

The panel was concerned that the Joint Commissioning Strategy for Adult Mental Health Services 2007-2010 did not mention Rugby and sought assurances that the planned improvements would be made.

It was stressed that Rugby was encompassed with the North Warwickshire area although this was not clear in the document. The document is in the process of

being refreshed. The proposal to relocate the Linden ward had not been made when the commissioning strategy was published. A review of services is already under way to ensure that strategies for commissioning and service provision are aligned. The panel suggested that this should be done fairly quickly and a report of the revised Joint Strategy be given to them in six months time with the aims and objectives for Rugby included.

It was considered important that all services in Warwickshire should be of a similar standard and the Linden Unit was clearly not a good service compared to the Caludon Centre, Coventry and St Michael's in Warwick. However, if patients were going to be moved to the Caludon Centre it was considered important to see what was being put back into Rugby via Community Services.

It was also considered important to bring the community teams together especially as many patients may have more than one health need (co-morbidity) and currently may have to go more than one location in Rugby for relevant treatment.

Crisis House

The provision of a Crisis House in Rugby would allow in-patient beds to be utilised more effectively, and would provide users with a service they want. Crisis houses are particularly useful for social crises where a bed is needed for 2-3 days. The service would prevent in-patient admission and reduce the need for police involvement because there should be fewer patients absconding. The experience of staying at a Crisis House would also be less traumatic for the service user than being admitted to in-patients.

Users

Ivor Lawrence – Voices 4 Choices User Representative

Users who have seen the Caludon Centre would prefer to be admitted there than to the Linden Unit. It is essential that adequate transport and community services are provided on discharge, particularly for patients who live alone.

It was considered good for the user to have community services together, but Rugby people still need a commitment that community services will improve.

The representative for users did stress a need for greater joint working between the NHS and the voluntary sector and this should be moved forward as soon as possible. For example the REST group does not receive any referrals from professionals, and existing users found the group via the Depression Alliance website.

5. Review Of Evidence and the 3 Proposed Options in Coventry & Warwickshire Partnership NHS Trust Consultation Document

Sandy Taylor - Chief Executive, Colin Merker – Director of Adult Mental Health, Dr Sharon Binyon – Medical Director

New Premises for Community Teams in Rugby

The provision of a Crisis House in Rugby would be the first priority for the Partnership Trust and funding is already available from the Trust's 2007/08 capital budget.

The provision of a centralised community mental health team is the second priority and funding would be made available from the Trust's 2008/09 and 2008/10 capital budgets.

Existing administrative processes are very bureaucratic and by bringing community mental health teams and the third sector together the process can become more efficient which would make better use of existing resources and maximise the money available for clinical staff.

Both options 2 and 3 require a centralised community resource centre. The planning for teams to work together more effectively can begin now and does not need to wait for premises to be identified. The only difference between options 2 and 3 would be that the stand-alone in-patient unit in Rugby would remain with Option 2 with all the associated problems. The panel stressed that the public perception of Rugby residents was that the option of a new community resources centre was only available under option 2, although this is not the case. The panel considered that more effective communication and a press release would help allay fears that Rugby is not losing ALL of its mental health services.

Whilst the Linden Ward could remain open until more robust community services had been developed, this would not be the safe option for in-patients. They would receive improved service immediately if the ward was moved to the Caludon Centre.

The panel highlighted the need to timetable community service developments so that residents could see visible evidence that investment is being made in Rugby services.

Community services are utilising the latest treatments such as Cognitive Behavioural Therapy (CBT). Staff can be trained in CBT relatively quickly and it is hoped that low-level staff will receive fast track training programmes. There are also computer programmes available for CBT which patients can use themselves.

The enhancement of community mental health services is supported by GPs who see many patients with stress and family crisis issues.

Crisis House

The provision of a Crisis House in Warwick had reduced the number of in-patients at St Michaels considerably from over 100% usage to around 85%.

Capital is already available to buy a Crisis House in Rugby to accommodate 2-3 people. Based on costing from the Nuneaton Crisis House, £120,000 would be required for the property. A smaller house would provide a more personal service. A third sector organisation such as Voices 4 Choices could be sub-contracted to run the house. Warwickshire PCT would also support greater access to crisis housing.

Sandy Taylor said that the Trust could commit itself to the provision of a crisis house replicating the one in Nuneaton within the 0708 financial year. There could also be

higher performance standards set for Rugby such as seeing patients within 3 days of discharge and exception reporting.

In-patient services

The Staff at the Linden Unit have reservations about moving to the Caludon centre. There will obviously be travel implications for staff. Consultant medical staff have been anxious about how quickly incidents can be dealt with at the Linden ward and felt that the Caludon Centre would be safer. Having a PICU available on the same site means that if a patient needs to be transferred the experience is less frightening and traumatic than if they needed to be transported from Rugby.

It is not clear from the consultation document what interim arrangements would be made for Linden unit in-patients if option 2 were to be selected.

Visiting arrangements

Concerns were raised that moving in-patients to the Caludon Centre would make it more difficult for young children to visit parents who had been admitted as the ward is more open, and harder to get to. Whereas visitors can drop into the Linden Ward due to its town centre location, this will not happen in the Ward is moved.

It was agreed that visitors are very important to a patient's recovery and that the service needs to be flexible in its approach.

Involving Service Users

Service users should be asked how they would measure the success of changes to the service. There are currently no regular meetings between the NHS and user groups at present for discussion about service models, complaints and compliments. A forum needs to be established specifically for Rugby residents to measure progress over time.

Direct Payments and Joint Commissioning

The PCT executive team meet regularly with Warwickshire County Council executive to look at more integrated partnership working. Learning disability would be the best area to trial the use of direct payment.

During the discussion Sandy Taylor gave the following assurances to the panel:

- a) That a Crisis House be set up in Rugby from the Partnership Trust's budget of 2007/08.
- b) That a Rugby Community Mental Health Centre will be provided (funding to be provided from Partnership Trusts budget 2008/09)
- c) That clients requiring mental health services will be seen 3 days after discharge rather than the current 7 days.
- d) The Trust to report by exception
- e) The employment of two psychiatrists

6. Summing Up The Evidence And Recommendations

The panel were disappointed that there was no representative from the Rugby Borough Council Housing Department to attend the meeting, especially as some of the proposals could impact on the work of the Housing Department.

The panel wishes to place on record its thanks to all those organisations, individuals and the Trusts who supplied evidence and took part in the scrutiny of the proposals as presented in the consultation document Adult Mental Health Services in Rugby.

The panel broadly supports Option 3 as presented in the consultation document, but the panel would want the Trust to consider and respond in 28 days to the following recommendations before implementing any changes to Mental Health Provision in Rugby.

1. Warwickshire Primary Care Trust with Warwickshire County Council reviews the Joint Commissioning Strategy to reflect the Trust's consultation proposals and suggested outcomes. The revised Joint Commissioning Strategy to be reported to the panel in six months time. This would give a clear commitment to strengthening the commissioning principles and services for Rugby people.
2. The panel would wish to see a strengthening of the Crisis and Community Teams before any proposed move takes place.
3. The panel supports the recommendations made by the Rugby Borough Council Sustainable Inclusive Communities Committee
4. If Option 3 is adopted by the Trust that all staff at the Linden Unit are provided with advice and support to relocate to Coventry
5. The panel notes the concerns raised by Warwickshire Police in regards to having a suitable place of safety for clients and recommends that there is a review of protocol arrangements with the Partnership Trust and Warwickshire Police.
6. The panel notes the concerns raised by Age Concern in regards to the existing day care facilities at the Linden Unit and accepts the assurances made by the Partnership Trust that these will not be affected by the consultation proposals.
7. The panel was made aware of public concern about some of the consultation proposals (mainly Option 3). The panel recognises that Option 3 has all the benefits of Option 2 plus the opportunity for inpatients to use the facilities of the Caludon Centre in Coventry. However, to reduce the level of public concern the panel recommends that the Partnership Trust reviews how it communicates and engages with the public before any future consultation.
8. The panel considers that visiting arrangements are very important for clients and families alike and were concerned that children may not be encouraged to go to the Caludon Centre. The panel considers visiting should be encouraged and supported wherever possible and would recommend that arrangements should be reviewed on a case-by-case basis.
9. Concerns have been raised about transport provision to the Caludon Centre in Coventry and the panel accepts the assurances given in response to the questions given to the Partnership Trust before the meeting (Questions 5, 6 and 18 – pages 13 and 20). They are encouraged that the Trust is planning

to provide transport for families and their carers (that cannot afford a taxi) and is looking at public transport arrangements with the current provider De Courcey. The panel would also suggest the Trust contact Transport Operations, Environment and Economy Directorate, Warwickshire County Council, where they can offer assistance with these transport arrangements to the Caludon Centre.

10. The Partnership Trust informed the panel of their plan to set up a User Forum. The panel would recommend that this should be implemented as soon as possible, with a further suggestion that nominated representatives from both Rugby Borough Council and Warwickshire Health Overview and Scrutiny could be invited to join the forum.
11. The panel were made aware of the benefits that could be made available for clients requiring mental health services. They would recommend that the Partnership Trust fully exploit the existing resources being provided by both statutory and more importantly voluntary agencies.
12. The panel recognises the benefits of pooling budgets and would recommend that Warwickshire PCT and Warwickshire County Council consider implementing this as soon as possible.
13. When the Partnership Trust has adopted the option it considers appropriate for Rugby. To help develop a user led services the panel recommends that users and carers should be actively involved in what is being provided.
14. The panel accepts the following assurances made by Sandy Taylor:
 - a) That a Crisis House be set up in Rugby from the Partnership Trust's budget of 2007/08.
The panel considers that it should be sufficient to meet the needs of Rugby people now and in the foreseeable future.
 - b) That a Rugby Community Mental Health Centre will be provided (funding to be provided from Partnership Trusts budget 2008/09)
The panel strongly supports the bringing together of Community Mental Health Teams under one roof and recognise that is an important factor for Community Mental Health in Rugby especially with opportunities in improving communication. However, the panel considers that it should be able to accommodate the needs of Rugby people now and in the foreseeable future to avoid the problems experienced by the Orchard Centre due to lack of space.
 - c) That clients requiring mental health services will be seen 3 days after discharge rather than the current 7 days.
The panel endorses this assurance made by Sandy Taylor.
 - d) The Trust to report by exception
The panel endorsed this proposal
 - e) The employment of two psychiatrists

The panel welcomes the employment of two psychiatrists for the Trust

15. The panel reconvenes in 6 months time to receive a report on the revised Joint Commissioning Strategy document and a report from the Partnership Trust on the progress being made with Adult Mental Health Services in Rugby, including the plans for the Crisis House and Community Mental Health Centre.

Meeting Closed 6.30pm