



Mental Health Partnership Board

AGENDA

Date: Wednesday 21 March 2012

Time: 2.30 pm

Venue: Mezzanine Room 1, County Hall, Aylesbury

No	Item	Timing	Page
1	Apologies for Absence/Changes in Membership	2.30	
2	Minutes Of the meeting held on 18 January 2012 to be agreed.	2.45	1 - 4
3	Remit of the Mental Health Partnership Board Discussion on the structure of the Partnership Board including service user involvement etc. A copy of the Terms of Reference is attached.	3.00	5 - 14
4	National Mental Health Strategy - Local Initiatives	3.30	
5	Dates and Times of Meetings 16 May 2012 25 July 2012 19 September 2012 14 November 2012		

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

*For further information please contact: Liz Wheaton on 01296 383856
Fax No 01296 382538, email: ewheaton@buckscc.gov.uk*

Members

Stephen Archibald, Carers Bucks

Mary Brazier, Oxford Health NHS Foundation Trust

April Brett, Public Health Principal, NHS Buckinghamshire and Oxfordshire Cluster

Sue Green, Hightown Praetorian & Churches Housing Association

Michele Harding, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

Kurt Moxley, Senior Joint Commissioner - Mental Health, NHS Buckinghamshire and Oxfordshire Cluster and BCC (C)

Charlotte Proud, Richmond Fellowship

Kelly Taylor, Hightown Praetorian and Churches Housing Association

Tim Williams, Oxford Health NHS Foundation Trust



Mental Health Partnership Board

Minutes

Wednesday 18 January 2012

Those in attendance:	
April Brett	Public Health Principal, NHS Buckinghamshire and Oxfordshire Cluster
Debi Game	Bucks ULO
Pat Milner	Adult Mental Health Resource and Commissioning Manager, BCC
Kurt Moxley	Senior Joint Commissioner - Mental Health, NHS Buckinghamshire and Oxfordshire Cluster and BCC
Kelly Taylor	Hightown Praetorian and Churches Housing Association
Ann Whiteley	Carers Bucks



No	Item
1	<p>Apologies for Absence/Changes in Membership</p> <p>Apologies were received from Tim Williams.</p> <p>Members discussed who should be attending the Partnership Board and it was noted that the membership should consist of no more than 15 people eight of which should be service users or carers. Two representatives of the PB should also sit on the Executive Partnership Board, one of whom should be a service user or carer. The other would be the Chairman of the Partnership Board.</p>

The Board agreed that whilst the membership may be limited to 15 people, other representatives could be invited from time to time to make an input.

Concern was expressed about the amount of work that could be undertaken by service users on behalf of the Partnership Board.

In this connection Debi Game and Ann Whiteley talked about the work of the ULO (User Led Organisation) in supporting and mentoring service users and carers. One of their priorities would be working with service users in general and particularly those who become members of Partnership Boards. Ann said they were meeting with Nadiya Ashraf to discuss how to take this work forward. Ann also said it was crucial that people knew the reasons why they were attending Partnership Boards, which was to represent the wider organisations and not their own concerns. Pat Milner said that in many cases, more could be achieved if service users could be part of sub-groups of Partnership Boards, working with people in a good environment. It was noted the Carers Partnership Board does have sub groups.

It was agreed that Kurt Moxley would put together a suggested membership for the Partnership Board and circulate it for comments.

Action: Kurt Moxley

All members agreed there needed to be a clear remit for the Partnership Board. Once the priorities had been identified and a work programme was in place this would give the Partnership Board a definite purpose.

2 The National Strategy

Kurt Moxley circulated a paper containing the objectives of the National Mental Health Strategy which had been put together using the National Strategy and the guidance document behind it.

The members agreed to look at the document and comment on whether each objective was relevant to the Partnership Board, what services they considered were already in place to cover that objective and what was already being done locally. This would then be used to put together a local Mental Health Plan. It was suggested that service mapping would also aid the work on this initiative.

It was agreed that Kurt Moxley would send out the paper to the wider membership, asking for the relevant information to be returned within a

	<p>specified deadline. This work would feed into the work plan for the Partnership Board, which would then identify the priorities.</p> <p>Action: Kurt Moxley</p>
<p>3</p>	<p>Five Ways to Wellbeing</p> <p>This item was taken in conjunction with the previous item.</p> <p>April Brett gave a briefing on ‘Five Ways to Wellbeing’.</p> <p>One of the key objectives in the National Mental Health Strategy is about trying to improve the mental health of the general population, not just those with mental health problems. Five Ways to Wellbeing is a way of promoting positive mental health, to create a population shift towards more positive or ‘flourishing’ mental health. The Five Ways to Wellbeing are:</p> <ul style="list-style-type: none"> • Connect, with people around you, including family, friends and colleagues and neighbours. Building these connections will support and enrich you every day. • Be active, by doing form of exercise such as walking or running, and by identifying a physical activity which a person enjoys and which suits their level of mobility and fitness • Take Notice, be aware of your surroundings and what you are feeling in order to appreciate what matters to you. • Keep Learning, try something new or rediscover an old interest. Set a challenge which you will enjoy achieving. • Give, do something nice for a friend or stranger. Seeing yourself, and your happiness, linked to the wider community can be rewarding and creates connections with those around you. <p>April said that this campaign would be promoted to the general population and organisations through the Healthy Communities Partnership from the beginning of April. Supporting materials and a toolkit were also being produced. It was noted that District Councils have signed up to this campaign and there will be internal briefings in all organisations to make them aware. There is also a web page with links through the District Councils and links with Healthy Minds. Pat Milner asked that it be linked into the County Council website too.</p> <p>Ann Whiteley asked how this would help carers who may have no choice about their situation. Dignity in Care was an important national issue but Buckinghamshire was making it local. There would be more information about this soon. Dignity in Action day was 1 February 2012. Kurt Moxley said that Chris Reid was leading on this.</p>

4	Date and Time of next and Future Meetings
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All meetings start at 2.15pm until 4.30pm and will be held in Mezzanine Room 1, County Hall, Aylesbury:

14 March 2012 (*Addendum; subsequent to the meeting this date was changed to 21 March 2012*)

16 May 2012

25 July 2012

19 September 2012

14 November 2012

Chairman

Terms of Reference of Buckinghamshire Partnership Boards

1. Purpose and Key Responsibilities

1.1 Purpose

The Mental Health Partnership Board will bring together local service users, local carers of service users, local providers and local commissioners to advise and make recommendations on the joint development of health, social care and related services for (specify the service user group).

The Partnership Board will:

- Provide a forum where discussions can take place between service users and commissioners on services being provided in Buckinghamshire.
- Champion the needs of service users and carers and represent their views to ensure services are accessible and responsive to their needs.

1.2 Key Responsibilities

The key responsibilities of Partnership Board are to:

- Implement a work programme based on priorities set nationally and locally in agreement with the Executive Partnership Board.
- Review and evaluate progress with their work programme and report progress to the Executive Partnership Board on a bi-monthly basis.
- Contribute ideas to the development of commissioning strategies.
- Provide feedback and make recommendations to the Executive Partnership Board.
- Participate in themed groups on identified areas of work where required.
- Engage with users' and carers' to ensure their perspectives are incorporated into the work of the Partnership Board and the Executive Partnership Board.

2. Constitution and Membership

2.1 Constitution

The Mental Health Partnership Board will advise and make recommendations through the Executive Partnership Board to the Adult Commissioners Board, Buckinghamshire Primary Care Trust, Buckinghamshire County Council and the District Councils and to the Buckinghamshire Strategic Partnership Board as appropriate.

The Mental Health Partnership Board does not have strategic decision making powers. Its role is to represent the views of service users, carers, their representatives, commissioners and service providers for consideration during the decision making process and to be consulted as part of the decision making process.

2.2 Membership

The Mental Health Partnership Board will have a 12 month transition period in which it will work from its current structure to the new structure of:

Nominated and Elected Posts

- At least 50% service user representatives and/or carers nominated and elected via the User Led Organisation (ULO).
- Buckinghamshire Joint Commissioning Lead (PCT and County Council).

Other members to be determined by each board as appropriate which may include:

- Buckinghamshire County Council Service Provision Lead for each area of responsibility
- District Council
- Service Providers
- Black and Minority Health and Community
- Voluntary Sector
- Job Centre Plus
- Connexions
- GP's

To ensure involvement and participation it is recommended that the Board should have a maximum number of 16 members. The Co-Chairs will be responsible for agreeing exceptions to this rule for example where advocacy, support or facilitation is required by service user representatives.

2.3 The Chair

The Boards will have 2 Co-Chairs who work in partnership, elected at the start of each year. One of the Co-Chairs will be from the statutory sector and the other will be a service/user or carer. Co-Chairs will be elected each year.

The Co-Chairs will be responsible for the development of the Mental Health Partnership Board and for facilitating full participation by ensuring:

- Agenda papers are sent out at least two weeks in advance of meetings so that people can prepare adequately.
- The agenda is managed by limiting the number of papers on each agenda and the number being 'tabled' at the meeting etc.

- All new members are inducted thoroughly including explaining the Partnership Board's Terms of Reference and ensuring they understand their role and responsibilities (Appendix 2).
- Members are engaged and involved in a variety of ways by varying the approach between formal business meetings, workshops, subgroups etc.
- Service users and carer representatives with different needs are supported to participate in the Board through pre-meeting briefings, advocacy and support as appropriate.
- Effective communications with the Executive Board, between Partnership Boards and communication to other stakeholders, users and carers.

The Mental Health Partnership Board will nominate two people (one of whom is a service user/ or carer representative) to attend the Executive Partnership Board.

2.4 Elections

From October 2011, service users and carers can be nominated by any individual, group or organisation or can apply as an individual. Nominations can be made verbally or in writing to the ULO (Appendix 3). The nominee will be asked to complete a nomination form (with support from the ULO) if required. The ULO will retain a file of applications until a vacancy occurs. When a vacancy occurs, the ULO will co-ordinate an election process in conjunction with the Co-Chairs.

Nominations and applications should be considered by members of the ULO. At least 50% of the members present should be service users or carers.

User and carer representatives will be elected onto the Partnership Board and serve a one year term which can be extended following a further election. If a user or carer representative wishes to end their membership before the end of their one year term, they should formally notify the Co- Chairs.

The ULO will have responsibility for reviewing the position of elected members if they do not comply with the Code of Conduct.

2.5 Conduct of Business

The Mental Health Partnership Board will work to an agenda which the chair will co-ordinate and distribute at least ten working days prior to the meeting.

There is no minimum number for Board meetings as this is an advisory body, although full attendance will be encouraged. Recommendations will, wherever possible, be made by consensus. Boards have the responsibility of maintaining membership of appropriate numbers and diversity.

Members of the Mental Health Partnership Board are representatives of their agency, group or forum. The decision making powers of officers will be in accordance with the limits of the authority delegated to their post.

Any member with a conflict of interest or who seeks to benefit as an individual, group or organisation (financially or any other individual benefit) in an agenda item must declare their vested interest and leave the meeting for that item and take no part in the discussion, agreement or recommendations.

The operation of the Mental Health Partnership Board will be reviewed every 2 years in conjunction with the Executive Board and the other partnership boards to ensure consistency.

Administrative support will be provided by Buckinghamshire County Council and the level of support will be agreed by the Executive Partnership Board.

There will be an annual Partnership event attended by members of each of the Partnership Boards and the Executive Board.

2.6 Board Member Responsibilities and Conduct

The individual roles and responsibilities of Board Members and code of conduct for individual Board Members are set out in Appendix 1.

2.7 Frequency of Meetings

The Mental Health Partnership Board will meet on a two monthly basis. Subgroups may be established as required to take work forwards in between meetings

The Executive Partnership Board may from time to time commission a schedule of time limited themed groups and the Partnership Board will nominate members to participate in these groups as appropriate.

2.8 Budget

The Mental Health Partnership Board does not have a specific budget; although it may be given a delegated budget in order to carry out specific programmes of work.

2.9 Expenses

Expenses will be paid to service user and carer members to cover travel and the cost of caring responsibilities whilst attending Partnership Board meetings and agreed related activities.

Role and Responsibilities of Partnership Board Members

Members

Members of the Partnership Boards should focus on the needs of the group they represent. The Mental Health Partnership Board should not be the forum for personal issues to be discussed. These issues should only be used to demonstrate a point of Principle.

Members will:

- Regularly attend meetings of the Board.
- Be honest, open and provide constructive and balanced feedback.
- Demonstrate positive co-working with other members.
- Undertake actions they have agreed at meetings.
- Be accountable for the recommendations they make to the Executive Partnership Board.
- Communicate the work of the Board with the constituency they represent, e.g. other users, other providers etc.
- Where possible seek the views of others and represent these views to the Board.

Co-Chairs

The Co-Chairs are responsible for the effective operation of the Partnership Board by:

- Setting the agenda.
- Checking progress with activities in the work programme and the actions agreed at meetings.
- Ensuring members are able to participate and are listened to.
- Leading the induction process for new members.
- Maintaining a code of conduct.
- Clarifying agreements, actions and recommendations.
- Representing the Mental Health Board at other public meetings as required.
- Co-ordinating the election process for users and carer representatives on the Partnership Board with the ULO.

Code of Conduct - Partnership Board Members

All Board members should work positively by:

- Being honest and open.
- Being constructive - going beyond criticism by working with other members on the Board to find solutions to problems and areas for improvement.
- Being objective and fair.
- Being polite and courteous to others - They must not insult, abuse or use any kind of offensive or threatening language or behaviour towards anyone they have contact with as a Partnership Board member.
- Listening to the views of others without interrupting.
- Being organised and punctual.
- Being prepared for meetings and ensure they read all the documentation.
- Being actively engaged.

The Partnership Board should not be the forum for personal issues to be discussed. These issues should only be used to demonstrate a point of principle.

Induction Checklist

The aim of the induction check list is to support new members of Partnership Boards to understand their role and the work of the Board and become an active member of the Board.

The content of the induction list can be adapted by each Partnership Board to take account of specific information and communication needs. For example, it can be reproduced in large print or an easy read version. Partnership Boards can also add information that they think will help members to become fully involved and engaged as quickly as possible.

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Information	Completed (date)
Introductions to other Board Members <ul style="list-style-type: none"> • A chance to meet other Board members and find out who they are and who they represent 	
Talk with the Co-chairs <ul style="list-style-type: none"> • How the Board works - what it does and how it fits into the decision making processes • Who is on the Board • Purpose of the Board • Board's work programme 	
Individual Support <ul style="list-style-type: none"> • The support that users and carers are able to receive, e.g. transport, support from advocacy organisation or other 	
Expenses <ul style="list-style-type: none"> • What elected Partnership Board members can claim and how to claim expenses 	
Website and I.T. <ul style="list-style-type: none"> • How to use the Council's website to find information • Email and electronic communication 	
Confidentiality <ul style="list-style-type: none"> • Rules about confidentiality • Tips on how to keep information confidential 	
Expectations <ul style="list-style-type: none"> • Representing others • Attendance • Code of conduct 	
Asking Questions and Speaking in Meetings <ul style="list-style-type: none"> • Explanation of how the meeting works and the best way of making sure your questions and views are heard • Listening to others • How to be part of making decisions 	
Getting Involved <ul style="list-style-type: none"> • Information on how you can get fully involved in the work of the Partnership Board e.g. volunteering for themed groups 	

Nomination/Application Form (to be completed with the support of the ULO if required)

I/We (Name or Name of Organisation)

Nominate

(Name)

To be a member of the (Name) Partnership Board

Is the person you are nominating a (please tick)

- Service User
- Carer

The reason why I/ this person would be a good member of the (Name) Partnership Board

is.....
.....
.....
.....

The knowledge, skills or experience this person would bring to the Partnership Board:

- 1.
- 2.
- 3.
- 4.
- 5.

Personal Details

These details will be to ensure that we can contact you and the nominee and will be stored in line with the Data Protection Act 1998.

About you

Your name

The organisation you represent (if applicable)

Telephone number

Address

Email address

About the person or organisation you are nominating

Name

Telephone number

Address

Email address

Does the nominee have any special needs? If so, please provide brief details so that we can ensure that we meet their needs when contacting them in the election process.

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