

Mental Health Partnership Board

AGENDA

Date: Wednesday 14 November 2012

Time: 2.15 pm

Venue: Mezzanine Room 1, County Hall, Aylesbury

No	Item	Timing	Page
1	Welcome by the Chairman	14.15	
2	Apologies for Absence/Changes in Membership		
3	Priorities and Actions for the Mental Health Partnership Board	14.20	1 - 4
4	Draft Minutes of the last Executive Partnership	14.40	5 - 14
5	Engagement with Service Users	15.00	
6	Membership of the Mental Health Partnership Board	15.15	
7	Any Other Business	15.30	
8	<p>Date of next meeting Dates of future meetings to be agreed but suggested dates for 2013 as follows:</p> <p>16 January 20 March 22 May 24 July</p>	15.45	

	25 September 27 November		
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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 382421, 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
Jacci Fowler, Back2Base
Bryon Fundira, Chiltern Support Housing
Sue Green, Hightown Praetorian & Churches Housing Association
Michele Harding, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
Gillian Hudson, Shaw Trust
Rob Michael-Phillips, Buckinghamshire Mind
Pat Milner
Kurt Moxley, Senior Joint Commissioner - Mental Health, NHS Buckinghamshire and Oxfordshire Cluster and BCC (C)
Adam Payne, Advance
Caroline Penfold, Princes Centre
John Pimm
Charlotte Proud, Richmond Fellowship
Abdul Sattar, Comfort Care
Julia Wassell, Wycombe Mind
Vicki Wenham, ategi



Executive Partnership Board

Report

Title: Mental Health Partnership Board update

Date: 10 September 2012

Author: Kurt Moxley

Contact officer: Kurt Moxley and Pat Milner

The following is an update of the position and work of the Mental Health Partnership Board (MHPB) to date.

Background

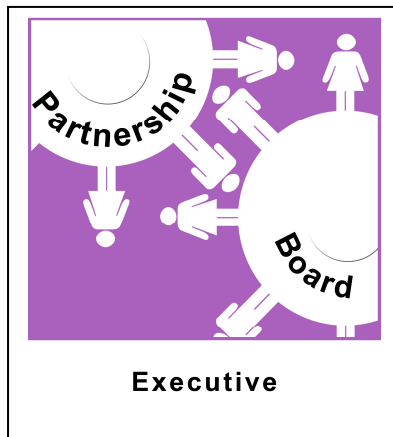
The MHPB has undergone recent changes over the past twelve months. Previously the MHPB was the Local Implementation Team for the mental health national service framework until the end of the ten-year national strategy. This remit ended after the ten-year strategy and the MHPB has been re-forming to take into account the new national strategy and the recent release of the national mental health Implementation Framework.

Recent developments

1. The MHPB, through local Joint Commissioning Officers, has worked alongside the Service User and Carer Organisation (SUCO) to look at the most appropriate way to include the representation of service users on the MHPB in the future. Further work is required to ensure that the 'service user voice' is included whilst keeping service users safely involved in any strategic work.

2. The next MHPB, on Wednesday 19 September 2012, will focus its attention on bringing together local provider organisations, both statutory and third sector, in detailed discussions of the development and performance monitoring of services in the county. It is anticipated that this will result in the setting up of a provider forum and representation at future MHPBs in order to properly engage service providers in local strategy and commissioning.
3. Commissioning officers have been active in discussions with the Strategic Health Authority and the emerging local Clinical Commissioning Groups (both Chiltern CCG and Aylesbury Vale CCG) to align local mental commissioning plans with those contained in the national implementation framework
4. Within the local MHPB, we will need to reflect the vision for change in the national implementation framework, demonstrating the following six main objectives:
 - a) more people will have good mental health
 - b) more people with mental health problems will recover
 - c) more people with mental health problems will have good physical health
 - d) more people will have a positive experience of care and support
 - e) fewer people will suffer avoidable harm
 - f) fewer people will experience stigma and discrimination
5. The six main objectives will form the broad local framework, under which will sit local actions and developments for Buckinghamshire.
6. Although these will be reviewed and developed over time, local commissioning actions will include:
 - Implementation of the Payment by Results regime, including care package descriptions and costing, cluster specifications and patients reviews
 - Review of current community mental health service make-up - to include CMHTs, Assertive Outreach, Crisis and Home Treatment and Early Intervention

- Clinical pathway configuration
- Aftercare under Section 117 Mental Health Act
- The build of the new Manor House psychiatric hospital in Aylesbury
- In-reach into Acute Hospitals - psychiatric liaison services
- Links to and development of primary care mental health services
- Contracting issues and timeline for working on service change/developments for Forensic, CAMHS and Eating Disorder services and relationships with Specialised Commissioning



Executive Partnership Board

Minutes

17 September 2012

Those in attendance:	
Mary Brazier	Oxford Health NHS Foundation Trust
Fred Charman	Talkback - Learning Disability Partnership Board
Andrew Clark	Physical and Sensory Disability Partnership Board
Ian Cormack	Carers Partnership Board
Steve Goldensmith	Prevention Partnership Board
Ainsley Macdonnell	Learning Disability Partnership Board
Ryan Mellett	Older People's Partnership Board
Margaret Morgan-Owen	Assistive Technology Partnership Board
Kurt Moxley	Mental Health Partnership Board
Christopher Reid	OPPB and PSD PB
Jean Rein	Talkback - Learning Disability Partnership Board
Rachael Rothero	Buckinghamshire County Council
Bob Smith	South Bucks District Council
Tracey Underhill	



No	Item
1	<p>Welcome / apologies</p> <p>Apologies for absence Apologies for absence were received from David Bone, Juliet Brown, Lucy Falconer, Sue Pigott, Chris Stanners, Jane Taptiklis, Adam Willison and Devora Wolfson.</p> <p>Tracey Underhill was in attendance as a substitute for Juliet Brown. Margaret Morgan-Owen was in attendance as a substitute for Adam Willison.</p>
2	<p>Minutes of the meeting held on 21 May 2012</p> <p>The Minutes of the meeting held on 21 May 2012 were agreed and signed as a correct record.</p>
3	<p>Matters arising</p> <p>Page 2 – Item on user and carer involvement in contract management to come to next Executive PB meeting – Action: HW.</p> <p>Pages 3-4 - Action Plan on health checks to come to next meeting – Action: AMD</p> <p>Page 4 - Report at next Executive PB on what is being done by PB to take forward the DiC agenda – Action: CR</p> <p>Page 5 – hospital transport – Tracey Underhill reported that Juliet Brown had responded to the member concerned and to the Primary Care Trust.</p> <p>Page 5 – Tracey Underhill said that the overriding principle of the Better Healthcare in Bucks programme was to improve outcomes for patients. The proposals had been widely consulted upon.</p> <ul style="list-style-type: none"> • More services would be provided in the Community, and would be available 24 hours a day, seven days a week. • Work had been carried out on COPD to see how specialist care could be provided in the patient's home. • A frailty assessment centre would be opened in High Wycombe, and this would help to reduce stays in hospital. • A lot of work had been undertaken on transport. A patient information workshop had been held with patient representatives. As an outcome of this, a service was being commissioned to set

up a transport hub, in partnership with Community Impact Bucks. This would provide a 'one-stop' telephone number to access voluntary transport services.

- Link to information on the internet:
<http://www.buckinghamshire.nhs.uk/bhib/>

Ian Cormack asked if the transport hub would include wheelchair access. Tracey Underhill said that the patient transport service would still be available and would run next to the Hub.

The Chairman said that the changes would be quite profound for the stakeholders who members represented, and a shared understanding was important. Tracey Underhill said that an external assessment had been undertaken, which gave added assurance to stakeholders. A representative from BHT was willing to attend partnership board meetings to talk about the Better Healthcare in Bucks changes (contact = Helen Peggs) – **Action: HW.**

Page 5 – JSNA – Piers Simey (Consultant in Public Health) would be coming to the next meeting to talk about the JSNA findings and the recommendations in the Joint Health and Wellbeing Strategy – **Action: HW.**

Page 6 – web page – The webpage for the partnership boards was now up and running. Members were shown a demonstration of the page and how it worked:

[http://www.buckscc.gov.uk/bcc/adult_social_care/partnership_boards.p
age?](http://www.buckscc.gov.uk/bcc/adult_social_care/partnership_boards.page?)

Pages 6-7 – Priorities from the Prevention Partnership Board – Steve Goldensmith had circulated these to members, and said the following:

- The Prevention Partnership Board had members from Housing Associations, District Councils, Voluntary organisations and the County Council.
- The Prevention Partnership Board had a focus on prevention (on people who would soon be social care users or who were heavy healthcare users).
- The main areas of focus were Housing (change in housing benefits to people under 35 and shortage of accommodation would cause an increase in rough sleeping); Housing support; Social isolation and 'Prevention Matters'; Welfare benefits (much change was taking place); Information (how it is accessed and who is accessed); and Volunteering (how it can be better supported and advanced).

Ian Cormack asked why actions under 'Supporting carers' were stated

as 'none identified.' Steve Goldensmith said that the intention was to work closely with the Carers Partnership Board, which had its own agreed priorities. Carers would also be looked at under welfare benefits changes.

Chris Reid raised the issue of topics which cut across more than one Partnership Board.

The Executive Partnership Board endorsed the priorities which had been identified by the Prevention Partnership Board.

Page 7 - meeting to be held with all leads to discuss action plans (action carried over) – **Action: RR**

Page 9 - DOLS / MCA item to go to each partnership board (Sarah Haigh) – **Action: HW**

Other matters discussed:

- Refer to members by name in Minutes – **Action: HW**
- Add BHT to Terms of Reference for the EPB – **Action: HW**
- Meeting group to be set up re: legacy of the Paralympics, with Rachael Rothero, Andrew Clark, Tracey Underhill, Debi Game, Chris Reid, Fred Charman and Jean Rein. Contact to be made with Chris Williams about BSP being the over-arching forum for this work. Link also to be made with BCC Corporate Equalities Group. **Action: RR**
- Aylesbury Vale District Council had been asked to report on legacy ideas (the contact was Ian Barham).
- Ainsley Macdonnell said that there was a need to engage with other agencies, to look at how disabled people were being linked into activities. There was a need to ask disabled people what they wanted to see as an outcome.
- Andrew Clark told members that BuDS was working with Bucks Business First to launch a study of the market for selling to disabled people in Buckinghamshire. This would also provide a breakdown of people with disabilities in Buckinghamshire.
- BuDS, Transport for Buckinghamshire and Aylesbury Vale District Council had now launched a plan to open one of the first universally accessible pathways for disabled people in the UK, linking Aylesbury town centre and Stoke Mandeville stadium.

4 Partnership Board updates

Members noted the updates.

<p>5</p>	<p>Local Account update</p> <p>Marcia Smith, Service Manager for Performance, was welcomed to the meeting.</p> <p>Marcia Smith referred to the briefing note on pages 35-6 of the agenda papers. The purpose of the Local Account was to enable residents to judge how well the Council was performing in meeting priorities for adult social care in Buckinghamshire and that value for money was being achieved with resources used for social care by the County Council.</p> <p>The Local Account had now been completed and was available on the County Council website. A Local Account Panel had been set up.</p> <p>Marcia Smith said that the County Council had committed having an ongoing dialogue with colleagues and partners. Ian Cormack and Andrew Clark had both been involved in this process.</p> <p>Ian Cormack said that it had been a responsive process, and it was good that it was ongoing. Andrew Clark said that he had been impressed at the willingness to work with partners and that bold steps had been taken by the County Council in terms of transparency.</p> <p>The Chairman said that in terms of accountability, quarterly meetings would be held with the Local Account Panel to monitor progress with the actions in the document. The Local Account also covered partnership working with Health Services and District Councils.</p> <p>Marcia Smith said that the Panel had a challenging membership. After the Panel the outcomes went back to the Adults and Family Wellbeing Board and a quarterly update could be brought to the Executive Partnership Board. The Minutes of the Panels would be published on the County Council website.</p>
<p>Break</p>	
<p>6</p>	<p>Update on Health and Social Care Reforms</p> <p>The Chairman gave a presentation (slides attached) about the Health and Social Care Reforms and said the following:</p> <p>The funding of long-term care services had been looked at by the Dilnot</p>

Commission. One of the outcomes in the Dilnot Report was that there should be a cap on a client's contributions to their care.

A White Paper had been published by the Government which endorsed the recommendations in the Dilnot Report but said that these could not be funded currently. This would be reviewed in the next Spending Review.

Over the next 15 years there would be a 69% increase in Buckinghamshire of the number of people who required social care services. Most Local Authorities would reach a point in the next 5-10 years at which they could no longer fund long-term care.

A draft Care and Support Bill had been published alongside the White Paper, which brought together over 200 pieces of statute.

The Law Commission had also undertaken a review and made some recommendations which fundamentally changed the ways in which services were commissioned.

Councils were required to submit feedback on what was proposed, and members' views would be appreciated.

Summary of the changes

New duties from 2013-14 included:

- a duty for Social Care services to incorporate preventative practice and early intervention into commissioning
- a duty for co-operation between the Local Authority and relevant partners in relation to adults with needs for care and support, and carers
- a duty to ensure Social Care services and housing services worked together
- a duty to assess young people in care before the age of transition.
- a duty to provide an information and advice service for all people (regardless of eligibility for social care, and regardless of where they lived).

Other changes included a national minimum eligibility threshold from April 2015, and a focus on wellbeing as a basis for social care assessments. The Government was also keen on the use of direct payments for people in registered residential care. Adult Safeguarding would be given a statutory role, and the Safeguarding Vulnerable Adults Board would become a statutory requirement. Local Authorities would also have the right to enter people's private homes if they had a safeguarding concern, even if the client had full mental capacity. A separate consultation was going on about this.

	<p>The draft Bill set out a new and very detailed legal framework for Social Care services.</p> <p>The Government had provided some bridging funding (£4.4m and £4.3m in Buckinghamshire). The White Paper had identified an additional £300m nationally for integrated care in 2013-2015. The expectation from the Government was that this resource would fund the additional duties. However it was not clear if the funding provided would recur year on year.</p> <p>Debi Game asked if the County Council was intending to lobby on the Draft Care and Support Bill through the debate and committee stages. Rachael Rothero said that the County Council would be expressing its disappointment to local MPs about the proposals for long-term care.</p> <p>Andrew Clark asked if there would be strategic investment in a wellbeing fund. Rachael Rothero said that there was a duty to consider wellbeing but there was no clarity about funding.</p> <p>Andrew Clark said that 'on the ground' feedback was needed. Rachael Rothero said that Belinda Schwehr had been commissioned to do some work on this for the County Council. Stakeholders could be invited to be part of this work.</p>
<p>7</p>	<p>National Benefits Update</p> <p>Andrew Clark said that the Welfare Reform Act 2012 had received royal assent in March 2012. A lot of people and organisations were only just becoming aware of the magnitude of the changes to benefits and the impact they would have on disabled people.</p> <p>Andrew Clark took members through a Powerpoint presentation and said the following:</p> <ul style="list-style-type: none"> • New claims for incapacity benefit were no longer being taken. There had been an extraordinary increase in the number of new claimants between May and December 2011 (4250 new claimants). It was not clear if this was unique to Buckinghamshire. • The figure for fraudulent claims of incapacity benefit was less than 3%, even though this was reported differently in the media. • Between 1300 and 1400 people in Buckinghamshire had lost incapacity benefit recently. • Around 5000 people in Buckinghamshire would have a major change to their finances and to their mental well-being. • Everyone on Incapacity Benefit and Severe Disability Allowance (SDA) was being migrated to Employment and Support

Allowance (ESA).

- Only 21% of people who received incapacity benefit or SDA would receive a permanent award of ESA. When the award came to an end they would have to claim jobseekers allowance or, if on a very low income, the income-related component of ESA.
- Those who received no support were likely to seek support from Social Care or NHS services, and this would increase the financial burden for local Authorities and the NHS. Some people would sign on as unemployed, or be supported by family and friends.
- DLA would be replaced with the new Personal Independence Payment (PIP) in 2012/13. There would also be tougher eligibility criteria. The Government had advised that they wanted to reduce the DLA budget by 20% for claimants who were of working age. This meant that most people who currently received the lower rate of DLA would not receive any benefit at all and would therefore need to look at applying for Job Seekers Allowance, returning to work to support themselves or reducing their circumstances to the point where they get income support or income related benefits.
- The Department for Work and Pensions had announced that day that DLA would 'cease to exist as it withered.' Those people who were aged 60 at the time of their assessment would remain on the DLA until they were 65 and then would move to an attendance allowance. There was no mobility component for those aged 65 on Attendance Allowance, and a number of people would therefore lose their funding for scooters.
- There were different levels of mobility for DLA, and there was a widespread expectation that those on the middle, lower or nil rate would lose their benefit under the benefit changes.
- There were also four levels of care awards for DLA. Only people on the higher rate of care and mobility were likely to be unaffected by the changes to PIP. Only those with severe and profound learning disabilities would be entitled to PIP.
- Mental Health conditions would still be covered but possibly only for those almost at the stage of needing a statutory intervention.
- The rate of fraud for DLA was less than 0.5%.
- PIP would be brought in from June 2013 over a three year period. Re-application would apply – there would not be an automatic transfer, even for those with the most profound disabilities. Those affected would receive a letter from the Department of Work and Pensions informing them that their benefits would stop unless they re-applied.
- All public applications would be carried out online, although the home visiting service for people with severe or profound

	<p>disabilities would continue.</p> <p>Members discussed these issues and agreed that a group to discuss a response to the changes in benefits should be set up (Action: SG).</p> <p>The Group should comprise:</p> <ul style="list-style-type: none"> • Nigel Sims, Senior Manager, Economic Development, Place Service, Buckinghamshire County Council (BCC) • Andrew Clark, Chair of Trustees, BuDS • Steve Goldensmith, Senior Joint Commissioner, Accommodation Commissioning, BCC • Mary Brazier, Oxford Health NHS Foundation Trust • Welfare Benefits Manager • Ainsley Macdonnell, Senior Joint Commissioner, Learning Disability • Elaine Norris (Department of Work and Pensions) • John Huskinson, Finance Business Partner, Strategic Finance, BCC • CCG representative • Ian Cormack, Carers Partnership Board • Danielle Henry, Partnership Project Officer, Buckinghamshire County Council (BCC) <p>It was noted that the BCC charging policy would need to be updated as it was based on the current benefits regime.</p>
<p>8</p>	<p>Learning Disability Partnership Board item</p> <p>This item was deferred to the next meeting.</p>
<p>9</p>	<p>Update from SUCO</p> <p>Debi Game updated members with reference to the update paper, and also said the following:</p> <ul style="list-style-type: none"> • Alison Lewis and Ian Cormack had stepped down from their roles on the SUCO board. Thanks were recorded to Alison and Ian for the work they had put in to secure the contract. • David Bone and Lucy Falconer would be interim Co-Chairmen until a recruitment process had been carried out. • A draft process for the recruitment of Co-Chairmen had been put together, and the next stage was a quick consultation exercise with all partnership boards. • The Induction Pack (for new and existing members) was now almost ready.

	<p>The Chairman said that some partnership boards (for example the Older People's Partnership Board) already had a Co-Chairman in place, with effective arrangements. These should not be undermined.</p>
10	<p>Date of next meeting</p> <p>10 December 2012, 1:30pm</p>

Chairman