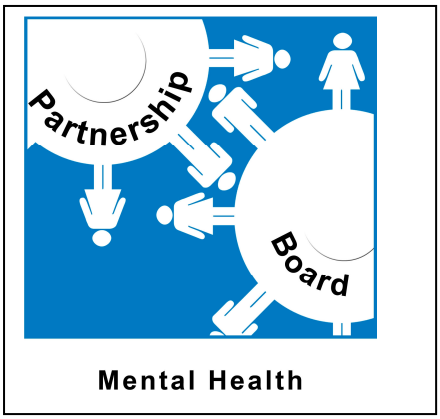


Mental Health Partnership Board

AGENDA

Date: **Wednesday 22 May 2013**

Time: **2.30 pm**

Venue: **Mezzanine Room 1, County Hall, Aylesbury**

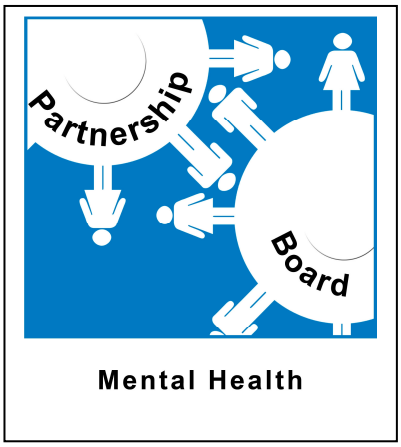
No	Item	Timing	Page
1	**Apologies for Absence/Changes in Membership**		
2	**Minutes** Of the meeting held on to be agreed as a correct record		**1 - 6**
3	**Buckinghamshire Mental Health Joint NHS and Social Care Integrated Plan 2013-15** Attached is the Buckinghamshire Mental Health Joint NHS and Social Care - Integrated Plan 2013-15. An A3 version of the Plan will be available at the meeting.		**7 - 8**
4	**Update on Priorities for the Partnership Board** Attached for information is the List of Priorities for the Mental Health Partnership Board.		**9 - 12**
5	**Executive Partnership Board Update** The Executive Partnership Board has not met since the last meeting of the Mental Health Partnership Board.		
6	**Dates of Next and Future Meetings** The next meeting o the Mental Health Partnership Board will be held on Wednesday 17 July 2013 at 2.30pm in Mezzanine Room 1 Dates of Future Meetings (all commence at 2.30pm and will be held in Mezzanine Room 1) 18 September 20 November		

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 383603
Fax No 01296 382421, email: mkeyworth@buckscc.gov.uk

Members

Kurt Moxley, Senior Joint Commissioner - Mental Health, Chiltern CCG, Aylesbury Vale CCG and Buckinghamshire County Council (C)
Stephen Archibald, Carers Bucks
Jacci Fowler, Back2Base
Bryon Fundira, Chiltern Support Housing
Daniel Herbert, Advance Support
Rob Michael-Phillips, Buckinghamshire Mind
Pat Milner, Adult and Mental Health Resource and Commissioning
Alastair Penman, Oxford Health Foundation Trust
Gemma Richardson, Hightown Praetorian & Churches Housing Association
Gillian Hudson, Shaw Trust
John Pimm
Abdul Sattar, Comfort Care
Vicki Wenham, ategi
Sue Holland, MARES
Charlotte Proud, Richmond Fellowship
Jackie Thomas, Oxford Health Foundation Trust
Kim Maskell, Oxford Health Foundation Trust
Neil Oldfield, Carer Representative



Mental Health Partnership Board

Minutes

Wednesday 20 March 2013

Members in attendance:	
Kurt Moxley	Senior Joint Commissioner - Mental Health, Chiltern CCG, Aylesbury Vale CCG and Buckinghamshire County Council
Stephen Archibald	Carers Bucks
Pat Milner	Adult and Mental Health Resource and Commissioning
Jacci Fowler	Back2Base
Bryon Fundira	Chiltern Support Housing
Neil Oldfield	Carer Representative

No	Item
1	**Apologies for Absence/Changes in Membership** Apologies were received from April Brett, Gemma Richardson, and Rob Michael Phillips
2	**Minutes** The minutes of the meeting held on 16 January 2013 were agreed as a correct record. The following was noted: • Kurt Moxley's title is now Senior Joint Commissioner – Mental Health, AVCCG, CCCG and BCC • Debi Game represents SUCO and not Bucks ULO • Daniel Herbert has taken over from Adam Payne at the Advance Support representative.
3	**Deprivation of Liberty Safeguards/Mental Capacity Act** The Co-Chairman welcomed to the meeting Sarah Pady, BCC Mental Capacity Act

	Co-ordinator and Deprivation of Liberty Safeguards Lead, who is responsible for ensuring that people are aware of the Mental Capacity Act when assessing capacity and best interest. Sarah works with both social care and health as the role is joint funded and offers advice and guidance. She is also responsible for managing referrals with regard to Deprivation of Liberty and ensuring that assessments are completed. The Mental Capacity Act Deprivation of Liberty safeguards apply to anyone • aged 18 and over • who suffers from a mental disorder or disability of the mind – such as dementia or a profound learning disability • who lacks the capacity to give informed consent to the arrangements made for their care and / or treatment and • for whom deprivation of liberty is considered after an independent assessment to be necessary in their best interests to protect them from harm. The safeguards cover patients in hospitals, and people in care homes, whether placed under public or private arrangements. The safeguards are designed to protect the interests of an extremely vulnerable group of service users and to: • ensure people can be given the care they need in the least restrictive regimes • prevent arbitrary decisions that deprive vulnerable people of their liberty • provide safeguards for vulnerable people • provide them with rights of challenge against unlawful detention • avoid unnecessary bureaucracy The following was also noted: • The best interest checklist ensures that impartial decisions are based on the individual's best interest by ensuring they are involved in the decision making process and that family and friends should also be part of the process. • Lasting Power of Attorney within the MCA 2005 legislation supports those planning for the future with regard to appointing someone to have power of attorney on their behalf if required. There are two different types of power of attorney, property and affairs, and health and welfare. Advance decisions regarding treatment in hospitals is also another aspect of this legislation, again allowing people to plan ahead. This does not mean that a person can demand the treatment they want but they can state what treatment they do not want. • If family members cannot agree the care pathway with the local authority or Health, the Court of Protection is the final arbiter if it involves some one who lacks capacity. The number of cases going to the court of protection regarding disputes about care and challenges to DoLS authorisation, has increased. • With regards to requests for DoLS authorisations for people over the age of 18 the requests come directly to the Supervisory Body within Buckinghamshire. If the person is under 18 or living in supported living then if there is a belief a deprivation is occurring then an application will need to be made directly to the Court of Protection.
4	**Better Healthcare in Bucks** The Chairman welcomed to the meeting Lesley Perkin, Joint Director of Strategy, Bucks Healthcare NHS Trust, to talk about changes to Acute Services following the

Better Healthcare in Bucks consultation.

The changes were developed by hospital clinicians and GP leaders across the County. Public and staff were engaged and involved during the last year in developing the proposals for change, with a focus on what mattered most. There was a full public consultation in 2012.

First Changes

- Extend and expand community services
- Full range of services provided in Bucks, specialist acute services provided in dedicated places.
- There is no longer an A&E Unit at Wycombe, but a Minor Injuries and Illness Unit instead. Previously the vast majority of patients were walk in and they are still being seen in the MIIU. This is run by GPs and nurses/practitioners and is operated on a 24 hour basis as a result of public demand.
- PCT did commission a campaign on this MIIU so that patients would know where to go. If MIIU call an ambulance it is treated as urgent. Patients can also be referred from there direct to the Cardiac and Stroke receiving unit.
- The Ambulance Service has a protocol about where to take patients and can take them to the MIIU instead of A&E.
- The Cardiac and Stroke Unit remains at Wycombe, where patients are seen immediately by specialist doctors and nurses. The Stroke Service also provides support for East Berks so patients would not be sent to Wexham Park.
- There is a step down ward at Wycombe Hospital for older people in the Wycombe area
- MuDAS – GPs refer patients to get a multi disciplinary assessment to put in care and treatment to enable people to stay at home.
- There is an outpatients and elective treatment centre
- The vast majority of people continue to attend at Wycombe but emergencies are now dealt with at Stoke Mandeville.
- All patients are seen by specialists at Wycombe, but on some occasions the cardiac and stroke receiving unit is very busy.
- Some progress has been made in relation to transport to hospitals. It was noted that a multi storey car park will shortly be built at Stoke Mandeville. There is now a community transport hub bringing together all information relating to transport.

Next steps

- Finalisation of the expansion of the A&E Unit at Stoke Mandeville. Phase 1 is already open and Phase 2 was due to open soon. This includes modernisation of existing buildings.
- Finalisation of the Breast Centre of Excellence at Wycombe.
- Continued development of the MuDAS Service
- Phone and email advice for GPs to reduce travel to outpatients.
- The full benefits realisation will go to Scrutiny.
- There will be a ‘choose and booking’ service.
- There was no current plan to close Wycombe.

In answer to a question about ambulance staff staying with their patients, it was noted that this is the case and they will stay with a patient until they are handed over. From April 2013 the acute trusts will be fined if the Ambulance Service have to wait to handover.

	With regard to the impact of the extreme weather, it was noted that last year the demand for services did not drop. There is an action plan in place and they were working with the CCGs to reduce the number of people coming through the door and ensuring there was a quick turnaround time for those coming in. It was hoped the Reablement Service would support early discharge from hospital and work was being undertaken to reduce admissions. Anyone presenting at the MIIU with cardiac or stroke symptoms would be passed on to the Stroke and Cardiac Unit, but it was noted that the vast majority of those patients arrive by ambulance and are immediately referred. The Services are clearly signposted at Wycombe. MIIU referrals may also come from GPs. The Chairman thanked Lesley Perkin for her presentation.
5	**Update on the Priorities for the Partnership Board** **Objective 1** Jacci Fowler reported that the presentation was ready and would be used at four venues around the County. **Objective 2** The Chairman said he had not yet met with Alastair Penman regarding the Blue Folder. However, work was currently being undertaken with the two CCGs and Oxford Health and they will be looking at the outcomes to see if it was suitable for their work. **Objective 3** Debi Game and Rob Michael Phillips had met and looked at developing two workshops around the mental health stigma. Rob Michael Phillips would be putting together a programme arranging dates for the workshops, and Debi Game would take responsibility for obtaining contacts from service providers, Oxford Health and the general public for them to participate. The workshops would be able to accommodate 10-12 people each. Professional facilitators would be used at minimal cost. SUCO was discussing the possibility of providing a budget for this work but if that was not forthcoming, Debi would discuss it further with Kurt Moxley. The long term plan was to continue to engage with people in the hope of setting up a sub-group of the MHPB and eventually having service users take part in the Partnership Board meetings on specific pieces of work. The key was working with providers to help support their clients and it may be that they could also represent the work of the MHPB on other forums.
6	**2012 Legacy** The Chairman informed members that all partnership boards were being asked to nominate a member to sit on this sub-group which is being set up to look at the 2012 Olympic Legacy. Byron Fundra agreed to be the MHPB rep. Members agreed it would be beneficial to see mental health included more in all areas.

7	**Local Account Panel** The Chairman stated the Local Account Panel had been put together by the Local Authority and there was a need to ensure each partnership board could make an input, particularly with regard to the end of year report. Pat Milner agreed to be the MHPB rep.
8	**Executive Partnership Board Update** The Chairman reported that the key items on the EPB agenda were the 2012 Legacy and the Local Account. He had given the EPB an update on the work of the MHPB. Debi Game introduced Neil Oldfield who is an Oxford health Governor and an ex carer. Neil said he would be interested to know more about commissioning services and in particular any changes. Discussion took place provision care for mental health patients and early intervention. It was considered that GPs would find it a steep learning curve in this area.. It was noted that schools and colleges were now picking up on early intervention, particularly in relation to drug use. There as discussion on pathways into the services and whilst there is a Crisis Team Service, it is only those who have been referred. Daniel Herbert agreed to provide more information on how the system can be accessed. Kurt Moxley suggested that a single point of contact was needed.
9	**Items for Future Meetings** • Update on the priorities for the MH Partnership Board • Executive Partnership Board Update
10	**Dates of Next and Future Meetings** The next meeting of the Mental Health Partnership Board will be held on Wednesday 22 May 2013 at 2.30pm in Mezzanine Room 1 Dates of Future Meetings (all commence at 2.30pm and will be held in Mezzanine Room 1) 17 July 18 September 20 November

Chairman

Buckinghamshire Mental Health Joint NHS and Social Care – Integrated Plan 2013-15

Vision	**No Health Without Mental Health** **Improving outcomes, quality and value for money** **Making sure that people who use mental health services, their families and carers, are fully involved in all parts of mental health services, contributing to the goal of 'no decision about me, without me'.**					
Underpinning Aims	• Achieve key quality and outcomes measures • Develop and support high quality secondary care services	• Maintain financial balance • Develop self-care, primary and community capacity	• Improve patient experience and support carers • Deliver service changes safely	• Align and/or integrate health & social care • Commission for outcomes		
Objectives	More people will have good mental health	More people with mental health problems will recover	More people with mental health problems will have good physical health	More people will have a positive experience of care and support	Fewer people will suffer avoidable harm	Fewer people will experience stigma and discrimination

	Strategic Priorities 2013/15	Transformational Change 2013/15	End State Ambition/Outcomes for 2015
Commissioning	To strengthen the partnership between the Council and the CCGs through joint planning and joint commissioning to deliver shared priorities for mental health and wellbeing. To align health and social care systems to deliver the best care as close to home as possible. To commission services based on the delivery of successful outcomes.	• The partnership between the Council and the CCGs will be strengthened through the Section 75 (Health Act) Partnership Agreement between the agencies. • Ensure that all services are safe – deliver the Winterbourne action plan and deliver a visiting framework for main providers. • Move away from performance monitoring of input and outputs and move towards the development of meaningful outcome measurement. • Closer working between commissioners and providers ensuring clinical and management input.	• Joint Commissioning has been successful in providing the leadership to the delivery of mental health services. • Aligned and/or integrated health and social care processes and projects are in place. • All performance monitoring is based on the assessment of safety and quality through the demonstration of clear outcome measures.
Community Engagement	To engage local communities as partners in developing and delivering community support so that people with mental health problems can live well longer in their own communities. To ensure active involvement by patients, carers and other stakeholders.	• Develop community capital and capability with partners to support self-management. • Increase community groups' use of healthy living programmes, e.g. Movers and Shakers groups. • Increase the availability of Mental Health First Aid Training to groups across the county. • Develop the Mental Health Partnership Board as a vehicle for service user engagement with commissioners, statutory and third sector organisations. • Increase engagement of marginalised groups.	• The population is confident seeking advice, accessing information, and managing their own health and wellbeing.
Payment by Results	To transform service delivery to focus on delivering successful outcomes through the implementation of the Mental Health Payment by Results regime. To engage with DH to inform CAMHS PbR development	• Change of focus to the commissioning and provision of outcomes and quality. • Performance monitored through the demonstration of outcomes being achieved. • Mental Health Trust delivering against the Payment by Results Clusters, ensuring safety and quality. • To work closely with DH on CAMHS PbR framework	• Payment by Results delivers a clear set of mental health pathways that provide improvement in measurable outcomes for individuals. • CAMHS PbR is developing as a robust tool to improve commissioning for outcomes
Children and Young People	To focus on early intervention and prevention and links to the wider pathway of emotional wellbeing and resilience To promote a whole system approach to emotional wellbeing and mental health	• In-patient services will be commissioned through Specialised Commissioning arrangements. • Community mental health services to continue to be commissioned by the Council in partnership with CCGs. Service to be re-tendered in 2014. • To map antenatal and postnatal mental health pathway to better inform commissioning approaches • To support roll out and embedding of CYP IAPT locally To establish a CYP Emotional Wellbeing and Mental Health Partnership Forum • Promote further shared care, using NICE guidelines.	• Early intervention and prevention are the focus for children and young peoples services. • Multi-agency early detection and interventions are in place. • Antenatal and postnatal mental health pathway across agencies is in place. As a result - detection of post-natal depression is improved. • New community contract in place 1st April 2015
Adults	To deliver first class mental health care and treatment promoting prevention and recovery.	• Improve early identification and diagnosis of mental illness offered with support and signposting to self-management and information. • Promotion and increase in those making use of a direct payment as a personal budget. • Review all community mental health services with the view of integration on a locality structure. • Implement locality structure for all mental health community services. • Complete the build of the new mental health hospital due to open in Aylesbury in early 2014. • Delivery of modern, fit-for-purpose, high quality in-patient resource. • Review of services for those with Personality Disorders. • Forensic and eating disorder services will be commissioned through Specialised Commissioning arrangements.	• Integrated community mental health services (health and social care) offer a single point of access for referrers. • Integrated pathways and aligned teams are managing both physical and emotional health. • Feedback is routinely sought from patients and carers. • All patients at each stage of their health journey are treated with dignity and respect. • The new hospital is delivering high quality care and treatment in a safe environment. • Services deliver on prevention and recovery.
Dementia care	To deliver whole system, multi-agency, approaches to caring for those with dementia.	• Implement a consistent approach to memory assessment, with capacity to cope with rising prevalence • Increase integrated community support, maximising the use of existing statutory and third sector resources to help people live well with dementia at home. • Strengthen intermediate type services, including crisis response. • Assess and develop service input into care homes. • Initiate work on developing dementia friendly communities. • Implement the dementia challenge projects.	• All people with dementia are helped and managed with dignity and respect. • Integrated pathways and aligned teams are managing both physical and emotional health. • Communities are more understanding and accepting of people with dementia.
Primary Care Mental Health Services	To improve health and social care outcomes for those with common mental illnesses.	• Delivery of primary care psychological services through the IAPT programme, CBT and non-CBT modalities and development of employment retention. • Review of full psychological therapy pathway – step 1 to step 4. • Development of therapies for those with co-morbid LTC and COPD. • Improvement in clinical education (PPiP Care) and case discussions.	• Improved links between primary and secondary care providers • Psychological therapies pathway is in place across treatment tiers. • Referrers (including self-referral) fully understand the pathway and what to expect.
Acute Trust interface	To promote the joint working of mental health clinicians and acute hospital staff in the early assessment and care planning of those with mental illnesses.	• Develop and implement the Psychiatric In-Reach and Liaison Service (PIRLS) in the acute hospital trust. • PIRLS to provide rapid assessment and care planning for those in A&E and admitted to wards in the acute hospital trust. • Reduce to a minimum the number of patients unnecessarily occupying acute beds.	• People attending the acute hospital trust are offered proper assessments of their mental state as a matter of course. • PIRLS has successfully reduced acute/mental health interface issues.
Autism	To develop and implement an integrated pathway for those with an Autistic Spectrum Disorder. To attend to transition issues as young people move into adulthood.	• Sustain the tiered approach to training of staff and monitor the uptake. • Attend to transition issues as young people move into adulthood. • Full development of inter-agency system for assessment and care planning for those with co-morbid ASD and mental illness/learning disability and signposting for all others.	• Integrated pathway for ASD is in place and referrers fully understand the assessment and care planning system. • The transition from young person to adult is managed effectively in relation to expectations regarding service delivery.

Mental Health Partnership Board Priorities and Actions for 2012-2013

The priorities and actions described in this document have been developed by the Buckinghamshire Adult Mental Health Partnership Board, which is a sub-group of the Executive Partnership Board. This document will form the action plan and work plan for the Mental Health Partnership Board, the contents of which will be reviewed and updated at each of the formal meetings of the Board.

Adult Mental Health priority areas arising from the national strategy – '*No health without mental health*' (DH, 2011):

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

The members of the Mental Health Partnership Board have attempted to apply a limit to the number of priority areas in order to ensure that the range of actions required is manageable.

Priority	Action	Lead Agency
<u>Objective 1</u> That people in receipt of benefits are supported and assisted where needed through the changes that are taking place within Benefit System.	1. The Mental Health Partnership Board will feed into the wider work being coordinated through the Executive Partnership Board 2. Develop understanding of the changes that are taking place 3. Identify likely implications for benefit recipients 4. Evaluate activities taking place to enable benefit recipients to receive/ understand impact of changes 5. Evaluate & recommend level of training frontline staff have received across all support agencies	**Jacci Fowler - Lead**

Priority	Action	Lead Agency
	6. Identify & support capacity of services to manage the impacts of Benefit change 7. Monitor impact of Benefit Changes on service users within the Mental Health Partnership Board 8. Take opportunities and make recommendations for improvements in benefit support	
Agreed at 14 November meeting that Rob Michael Phillips and Stephen Archibald would arrange four to five meetings. Dates to be agreed by January meeting and all to be held by end March.		
Objective 2 That people accessing mental health services are given information about what they can expect to receive, including information about clinical pathways, what types of treatment are on offer and who will be involved in their care and treatment.	1. The Mental Health Partnership Board will engage with groups of service users to look at the variety of pathways in preparation for the adoption of the Payment by Results regime in mental health 2. Map the range of mental health services available to people across the health and social care sector 3. Identify gaps in services 4. Investigate different levels of support 5. Describe step-down pathways that will encourage recovery	**Kurt Moxley or Alastair Penman to lead**
Agreed at 14 November meeting that Stuart Bell to be invited to January or March Meeting. SB could not attend either, but has agreed to attend the May meeting. (MTK)		

Priority	Action	Lead Agency
<u>Objective 3</u> That Buckinghamshire will become part of a 'mental health friendly society' so that stigma and discrimination is reduced.	1. The Mental Health Partnership Board will support the planning and delivery of a calendar of public events (e.g. world mental health day) to publicise mental wellbeing 2. Map the range of mental health training available 3. Develop a tiered-approach to training to offer appropriate levels of information and training to • the public, • carers, • organisations not involved in direct work in front-line mental illness, • those involved in health and social care and specialists in mental health care and treatment	**Rob Michael-Phillips to lead**
Agreed at 14 November meeting that a Report on Progress to be presented to the January meeting. **July meeting to include discussion on events to be arranged in connection with World Mental Health Day – 10 October 2013.**		