



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	<p>Apologies for Absence/Changes in Membership</p> <p>Apologies were received from April Brett, Gemma Richardson, and Rob Michael Phillips</p>
2	<p>Minutes</p> <p>The minutes of the meeting held on 16 January 2013 were agreed as a correct record. The following was noted:</p> <ul style="list-style-type: none"> • Kurt Moxley's title is now Senior Joint Commissioner – Mental Health, AVCCG, CCG and BCC • Debi Game represents SUCO and not Bucks ULO • Daniel Herbert has taken over from Adam Payne at the Advance Support representative.
3	<p>Deprivation of Liberty Safeguards/Mental Capacity Act</p> <p>The Co-Chairman welcomed to the meeting Sarah Pady, BCC Mental Capacity Act</p>

	<p>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.</p> <p>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.</p> <p>The Mental Capacity Act Deprivation of Liberty safeguards apply to anyone</p> <ul style="list-style-type: none"> • 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. <p>The safeguards cover patients in hospitals, and people in care homes, whether placed under public or private arrangements.</p> <p>The safeguards are designed to protect the interests of an extremely vulnerable group of service users and to:</p> <ul style="list-style-type: none"> • 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 <p>The following was also noted:</p> <ul style="list-style-type: none"> • 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.
<p>4</p>	<p>Better Healthcare in Bucks</p> <p>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</p>

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 MIU. 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 MIU so that patients would know where to go. If MIU 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 MIU 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.

	<p>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.</p> <p>It was hoped the Reablement Service would support early discharge from hospital and work was being undertaken to reduce admissions.</p> <p>Anyone presenting at the MIU 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. MIU referrals may also come from GPs.</p> <p>The Chairman thanked Lesley Perkin for her presentation.</p>
<p>5</p>	<p>Update on the Priorities for the Partnership Board</p> <p>Objective 1 Jacci Fowler reported that the presentation was ready and would be used at four venues around the County.</p> <p>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.</p> <p>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.</p>
<p>6</p>	<p>2012 Legacy</p> <p>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.</p> <p>Byron Fundra agreed to be the MHPB rep.</p> <p>Members agreed it would be beneficial to see mental health included more in all areas.</p>

<p>7</p>	<p>Local Account Panel</p> <p>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.</p> <p>Pat Milner agreed to be the MHPB rep.</p>
<p>8</p>	<p>Executive Partnership Board Update</p> <p>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.</p> <p>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.</p> <p>Kurt Moxley suggested that a single point of contact was needed.</p>
<p>9</p>	<p>Items for Future Meetings</p> <ul style="list-style-type: none"> • Update on the priorities for the MH Partnership Board • Executive Partnership Board Update
<p>10</p>	<p>Dates of Next and Future Meetings</p> <p>The next meeting of the Mental Health Partnership Board will be held on Wednesday 22 May 2013 at 2.30pm in Mezzanine Room 1</p> <p>Dates of Future Meetings (all commence at 2.30pm and will be held in Mezzanine Room 1)</p> <p>17 July 18 September 20 November</p>

Chairman

