

Mental Health Partnership Board

AGENDA

Date: Friday 20 June 2014

Time: 2.00 pm

Venue: The Whiteleaf Centre, Aylesbury

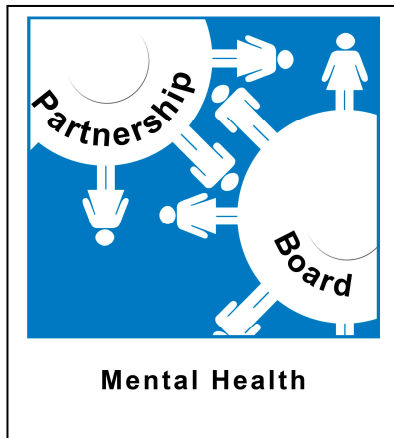
No	Item	Timing	Page
1	Apologies for Absence/Changes in Membership	2.00pm	
2	Minutes Of the meeting held on Wednesday 2 April 2014 to be agreed as a correct record.		1 - 6
3	Buckinghamshire Mental Health Joint NHS and Social Care Integrated Plan 2013-15 A copy of the integrated plan for 2013-15 is attached.	2.10pm	7 - 8
4	Service Users Priorities and Work Plan The current service users priorities and work plan are attached.	2.30pm	9 - 12
5	Update on Priorities for the Partnership Board The priorities and actions for 2012-13 are attached.	2.50pm	13 - 16
6	Executive Partnership Board Update The next Executive Partnership Board meeting is taking place on Monday 16 June. The draft minutes of the last meeting held on 10 March are attached for information.	3.10pm	17 - 26
7	Dates of Next and Future Meetings The date of the next meeting to be advised by the Chairman.	3.15pm	

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

Kurt Moxley, Senior Joint Commissioner - Mental Health, Chiltern CCG, Aylesbury Vale CCG and Buckinghamshire County Council (C)
Stephen Archibald, Carers Bucks
Jacci Fowler, Specialist Day Opportunities Manager
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
Mike Archell-Green, Hightown Praetorian & Churches Housing Association
Neil Oldfield, Carer Representative
Simon Price, Wycombe Mind
Gillian Hudson, Shaw Trust
John Pimm
Abdul Sattar, Comfort Care
Vicki Wenham, ategi
Sue Holland, MARES
Jackie Thomas, Oxford Health Foundation Trust
Rachel Fryer, Oxford Health Foundation Trust
Kim Maskell, Oxford Health Foundation Trust



Mental Health Partnership Board

Minutes Wednesday 2 April 2014

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
Neil Oldfield	Carer Representative
Jackie Thomas	Oxford Health Foundation Trust
Others in attendance	
Debi Game	Bucks SUCO
Liz Wheaton	Democratic Services Officer
Rachel Fryer	Oxford Health Foundation Trust
Chris Burnett	Wycombe Mind
Jonathan Redman-Thomas	Wycombe Mind
Jackie Prosser	Chiltern Clinical Commissioning Group



No	Item
1	Apologies for Absence/Changes in Membership Apologies were received from Daniel Herbert, Mandy Carey, John Carver and Simon Price.
2	Minutes The minutes of the meeting held on Wednesday 29 January were agreed as a correct record. <u>Matters arising</u>

	<ul style="list-style-type: none"> • The Chairman agreed to invite the officer who is currently covering for Ojalae Jenkins to a future meeting to update members on the work currently being undertaken in Dementia Services. <p style="text-align: right;">Action: Chairman</p> <ul style="list-style-type: none"> • The Chairman asked the service users who attended the last meeting whether they were happy to have their names included in the public minutes. It was agreed that Debi Game would follow-up with service users and collate a list of those who confirm that they are happy to have their name included. <p style="text-align: right;">Action: Debi Game</p>
<p>3</p>	<p>Buckinghamshire Mental Health Joint NHS and Social Care Integrated Plan 2013-15</p> <p>The Chairman welcomed Jackie Prosser from the Chiltern Clinical Commissioning Group who is responsible for commissioning primary care services. She made the following main points during her presentation.</p> <ul style="list-style-type: none"> • Healthy Minds Bucks provides a fast acting NHS service offering talking therapies, practical support and employment advice to people with a GP in Buckinghamshire. • There is a national programme for accessing Psychological Therapies. The programme is in its 5th year and is supported by all political parties. • Money has been invested in evidence based services for depression and anxiety. A programme has been developed for more direct access to psychological therapies. • Richmond Minds have been working closely with Healthy Minds to deliver the service in Buckinghamshire. • The Public Health team are finalists in a recent Public Health Award category. • The aim is to get to the right place at the right time in a timely manner. • Buckinghamshire has taken the lead in developing its IAPT services. • There is a national programme entitled “Parity of Esteem” which is around managing mental health. • Aylesbury Vale CCG and Chiltern CCG have consistently invested more money in mental health services. • Memory clinics have been set-up to aid early diagnosis of dementia. • There is a project currently underway which is looking at peri-natal mental health as it has been acknowledged that this requires a more robust pathway. • In association with British sign language, work is currently underway with Thames Valley and Oxford to help people who need these services. • Mental Health Awareness week will be coming up soon and the CCGs will be working hard to promote this. <p>During discussion, the following questions and comments were made by members, officers and health professionals.</p> <ul style="list-style-type: none"> • A member commented that, from their experience, accessing services has been very poor and very frustrating.

- GPs need more training to direct people to the right place.
- There needs to be a fast-tracking system for patients.
- It is helpful to know that the disconnect in the current system has been recognised and that changes have been made.
- A member commented that GPs do have their hands tied due to funding cuts and some services are not available.
- Dignity and respect are very important and if a patient is not treated properly then it can result in poor patient outcomes.
- There are crisis teams based in Aylesbury and Chiltern.
- A member commented that the late stages of psychosis mean the patient becomes more isolated and it is difficult to get the patient to seek professional help. GPs no longer visit patients in their own homes. Jackie Thomas said that some patients are seen by GPs in their own homes. She went on to say that she appreciates that access to some GPs can be hard but there is a lot of work being carried out to break down the barriers.
- Healthy Minds has an open access system. GPs used to make all the decisions and a patient's treatment but the IAPT service is now involved in this.
- Early intervention across all the services would save money across the whole system.
- The Mental Health Act assessment has been approved by the local authority. There are AMHP (Approved Mental Health Practitioners) who are fully trained to recognise the signs of mental health problems, including social workers and occupational therapists.

The Chairman thanked Jackie Prosser and Jackie Thomas for their update.

4 Service Users Priorities and Work Plan

Debi Game started by saying that a service user and carers workshop took place on 13 March. It was well attended – 8 service users, Bucks Mind, Wycombe Mind and Carers Bucks. Following on from the workshop, a 12 month workplan has been developed. A copy was included in the agenda pack.

One of the issues raised at the workshop was to better understand how mental health service users and carers access information around benefits and to develop mechanisms to support them. The Chairman confirmed that there is still a benefits advisor at the County Council who can provide help and advice.

It was agreed that the Chairman would speak to Marcia Smith in relation to accessing information on benefits.

Action: Chairman

A member commented that the National Citizen's Advice Bureau website is very helpful.

Work is already being carried out to provide an up-to-date directory of services detailing the range of statutory and voluntary services.

Jonathan Redman-Thomas (with input from all service users), Rachel Fryer and Jackie Thomas from Oxford Health agreed to work on the issue around better understanding the changes and challenges to statutory service provision for Mental

	<p>Health Service Users and Carers.</p> <p style="text-align: center;">Action: Jonathan Redman-Thomas/Rachel Fryer/Jackie Thomas</p> <p>Jackie Prosser agreed to meet with Debi Game to discuss the issues around training and access and information to GPs.</p> <p style="text-align: right;">Action: Jackie Prosser/Debi Game</p> <p>One of the priorities for HealthWatch is around mental health so links need to be made with this organisation.</p> <p>It was recognised that there may be a need for financial help, Member involvement to promote the services as well as commissioning support. The Chairman agreed to speak to Debi Game after the meeting.</p> <p style="text-align: right;">Action: Chairman/Debi Game</p> <p>Debi Game agreed to look at the timelines of the work streams and to update the workplan with these.</p> <p style="text-align: right;">Action: Debi Game</p>
<p>5</p>	<p>Opening of the new Whiteleaf Centre</p> <p>Jackie Thomas from Oxford Heath reported that the Whiteleaf Centre opened about three weeks ago. Three wards are already full – two adult acute wards and one older peoples ward. Patients will be moving into the rehabilitation ward shortly. She went on to explain the facilities which are available at the new centre which includes a privately run café in the main building. There is a gym which can be used in-patients. GPs can refer patients to free gyms in the community to aid their recovery.</p> <p>Staff numbers have increased and the position of Modern Matron has been introduced.</p> <p>A member asked whether a future mental health partnership board meeting could be held at the Whiteleaf centre. The Chairman agreed to speak to Jackie Thomas about this after the meeting.</p> <p style="text-align: right;">Action: Chairman/Jackie Thomas</p>
<p>6</p>	<p>Implications of the Differential Tariff on services in Buckinghamshire</p> <p>The Chairman started by explaining that Neil Oldfield emailed a question in advance of the meeting expressing concern about NHS England’s decision to cut the amount of money the sector will receive in “tariffs” or fees for its services from April will badly hit an area of NHS care that is already “straining at the seams”. The Chairman said that the NHS is looking at a 1.8% reduction in non-tariff services (ie. all mental health services) and a 1.5% reduction in tariff services (ie. hip operations). He went on to say that the 1.8% de-flater is happening in Buckinghamshire and money has been put back into the contract. Additional monies are being directed to the Liaison Service (£200,000 extra funding for this</p>

	<p>service which is in the social care budget). Jackie Prosser added that additional services are also being put into early intervention measures.</p> <p>A member suggested that this issue should be discussed in more detail at the future meeting. The Chairman agreed that a discussion around how Oxford Health is doing things differently could be discussed at a future meeting.</p>
7	<p>Update on Priorities for the Partnership Board</p> <p>Members noted the priorities update for the Partnership Board.</p>
8	<p>Executive Partnership Board Update</p> <p>Members noted the draft minutes from the last Executive Partnership Board meeting.</p>
9	<p>Dates of Next and Future Meetings</p> <p>The Chairman agreed to advise Members on the dates of future meetings. He asked members whether they wished to keep the meetings on a Wednesday afternoon and this was agreed although they asked if the meetings could start a little earlier than 2.30pm.</p> <p>Pat Milner said that Appetito, the food service company, would like to provide a tasting at a future meeting.</p> <p>The Chairman thanked everyone for their attendance at the meeting.</p>

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	<ul style="list-style-type: none"> Achieve key quality and outcomes measures Develop and support high quality secondary care services 		<ul style="list-style-type: none"> Maintain financial balance Develop self-care, primary and community capacity 		<ul style="list-style-type: none"> Improve patient experience and support carers Align and/or integrate health & social care Deliver service changes safely 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.		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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.		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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		<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 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		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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.		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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.		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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.		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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.		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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.		<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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 – Service User and Carers Priority Workplan 2014-1015

Issue	Actions	Service User Workshop Outcomes	Department of Health National Strategy	MH Partnership Board	Work led by
<p>To understand better how Mental Health Service Users and Carers access information around benefits and develop mechanisms to support them.</p>	<p>1. Be briefed on benefits support offered by Bucks CC and Department of Work and Pensions including background, funding, training, communication and developments going forward in light of changes to benefits.</p> <p>2. Look at potential for developing volunteer advisors within voluntary sector (including development and training and re-imbursement of expenses) to support work of Bucks CC and Department of Work and Pensions.</p> <p>3. See if Service Users can be involved in delivery of training to support training of front line staff and provide a real life perspective.</p>	<p>Provision meeting demand.</p> <p>Working together to improve services</p> <p>Feedback from the top</p> <p>Service User and Carer Experience used in education and training</p>	<p>We will develop new approaches to help people with Mental Health Problems who are unemployed to move into work and seek to support them during periods when they are unable to work (p32).</p>	<p>That people in receipt of benefits are supported and assisted where needed through changes that are taking place with the benefit system.</p>	<p>SUCO</p>
<p>To provide an up to date directory detailing the range of statutory and voluntary services</p>	<p>1. To undertake a mapping exercise to identify range of services.</p>	<p>Linked up services</p> <p>Provision meeting demand</p>	<p>We will lead an information revolution around mental health and wellbeing (p11).</p>	<p>That people accessing Mental Health services are given information about what they can expect to</p>	<p>Carers Bucks Bucks Mind Wycombe Mind</p>

<p>available to Mental Health Service Users and Carers within Buckinghamshire</p>	<p>2. Bring information together in a user friendly directory.</p> <p>3. Seek small pot of funding to publish and promote directory (i.e to CPWs, GP Surgeries, Voluntary Organisations and libraries).</p> <p>4. Identify where gaps exist and work with Voluntary Sector and Community Links Officers to see where new or additional services could be developed.</p>	<p>Signposting for carers and families.</p> <p>Educate about available services</p>	<p>Integrated approaches to local commissioning also have an important role to play in promoting mental wellbeing as part of the local Health and Wellbeing Strategy (P10.)</p>	<p>receive.</p>	
<p>To understand better the changes and challenges to statutory service provision for Mental Health Service Users and Carers</p>	<p>1. Be briefed on statutory services and pathways currently available, where developments, changes and challenges will be in the light of the Care Bill and the National Strategy for Mental Health.</p> <p>2. Feedback information to own networks and groups.</p>	<p>Action/Feedback from the top.</p> <p>Signposting</p> <p>Whole picture</p>	<p>Integrating physical and mental healthcare (p19-26)</p>	<p>That people accessing Mental Health services are given information about what they can expect to receive</p>	<p>SUCO</p>
<p>To look at how Service Users and Carers access Services and provide advice and information.</p>	<p>1. Develop proposal for Healthwatch Bucks to develop and deliver workshops throughout Buckinghamshire around pathways for accessing</p>	<p>Quicker access and simpler referrals.</p> <p>Linked up services.</p> <p>Provision meeting</p>	<p>High quality mental health services with an emphasis on recovery should be commissioned in all areas reflecting on local need (P10).</p>	<p>That people accessing Mental Health services are given information about what they can expect to receive</p>	<p>Bucks Mind Wycombe Mind Wycombe Mind Peer Advocates</p>

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	<p>services.</p> <p>2. As part of the workshops provide advice to participants</p> <p>3. As part of the workshops hear and document service users and carers experiences and feed that evidence back to Statutory Authorities to help shape thinking and commissioning.</p>	<p>demand.</p> <p>Working together to improve services</p> <p>Signposting</p> <p>Service User and Carer Experiences</p>	<p>Adults will be given the right to make choices about the mental health care they receive (p16)</p> <p>We will use the friends and family tree to allow all patients to comment on their experience of mental health services (p17).</p> <p>Carers will be better supported an more closely involved in decisions about mental health service provision (P19).</p> <p>Mental healthcare and physical healthcare will be better integrated at every level (P20)</p>		
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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

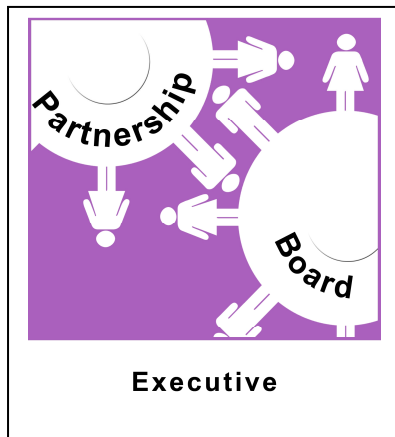


The members of the Mental Health Partnership Board have attempted to apply a limit to the number of priority areas in order to ensure that the range of actions required is manageable.

Priority	Action	Lead Agency
<p><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.</p>	<ol style="list-style-type: none"> 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 	<p>Jacci Fowler - Lead</p>

Priority	Action	Lead Agency
	<ul style="list-style-type: none"> 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 	
<p>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.</p>		
<p><u>Objective 2</u> 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.</p>	<ul style="list-style-type: none"> 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 	<p>Kurt Moxley or Alastair Penman to lead</p>
<p>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)</p>		

Priority	Action	Lead Agency
<p>Objective 3 That Buckinghamshire will become part of a 'mental health friendly society' so that stigma and discrimination is reduced.</p>	<ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> • 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 	<p>Rob Michael-Phillips to lead</p>
<p>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.</p>		



Executive Partnership Board

Minutes

10 March 2014

Members in attendance:	
David Bone	Assistive Technology Partnership Board
Zita Calkin	Autism Partnership Board / Learning Disability Partnership Board
Andrew Clark	Physical and Sensory Disability Partnership Board
Ian Cormack	Carers Partnership Board
Martin Holt	Chiltern District Council
Elaine Jewell	Wycombe District Council
Ainsley Macdonnell	Service Manager, Strategic Commissioning
Ryan Mellett	Older People's Partnership Board
Sue Pigott	Talkback
Christopher Reid	OPPB and PSD PB
Jean Rein	Talkback - Learning Disability Partnership Board
Jane Taptiklis	Chiltern CCG
Tracey Underhill	Buckinghamshire Healthcare NHS Trust
Others in attendance:	
Debi Game	SUCO
Helen Wailing	Democratic Services Officer



No	Item
1	<p>Welcome and apologies</p> <p>Apologies for absence were received from Nadiya Ashraf, Fred Charman, Steve Goldensmith, Stephanie Moffat, Kurt Moxley and</p>

	<p>Adam Willison.</p> <p>David Bone was in attendance as a representative of the Assistive Technology Partnership Board, in place of Adam Willison.</p> <p>Martin Holt was in attendance as a representative for Chiltern District Council and South Bucks District Council.</p> <p>Sue Pigott said that Fred Charman was unable to be at the meeting and that he would be retiring as Chairman of the Learning Disability Partnership Board (elections would be held for a new Chairman). Ainsley Macdonnell said that this was sad news, and members agreed that a card should be sent to Fred Charman from the Executive Partnership Board – Action: AMD</p>
<p>2</p>	<p>Minutes of the meeting held on 2 December 2013</p> <p>The Minutes of the meeting held on 2 December 2013 were agreed and signed as a correct record.</p>
<p>3</p>	<p>Action Sheet</p> <p>Partnership Board priorities template – this action would be carried over to the next meeting, as most boards had not completed their priorities yet for 2014-15. Chris Reid noted that boards should take the AfW portfolio plan into account when setting their priorities.</p> <p>Dates for ‘keeping safe’ meetings. Jean Rein said that she had not circulated the dates as the Learning Disability Partnership Board had been concerned about the number of people who might attend the meetings. Members discussed this and it was agreed that one representative from each board should be nominated. Jean Rein would circulate the date of the next meeting and the minutes of the previous meeting – Action: All / JR</p> <p>Paralympic Flame working group – Andrew Clark said that most boards had still not nominated a representative for the group – Action: All</p> <p>Structure chart / family tree of boards / committees – Ainsley Macdonnell said that there were two existing structure charts which she would combine, and circulate – Action: AMD</p> <p>Members discussed the partnership board structure and noted that the</p>

	<p>mechanism for feeding upwards to the Health and Wellbeing Board was not there. Members discussed this and it was agreed that Healthwatch would be invited to be a member of the Executive Partnership Board (Healthwatch also sat on the Health and Wellbeing Board) – Action: Debi Game</p> <p>Members noted that improvement could be made in feeding into Partnership Boards from other groups. A member asked if the voluntary sector was represented on the Health and Wellbeing Board. Zita Calkin said that the Health and Wellbeing Board had held a workshop and had invited voluntary sector representatives.</p> <p>Ainsley Macdonnell said that she would speak to Trevor Boyd about the links between the partnership boards and the Health and Wellbeing Board, and ask how the line of communication could be opened.</p> <p>Martin Holt suggested that the Executive Partnership Board could influence the indicators set by the Health and Wellbeing Board. Martin Holt said that the CDC Community Plan would pick up on health inequalities, and that there was a ‘golden thread’ running through the boards.</p>
<p>4</p>	<p>Partnership Board Key Points / Priorities and SUCO Update</p> <p>Autism Partnership Board Zita Calkin reported that the Autism Partnership Board had held its first meeting on 5 February 2014 and that there had been a really good turn out.</p> <p>The Board had agreed the following key objectives to focus on:</p> <ul style="list-style-type: none"> • Raising awareness of autism • Improving skills and knowledge of all staff through training • Development of an autism pathway for diagnosis, assessment and support • Good, clear, accessible information and guidance about the pathway <p>Kathy Erangey had attended the first meeting to tell the Board about the work of Autism Oxford and how people were supported in Oxford. Autism Oxford would be providing a demonstration of training delivered by people with autism.</p> <p>The Autism Partnership Board would link into the LDPB and the MHPB. The Autism Partnership Board covered all ages.</p> <p>Assistive Technology Partnership Board David Bone said that he was happy to take any questions on his report.</p>

Buckinghamshire had been selected by UK telehealthcare (a national AT membership body) to host its first quarterly provider forum. This was a prestigious opportunity to promote the work Buckinghamshire had undertaken in development of AT. The forum would be held in the Oculus in Aylesbury.

Buckinghamshire had also been involved in an exchange with clinicians from the USA.

David Bone referred to page 14 and said that there had been lots of concerned enquiries from ex- Red Kite customers about Red Kite finishing the alarms service. Ainsley Macdonnell said that they were aware of this, although they had not been aware of this when the letters had been sent out. Discussions had been held about how that service could be replaced. Ainsley Macdonnell said that she would check who the contact was for people or organisations who were concerned –

Action: AMD

Andrew Clark said that members should also be aware that the private sector had moved in quickly and were contacting people. Martin Holt asked if there was any information that could be distributed. Ainsley Macdonnell said that she would ask Adam Willison to put together some information – **Action: AMD**

Carers Partnership Board

Ian Cormack reported as follows:

- There had been a lot of engagement with other organisations, including clinical commissioning groups.
- A new Carers contract had been awarded to Carers Bucks, which would involve more information-sharing.
- The Carers Partnership Board priorities would take into account the Care and Support Bill.
- The Carers e-learning module would be accessible to anybody, and would be a good induction for new Board members.
- The Board would be looking at young adult carers and self-funders and Carers Bucks were doing some work with the Fremantle Trust.

Learning Disability Partnership Board

- The Board was looking at Winterbourne and at a premature deaths inquiry.
- The Board was working on the 'Keeping Safe' Group and the Health Action Group.
- The Board was still pushing in regard to health passports for funding etc.
- The representatives who came to LDPB were expected to complete actions which were agreed.
- The Board had been contacted by Belgian representatives who were coming to talk to Talkback as a place of best practice.

Mental Health Partnership Board

Kurt Moxley had sent apologies for the meeting.

Prevention Partnership Board

Steve Goldensmith had sent apologies for the meeting.

Older People's Partnership Board

Chris Reid updated that Debi Game had provided an update on the development of the Older People's Conference via the OPPB planning sub-group. The Conference had been booked for 26 March 2014. The outcomes of workshops from the Conference would be used to shape the OPPB Action Plan for 2014-15.

Debi Game said that the Conference had been over-subscribed, and that 120 people would be attending. The Conference would be opened by the Cabinet Member for Health and Wellbeing and Trevor Boyd would be making the keynote speech. Noel Brown would be in attendance for the whole day. There would be a good mix of people in attendance, including 'Men in Sheds,' 'University of the Third Age,' and OPAGs.

Chris Reid continued as follows:

- Tracey Underhill had attended the last OPPB meeting to provide an update on BHT Engagement and the 'Big Conversation.'
- Steve Goldensmith had also attended the OPPB to update on the Housing Strategy and the latest developments.

PSD Partnership Board

Chris Reid reported that the PSD Partnership Board had met on 29 January 2014.

Paul Greenhalgh had attended the meeting to provide information about the Care and Support Bill. His presentation had been well-received, and Chris Reid recommended that other partnership boards invite Paul Greenhalgh to speak to them.

SUCO

Debi Game said that her report contained the Strategic Vision for SUCO for 2014-15.

SUCO also wanted to develop a protocol for service user and carer engagement in Buckinghamshire, which would identify what people would be signing up to.

Debi Game asked if a protocol was something which EPB members would like to see. Ian Cormack said that he would be interested to see the toolkit, with clear parameters.

Andrew Clark said that the protocol was a brilliant idea, which was long

	<p>overdue. There would be challenges but it was right to confront those issues.</p> <p>Ainsley Macdonnell asked about timing. Debi Game said that she would like agreement today that they should develop this. Ainsley Macdonnell said that they should set out what the requirement was and that they would look at it. It was about getting consistency of engagement.</p> <p>Ryan Mellett said that people became fed up with different engagements, and said that these needed to be condensed.</p> <p>Ian Cormack said that the guidance should be brief and succinct. Andrew Clark said that the Stoke Mandeville Standard should be linked in.</p> <p>Debi Game asked if members would be happy to receive papers between meetings. Members said that they were happy to do this.</p> <p>Ian Cormack suggested that a working group would be needed. Debi Game said that a working group would be needed when they were at the point of developing the toolkit.</p>
<p>5</p>	<p>Dignity Update</p> <p>Chris Reid gave the following update:</p> <ul style="list-style-type: none"> • There had been agreement for joint funding for a local Dignity in Care campaign. • Healthwatch Bucks would be running a project for volunteers to visit and interview service users, using the Healthwatch 'enter and view' power. The Quality in Care Home Team would be advising on this. This project was not about replacing contract monitoring or the work of the Quality in Care Home Team, but was about an additional level of feedback to show areas of improvement needed. <p>Andrew Clark asked if voluntary organisations would be able to ask Healthwatch to look at something in particular. Chris Reid said that they would need to work out the process. As a result of the visits a feedback report would be put together.</p> <p>Ian Cormack asked if the feedback report would be sent to the CQC. Chris Reid said that it would and that the report would also be sent to contract managers.</p> <p>Chris Reid said that they would also be looking at Council members being involved, and taking part in the training with volunteers.</p>
<p>6</p>	<p>Olympic Legacy</p>

Andrew Clark told members that the 'Paralympic Legacy' or 'The Legacy' was a major economic driver in Buckinghamshire, alongside Silverstone and Pinewood Studios.

The Bucks Legacy Board was a high-level Board, chaired by BCC. The Legacy Board aspired to secure advantages for Buckinghamshire they could not otherwise. The Paralympic flame would be lit every two years (bigger and better each time). The lighting ceremony had recently been shown on Channel 4. Hundreds of thousands of people across the World now knew about Stoke Mandeville.

The Legacy Board also wanted to transmit its aspiration to work going on in Buckinghamshire, as this was a very effective way of obtaining funding, e.g. the aspiration for Buckinghamshire to become the most accessible County in the UK.

Representatives from Sweden, Norway and Canada had attended a workshop run by BUDS. Visit England was prepared to put funding in.

Regarding taxis, there would shortly be a new quality assurance scheme to ensure that disabled people were charged the same fare as non-disabled people and that taxis should carry assistance dogs etc.

The Stoke Mandeville Way was an accessible footpath. There was a proposal for another one in Wycombe.

Ian Cormack said that there was a difference between hackney carriages and private hire vehicles.

Martin Holt said that all taxis and hackney carriages in Aylesbury and High Wycombe were now wheelchair-accessible. However this was not the case in Chiltern or South Bucks. The Executive Partnership Board could add pressure for Chiltern and South Bucks also to do this.

Action: letter to be written with figures for wheelchair users

A hackney cab could be booked by phone or picked up at a taxi rank. A private hire vehicle could only be booked by phone.

Andrew Clark said that taxis offering accessibility would obtain more business, so there was an advantage to the taxi drivers. However it was necessary to acknowledge that wheelchairs were only a small part of the trade.

Ian Cormack said that in London taxis were happy to take wheelchairs, but not to strap them in, as this took them longer.

Martin Holt said that Chiltern District Council had brought in a new requirement for all taxi drivers to go on a disability awareness course. Zita Calkin said that this would be a good issue to take to the Health

	<p>and Wellbeing Board.</p> <p>Ainsley Macdonnell asked how she could get more involved and said that she was happy to join a working group.</p> <p>Andrew Clark said that each partnership board needed to nominate a member for the Legacy working group.</p> <p>Tracey Underhill asked if there was a registered list of disability-friendly taxi companies. Andrew Clark said that he would distribute a list of taxis who had signed up to the tough code of conduct which was administered by BUDS, with the co-operation of the District Councils. This would be going live in April 2014. Zita Calkin suggested that this code be linked with the 'Support with Confidence' Scheme.</p> <p>Ryan Mellett asked how much the taxis would charge. Andrew Clark said that the Code of Practice said that they should charge the 'normal' price for that vehicle.</p> <p>Martin Holt said that a hackney cab could only charge what was on the meter. Martin Holt also said that it was an offence for a taxi to refuse to carry someone.</p> <p>Ian Cormack asked if District Councils were contributing to the cost of the scheme. Andrew Clark said that they were.</p> <p>Jane Taptiklis asked if Children's Services were involved with the Legacy work. Andrew Clark said that they were not, but that they should be. Sue Imbriano was a member of the Legacy Board. Zita Calkin suggested that Health Commissioners for children be involved too.</p> <p>Ryan Mellett said that at Wycombe Hospital, if you booked a taxi, there was no way of proving that you had done so. Tracey Underhill said that the taxi driver should have the name of the person who had booked it. Ryan Mellett also said that some taxis for wheelchair use were too high. Ian Cormack said that the taxis should let their ramp down to the level of the kerb.</p>
<p>7</p>	<p>Safeguarding Item</p> <p>As the meeting had run over time, members agreed to defer this item.</p> <p>Jean Rein would circulate the minutes of the previous 'keeping safe' meetings, and the date of the next meeting, which was on 25 March 2014 at 10am at Talkback. The outcome of the meeting would be reported at the next meeting.</p>

	Ainsley Macdonnell asked everyone to pick up a Safeguarding hand-out pack.
8	<p>Opportunities for joint working - deferred from last mtg</p> <p>Ian Cormack said that this item had been about setting up a temporary group on a generic topic (e.g. direct payments).</p> <p>Jean Rein said that they needed to see the boards' priorities to be able to identify common issues.</p> <p>Members agreed to defer this item to the next meeting.</p>
9	<p>Item to refer issues / make recommendations</p> <p>This had been covered earlier in the meeting.</p>
10	<p>Date of next meeting</p> <p>16 June 2014, 1:30pm, Mezzanine Room 2, County Hall, Aylesbury</p>

Chairman

