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

greed at 14 November meeting that Rob Micha ates to be agreed by January meeting and all t	<ol> <li>Identify &amp; support capacity of services to manage the impacts of Benefit change</li> <li>Monitor impact of Benefit Changes on service users within the Mental Health Partnership Board</li> <li>Take opportunities and make recommendations for improvements in benefit support</li> </ol> ael Phillips and Stephen Archibald would arrange four to five meetings.	
bjective 2 nat people accessing mental health ervices are given information about what ey can expect to receive, including formation about clinical pathways, what pes of treatment are on offer and who will e 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

Priority	Action	Lead Agency
	<ol> <li>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</li> <li>Map the range of mental health training available</li> <li>Develop a tiered-approach to training to offer appropriate levels of information and training to         <ul> <li>the public,</li> <li>carers,</li> <li>organisations not involved in direct work in front-line mental illness,</li> <li>those involved in health and social care and specialists in mental health care and treatment</li> </ul> </li> <li>Or Progress to be presented to the January meeting.</li> <li>to be arranged in connection with World Mental Health Day – 10 October</li> </ol>	Rob Michael- Phillips to lead