

# Mental Health Partnership Board

## AGENDA

**Date:** Thursday 2 October 2014

**Time:** 2.00 pm

**Venue:** The Whiteleaf Centre, Aylesbury

No	Item	Timing	Page
1	<b>Apologies for Absence/Changes in Membership</b>	2.00pm	
2	<b>Minutes</b> Of the meeting held on Friday 20 June 2014 to be agreed as a correct record.		3 - 10
3	<b>Care Bill presentation</b>	2.15pm	
4	<b>Service users priorities and work plan update</b>	2.45pm	
5	<b>Update on Priorities for the Partnership Board</b> To include an update from the Chairman on: <ul style="list-style-type: none"> <li>the mental health crisis care concordat;</li> <li>the mental health strategy.</li> </ul>	3.15pm	
6	<b>Executive Partnership Board Update</b> The minutes of the Executive Partnership Board meeting held on 16 June 2014 are attached for information.	3.45pm	11 - 28
7	<b>Dates of Next and Future Meetings</b> The proposed meeting dates for 2015 are as follows. <ul style="list-style-type: none"> <li>21 January</li> <li>25 March</li> <li>20 May</li> <li>15 July</li> <li>16 September</li> <li>18 November.</li> </ul>	4.00pm	

The Whiteleaf Centre has been booked on all the above dates.		
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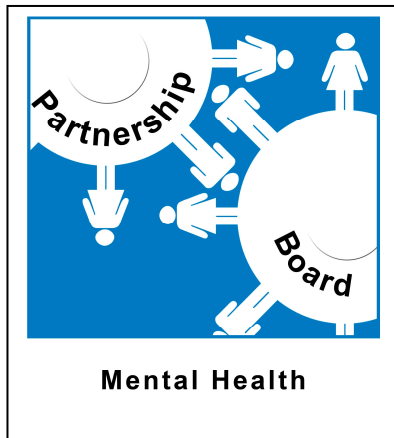
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If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

*For further information please contact: Liz Wheaton on 01296 383856  
Fax No 01296 382421, email: [ewheaton@buckscc.gov.uk](mailto: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  
Daniel Herbert, Advance Support  
Pat Milner, Adult and Mental Health Resource and Commissioning  
Alastair Penman, Oxford Health Foundation Trust  
Neil Oldfield, Carer Representative  
Simon Price, Wycombe Mind  
Gillian Hudson, Shaw Trust  
John Pimm  
Abdul Sattar, Comfort Care  
Jackie Gough, Oxford Health Foundation Trust  
Rachel Fryer, Oxford Health Foundation Trust  
Kim Maskell, Oxford Health Foundation Trust  
Sheelagh Jones, Hightown Praetorian & Churches Housing Association  
Mandy Carey, Bucks Mind



# Mental Health Partnership Board

## Minutes Friday 20 June 2014

<b>Members in attendance:</b>	
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
John Pimm	Consultant Clinical Neuropsychologist & IAPT Clinical Director
Jackie Gough	Oxford Health Foundation Trust
Jonathan Redman-Thomas	Wycombe Mind
Naseem Mercury	SUCO Representative
Russell Vere-White	SUCO Representative
<b>Others in attendance</b>	
Debi Game	Bucks SUCO
Maureen Keyworth	Democratic Services Officer



No	Item
<b>1</b>	<b>Apologies for Absence/Changes in Membership</b>  Apologies were received from Daniel Herbert, Simon Price and Liz Wheaton.
<b>2</b>	<b>Minutes</b>  The minutes of the meeting held on Friday 20 June 2014 were agreed as a correct record, subject to the following amendment  <b>Item 6: Implications of the Differential Tariff on services in Buckinghamshire</b> First paragraph, 10th line, delete "is in the social care budget".

	<p>Members noted the following:</p> <p><b>Item 2 Minutes – Matters Arising</b>  It was noted that the officer covering Ojalae Jenkins’ role has left and that Maxine Foster has now been seconded into the role. The Chairman agreed to invite her to the next meeting.</p> <p style="text-align: right;"><b>Action: Chairman</b></p> <p>Debi Game had agreed to collate information on whether members wished to have their names included in the public minutes and, although she has received feedback the information has not yet been collated. This will be brought to the next meeting.</p> <p style="text-align: right;"><b>Action: Debi Game</b></p> <p><b>Item 4 Service Users Priorities and Work Plan</b>  The Chairman said that he had not yet heard back from Marcia Smith regarding who was responsible in the County Council for information on benefits. He would feedback to the next meeting.</p> <p style="text-align: right;"><b>Action: Chairman</b></p> <p>Some members had met to discuss the issues around better understanding the changes and challenges to statutory service provision for Mental Health Service users and Carers. Debi Game said there would eventually be a flow chart alongside the information on how the services fitted together.</p> <p>Jackie Gough and Debi Game met to discuss issues around training and access and information to GPs and this was discussed later in the meeting.</p> <p>With regard to discussion around the need for financial help, the Chairman said there was a need to discuss how to develop this.</p> <p style="text-align: right;"><b>Action: Chairman</b></p> <p><b>Item 5 Opening the new Whiteleaf Centre</b>  Members agreed that they would like to use The Whiteleaf Centre as a future venue for meetings and Jackie Gough offered to give members a tour after the meeting.</p>
<p><b>3</b></p>	<p><b>Buckinghamshire Mental Health Joint NHS and Social Care Integrated Plan 2013-15</b></p> <p>The Chairman stated that the Integrated Plan needed to be updated for the current year, even though it was a three year plan to 2015. Members were informed there were two other documents in the system:</p> <ul style="list-style-type: none"> <li>• The Portfolio Plan from the County Council which described Adult Mental Health Services</li> <li>• The Priorities Tracker for the CCGs. It was noted that this had over 100 priorities in it but the Chairman said he would bring updates around the priorities for Mental Health.</li> </ul> <p style="text-align: right;"><b>Action: Chairman</b></p> <p>There were also two national documents:</p>

- The National Mental Health Strategy
- The Mental Health Crisis Care Concordat, which sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis.

It was noted that the Local Authority is required to have a local policy strategy which should be in place by the end of the year. The strategy will include feedback from the workshops as well as feedback from service users and carers.

The Chairman welcomed comments from members on how this strategy could be formed. It was agreed that an outline should be drawn up to focus people on what was needed in the document and then it could be sent out for comment. Debi Game said she had done some work in relation to developing outcomes of key issues and had consulted on that. She also asked that comments from those who were unable to attend workshops should also be sought. Another member suggested that service users and Panel representatives should make an input and the document should then be narrowed down for consultation. Kurt said that as well as having the document they also needed to look at the costs that would drive it.

Debi Game suggested it could be looked at through organisations such as Wycombe mind, Bucks Mind etc., but that it was important that all areas in Buckinghamshire should be consulted in order for people not to feel marginalised.

A member referred to the DfH document 'Closing the Gap' which gives priorities for the next two years and was a follow up to the National Strategy, which could also be used to drawn up the local strategy.

Members discussed the timescale to produce the document and it was noted that it should be in a suitable format to go to the Boards by the end of September or October. A member requested that it should also be produced in layman's terms so it was easy to understand.

With regard to the current Mental Health Joint NHS and Social Care Integrated Plan, Kurt said they had been looking at a couple of areas per meeting for discussion, but some were not relevant for the PB. The outcomes were performance managed in BCC and the CCGs. The Integrated Care Pathway Programme Board covered other areas too. That Board met monthly and the Mental Health Partnership Board fed into that and then onward to the Joint Executive Board of the CCG and County Council. Pat Milner said there was also Social Care monitoring under the S75 agreement.

With regard to Dementia Care and Autism, Debi Game said a lot of those issues were picked up by the Older People's Partnership Board and the Autism Partnership Board which had recently been set up. She asked whether the outcomes from the Integrated Plan were also fed to those Boards. Kurt said that they would come under the Integrated Partnership Board. Debi Game referred to a recent presentation from Louise Jarvis and suggested that it should go to the OPPB. It was agreed that the Chairman would contact the OPPB regarding the Dementia presentation.

**Action: Kurt Moxley**

	<p>It was agreed that the Chairman would do a refresh on the Integrated Plan for the next meeting.</p> <p style="text-align: right;"><b>Action: Kurt Moxley</b></p> <p>Debi Game said some ambitions and outcomes in the plan were linked to work already done. The work with Service Users could be reflected in this and the strategy document so people can see how service users helped to shape the policy.</p>
<p><b>4</b></p>	<p><b>Service Users Priorities and Work Plan</b></p> <p>Debi Game referred to a meeting she had had with members of the Board where they discussed available services and the routes to those services. It was hoped that a flowchart could be produced in this connection. The paper would be sent out to voluntary and other organisations asking for feedback on what they currently deliver and the routes used to access those services.</p> <p>Training was also discussed and disappointment was expressed that this could not be accessed through the GPs training package. It was hoped there could be an element around the viewpoint of users and carers and when a member asked whether this could be part of the programme, she was told the programme had already been set.</p> <p>John Pimm said this was a specific programme, which he was in charge of, for the whole region and was originally specifically designed to teach certain modules. The programme was then re-commissioned by a training organisation for health professionals and placed in Oxford Health as part of the Therapy Centre provision. Members agreed that if a user module could be designed, there could be an argument for service users to give a perspective to professionals regarding this work. They could show GPs what it is like from a service user perspective. John said they would need to submit a request to the PiP-Care Board for consideration. However, it would need to be funded and the costs would include professional expertise in designing and writing the module and quality control.</p> <p>In this connection, a member asked whether they could see existing modules in order to identify any gaps in training and another member suggested the need to teach GPs skills in relation to dealing with those with Mental Health issues. It was noted they already dealt with</p> <ul style="list-style-type: none"> <li>• Dealing with anxiety and depression;</li> <li>• Self-help;</li> <li>• Problem solving;</li> <li>• Motivation;</li> <li>• Behaviour</li> <li>• Depression and anxiety in older people</li> </ul> <p>They were also considering looking at perinatal mental health. A member suggested that schizophrenia and bi-polar disorders should also be included.</p> <p>It was noted that 90% of those with mental health issues were cared for by GPs who receive little training in this area.</p> <p>Members were informed that training through PiP-Care came from a primary care</p>

perspective rather than social care, focussing on anxiety and depression. However, they were also doing work streams to look at issues through a pilot site regarding the potential for looking at evidence based on treatment. John said very few get access to this so the question was how to organise treatment to get proper care. Once this was resolved they could then talk to GPs.

A member referred to work done by the Bedfordshire Unit who gave a presentation on Bi-Polar disorder for students who said it was more beneficial to talk to experts and get their own perspectives through to them.

John Pimm referred to Mental Health First Aid which is an educational course that teaches people how to identify, understand and help a person who may be developing a mental health problem. It was hoped that Public Health might commission Mental Health First Aid training for Buckinghamshire and they were looking for third sector organisations to bid for it. Jackie Gough said that Restore in Oxford provides it and will provide training for companies. A member said that education for employers was an important role and the more information that was given to GPs the better the treatment would be.

With regard to PiP-Care Stephen Archibald asked whether the Board could look at it to understand better what was being taught, so that they could put together a proposal for training based on the type of learning already in place. John Pimm suggested that Mental Health First Aid may a more appropriate vehicle because people with mental health problems are involved in delivering the training. Stephen said they were trying to look at improving GP training and asked whether Mental Health First Aid was designed more for people other than GPs. John said that Public Health was looking to fund this and the Chairman suggested that because they came under Adult Social Care, there could be a link into this. Debi Game suggested they could help shape the specification regarding the tender for this and, in this connection, the Chairman agreed to talk to Sophy Forman-Lynch.

**Action: Kurt Moxley**

With regard to GP training, it was noted that whilst the training was offered not all GPs took it up but many picked up experience through their job. However, the new GP curriculum requires it. The Chairman said that with GP rotation there is a mental health component. A member said that as an ex-service user, he considered that every GP surgery should have a Mental Health Specialist to identify and treat people. Another member said training for GPs was better now, as well as knowledge and understanding.

It was noted that The Cognitive Therapy Centre in Oxford has just booked PiP-Care training for Health professionals. They were trying to set up an arm for the primary care professionals but this was in its early stages. John Pimm said he would be happy to hear ideas and experiences of others, but to get the modules organised and funded was a long process.

John agreed to take back the ideas suggested and it was noted that they were currently putting together a business plan for funding. John was thanked for his agreement to discuss the possibility of this training with PiP-Care. As a background John said whilst they were not part of the training service they felt there was a need to raise awareness with GPs which could be done through the training package. John said they did general training sessions at GP practices which service users take part in, or they provide videos of services users giving their experiences. He

	<p>said that the videos could be seen on the Healthy Minds website at <a href="http://www.healthymindsbucks.nhs.uk">www.healthymindsbucks.nhs.uk</a> John said the same model could be used to talk about more serious issues too.</p> <p>Debi Game said it would be good to produce something around information and support for people with mental health issues. Once the strategy has been drawn up an event could be used to launch it. Jackie Gough said one of the nurses was taking a Masters Degree and part of her work was to produce a directory of information. It was agreed that Stephen Archibald would contact her in this connection.</p> <p style="text-align: right;"><b>Action: Stephen Archibald</b></p> <p>There was the possibility that other organisations offering support in relation to mental health might be identified through the work on the directory. It was also noted that Wycombe Mind had put together information and there was also a leaflet produced by Oxford Mind, which was updated annually. Debi said they would be meeting again shortly and would continue to take this work forward. Any service user was invited to attend and provide input</p>
<p><b>5</b></p>	<p><b>Update on Priorities for the Partnership Board</b></p> <p>The Chairman stated that the priorities template had not been updated since 2012/13 and suggested that the MHPB Service User and Carers Priority Workplan should supersede this document, and members agreed. The Chairman also agreed to ensure the service user document was produced in similar form to the priorities template that was presented to the Executive Partnership Board. Using the Priority Workplan would demonstrate that the priorities have been developed with input from service users</p> <p style="text-align: right;"><b>Action: Kurt Moxley</b></p>
<p><b>6</b></p>	<p><b>Executive Partnership Board Update</b></p> <p>The minutes from the meeting of the EPB held on 10 March 2014, were attached for information. Members were informed that each Partnership Board provides an update to the EPB which was noted in the minutes.</p> <p>It was noted that the Chairmen of the Partnership Boards are members of the EPB. Each partnership board offers an opportunity for a service user or carer representative to co-chair the meetings, provided there are at least seven service user or carer representatives on the Board. Debi urged members to complete their interest forms in this connection.</p>
<p><b>7</b></p>	<p><b>Dates of Next and Future Meetings</b></p> <p>It was agreed that the next meeting would be held in the last two weeks of September at the Whiteleaf Centre.</p> <p>Stephen Archibald said he had been sent a link to the Mental Health Powerpack, designed for use by the public and professionals. Whilst it could be considered for use, it was noted that it was expensive but Stephen suggested that if a consortium</p>



could be put together to use it, it might be worthwhile. The link is as follows:

<http://www.raise.org.uk/test/powerpack.php>

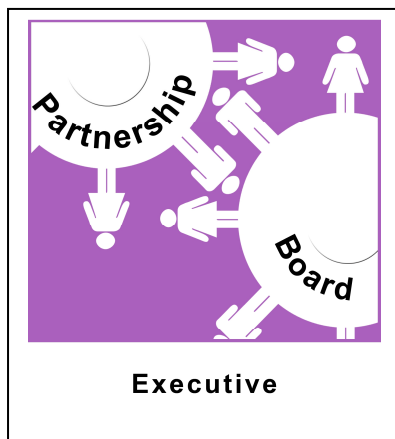
John Pimm expressed concern about the charges made by companies when those using the packages have to do a lot of the work themselves. Jackie Gough said that the Oxford Health website provided information on medicines and medicine management. However, she said the Hants site had access to other areas as well. John Pimm said he would ask someone from IT to look into the Powerpack.

**Action: John Pimm**

Stephen also informed members that Carers Bucks was working with Helios who have an on line programme for carers of people with psychotic problems. People can sign up to a 10 week course and gain information, as well as having one to one sessions and on line group working. Feedback from carers has been positive and Stephen asked carers to contact him for further information. The programme is free for carers.

**Chairman**





**Executive Partnership Board**

**Minutes**  
**16 June 2014**

<b>Members in attendance:</b>	
David Bone	Carers Bucks
Ian Cormack	Carers Partnership Board
Kurt Moxley	Mental Health Partnership Board
Nigel Palmer	SUCO
Sue Pigott	Talkback
Jean Rein	Talkback - Learning Disability Partnership Board
Bob Smith	South Bucks District Council and Chiltern District Council
Tracey Underhill	Buckinghamshire Healthcare NHS Trust
Adam Willison	Assistive Technology Board
<b>Others in attendance:</b>	
Debi Game	SUCO
Adrian Timon	Telehealth Project Officer
Helen Wailing	Democratic Services Officer



No	Item
<b>1</b>	<b>Welcome and apologies</b>  Apologies were received from Nadiya Ashraf, Zita Calkin, Steve

	<p>Goldensmith, Ainsley Macdonnell, Ryan Mellett, Chris Reid and Jane Taptiklis.</p> <p>Kurt Moxley chaired the meeting, in place of Ainsley Macdonnell.</p>
<p><b>2</b></p>	<p><b>Assistive Technology - interactive session</b></p> <p>Adrian Timon, Telehealth Project Officer, was welcomed to the meeting. Adrian Timon gave a Powerpoint presentation (slides attached).</p> <p>Florence (Flo) is an SMS texting service that can send medicine reminders, health advice, request for bodily measurements etc. In Buckinghamshire 44 GP Practices were involved and 400 + patients had signed up to the Service.</p> <p>Outcomes of the Flo Service:</p> <ul style="list-style-type: none"> <li>• Positive feedback from patients (via questionnaire)</li> <li>• Patients prefer Flo to a 24 hour blood pressure monitor</li> <li>• Clinical time savings</li> <li>• Better diagnoses (patients feel reassured)</li> <li>• Removes 'white coat' syndrome</li> </ul> <p>Flo could be used by all agencies. It could also be used to minimise anxiety by providing messages to Asperger's patients.</p> <p>Members asked the following questions.</p> <p><b>What is the demographic of the 400 patients signed up to Flo?</b>  Most Practices have used the service for patients that have presented with hypertension symptoms and have yet to be diagnosed, or for those who have been newly-diagnosed and their condition is yet to be managed. Patients are mostly the 40+ age group.</p> <p><b>How would Flo work for smoking cessation or dietary services?</b>  Patients can text their weight measurements, or agreed dietary advice that will motivate weight loss. The system can be adapted to an individual's needs.</p> <p><b>Who send the texts to the patient?</b>  The system is activated by a Clinician and once the patient is agreeable the service will run on a loop automatically.</p> <p><b>Have you thought of commercialising the system?</b>  No – the system is owned by NHS England, which couldn't be seen to be commercial.</p> <p><b>Do you know why some GP practices have not signed up?</b></p>

Some GP practices wanted to focus on MJOG. This is another type of text reminder system that provides an administrative rather than a clinical service. We hope that the practices which have signed up will encourage other practices to do so.

The Flo service is free of charge at the moment, and allows access to cutting edge telehealth.

**GP practices are very outcome-driven. It is difficult to get quantitative outcomes from Telehealth.**

There is lots of qualitative evidence available. We can look at supporting Multi Agency Groups (MAGs) with this system (MAGs target patients with high admissions or high numbers of GP visits). This would demonstrate outcomes.

**Can Flo be used for social care clients too?**

Adam Willison saw the Service Director this morning and discussed the possibility of using this system.

**Have you engaged patients to help shape the Service?**

Yes – we met with patient user groups (diabetes and SUCO). We don't do patient engagement well on the health side.

**Are you feeding into modifications in the Service?**

Adrian Timon and Dr Tom Davis feed in, and Dr Tom Davis sits on a national board.

Debi Game suggested that this presentation be given to the Autism Partnership Board, and said that the Flo Service would be very useful for people in transition (e.g. going to university). Adrian Timon said that Stoke-on-Trent had partnered with a university.

Tracey Underhill said that the Flo Service would also be useful for transitions to adult diabetes services. Adam Willison said that they would look at how the Service could be included in outpatient work.

Nigel Palmer said that those patients who visited their GP a lot might be more resistant to the Service. Adam Willison said that this was an issue but was not as big a problem as they would have thought.

Ian Cormack noted that older people needed a follow-up session after being introduced to a new system.

Debi Game said that the Older People's Partnership Board was currently re-defining its priorities and that this would be considered for inclusion.

David Bone gave an example of someone who had called them who could not remember how to use their keysafe, and they were happy to reinforce that.

	<p>Tracey Underhill said that their GP practices were receiving higher numbers of older people patients, and said that anything which helped would be useful.</p> <p>Tracey Underhill also said that people were becoming more and more IT-aware, and that this was a real shift.</p>
<p><b>3</b></p>	<p><b>Minutes of the meeting held on 10 March 2014</b></p> <p>The Minutes of the meeting held on 10 March 2014 were agreed and signed as a correct record.</p>
<p><b>4</b></p>	<p><b>Action Sheet</b></p> <p><b>Leaving Card</b> Ainsley Macdonnell had sent a card to Fred Charman on behalf of the Board.</p> <p><b>Keeping Safe meetings</b> Jean Rein reported that they had circulated the date of the Keeping Safe meeting but that no Executive Partnership Board members had come to the meeting. The outcome of the work would be brought to the Executive Partnership Board.</p> <p><b>Paralympic Legacy Group</b> Debi Game reported that Ainsley Macdonnell had asked SUCO to identify users and carers for the Group, and that members had been recruited. The first meeting would be the following day. Jean Rein said that the representative from the Learning Disability Partnership Board had not been sent information about the meeting.</p> <p><b>Structure Chart / Family tree of boards</b> There would be an item at the next meeting about the structure of different boards and how they fed into each other. <b>Action: HW</b></p> <p><b>Healthwatch to be a member of the Board</b> Debi Game said that she had spoken to Healthwatch, who had nominated a representative for the Board. However they were not in attendance.</p> <p><b>Red Kite housing</b> Adam Willison reported that Red Kite Community Housing had stopped providing an in-house alarm service. Tunstall would be covering the service for one year. Communication with residents had not been very good. Private funders would have to make arrangements elsewhere. The alarms service would be part of the Supporting People contract re-</p>

	<p>tender, which would look at sheltered housing across Buckinghamshire. Currently there were many different levels of service. David Bone said that Carers Bucks had received queries about the alarms service and had been able to refer people to private companies.</p>
<p><b>5</b></p>	<p><b>Dignity Update</b></p> <p>This item would be deferred to the next meeting.</p>
<p><b>6</b></p>	<p><b>Partnership Board Key Points / Priorities and SUCO Update</b></p> <p><b>Assistive Technology Partnership Board</b></p> <p>Adam Willison took members through the report and said that:</p> <ul style="list-style-type: none"> <li>• The new Community Equipment Service contract would be a seven-year contract and would provide twice the level of provision as the previous contract.</li> <li>• Adrian Timon had provided an update for the Board on the Advice and Interactive Messaging project.</li> <li>• Four local authorities, including Buckinghamshire County Council, had been chosen as beacon authorities to discuss assistive technology in Washington, USA.</li> <li>• Over 60 students had now taken the Bucks New University AT practitioner training up to masters level, including occupational therapists, GPs and care managers.</li> <li>• The 2014-15 priorities for the Board were based on the 2013-14 priorities.</li> </ul> <p>Debi Game referred to the Community Equipment Service contract and said that under the original arrangements, there had not been any provision for lifts. If a carer had purchased a lift, could it be maintained under the new contract? Adam Willison said he would check this, and said that lifts were included in the new contracts but had very tight eligibility. <b>Action: AW</b></p> <p>David Bone said that the UK Telehealthcare national marketplace conference at the Oculus in April 2014 had been very successful, and visitors had been very impressed with the work going on in Buckinghamshire.</p> <p>David Bone also said that there was still a lot of resistance in the community to AT equipment. David Bone had attended an event with District Nurses and had changed their opinion of technology.</p> <p><b>Autism Partnership Board</b></p> <p>Debi Game reported that she had been in discussion with Ann Whiteley</p>

(Carers Bucks) about organising a Conference in October 2014. A working group would be formed to organise the Conference.

### **Learning Disability Partnership Board (LDPB)**

Sue Pigott reported as follows:

- Some health passports were back on track, and they were looking at re-launching these. The connection with the Flo technology needed to be looked at.
- As part of the Keeping Safe meetings, a survey had been carried out to find out why people did not make complaints or raise concerns, and the responses were being collated.
- LDPB was involved in interviewing for a Liaison Nurse at Stoke Mandeville, and they would ask pertinent questions. The Nurse would work across Buckinghamshire Healthcare Trust.
- Isolation of people with learning disabilities had increased following cuts in services provided.
- Elections for a new Co-Chair would take place in July. Candidates had produced videos which would be sent out to LD clients across Buckinghamshire.

Tracey Underhill said that Kyle Banks, Community Links Officer from Prevention Matters, was running a session to look at isolation, which the LDPB might want to join.

### **Older People's Partnership Board (OPPB)**

Debi Game said that the OPPB had been renewing its priorities following the Older People's Conference, and that the OPPB meetings would be more action-driven.

The report from the Conference would be available shortly.

Debi Game asked whether access to information and support should be considered by the EPB as it was something which came up at all the partnership boards.

Ian Cormack said that there was a general feeling that the EPB needed to look more at cross-cutting issues.

### **Physical and Sensory Disability Partnership Board (PSD PB)**

Debi Game said that the PSD PB was looking at its priorities, and had condensed these. Access to information was a key issue.

### **SUCO Update**

Debi Game reported that David Bone had stepped down from his role as Co-chair, and Nigel Palmer had taken up the role of Co-Chair.

Kurt Moxley welcomed Nigel Palmer to the Executive Partnership Board.



	<p>There would be a BCC Care Managers Away Day the following day. SUCO had identified two service users to attend the Day and to do a presentation as self-funders.</p> <p>SUCO was meeting the Quality in Care Team that week to speak about the Falls Prevention programme.</p>
<b>7</b>	<p><b>Opportunities for joint working</b></p> <p>Members discussed isolation and said that this was a cross-cutting issue. Integration and how it worked in practice was also put forward as a cross-cutting theme. <b>Action: Tracey Underhill to speak to Lesley Perkin and to report back at the next meeting.</b> [post meeting note: Tracey Underhill has spoken with Leslie Perkin who is happy to attend the Executive Partnership Board to discuss the Better Care fund piece]</p>
<b>8</b>	<p><b>Item to refer issues / make recommendations</b></p>
<b>9</b>	<p><b>Date of next meeting</b></p> <p>22 September 2014, 1:30pm, Mezzanine Room 2, County Hall, Aylesbury</p>



**Chairman**




Buckinghamshire County Council

## Assistive Technology (AT) in Buckinghamshire

Adrian Timon  
Telehealth Project Officer - Assistive Technology




Buckinghamshire County Council



### Delivery Plan for Technology across health and social care

- 5 years delivery of telecare
- A greater focus on technology in healthcare settings
- To engage with Primary Care
- To progress engagement with Secondary Care
- Connect the two.



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Buckinghamshire County Council 

## Telehealth Projects

- Vital Signs – Community Health Team
- Speech and language Therapy – Buckinghamshire Healthcare Trust
- On Line Pain Management
- Vocational Support – Community Head Injuries Service
- Children’s Speech and Language Therapy- Oxford Healthcare Trust
- Advice and Interactive Messaging Service

3

Buckinghamshire County Council 

## CYP Speech & Language Therapy Project



Home About Parents Professionals Schools & Early Years News Training Contact

CHOOSE YOUR AGE GROUP

0- 5 years  
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5 - 11 years  
Lorem ipsum dolor sit amet

11 + years  
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Welcome to Bucks Speech & Language Therapy

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read more

Early Years Primary Young People


4

Buckinghamshire County Council 






### Telehealth Delivery Plan

- Win the hearts and minds 
- Identify Clinical Champions 
- Drive adoption of technology 
- Engage Patient Population 
- Enable the 'inevitable' pull effect by patients 

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Buckinghamshire County Council 

### Primary Care Engagement

- Familiar and accessible Technology 
- Tried and tested 
- Minimal Cost 
- Interoperability 
- Longevity 
- Promotes a positive impact on workload

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**NHS**  
*Simple* TELEHEALTH  
Florence

## Simple Telehealth Presents: Florence

**Don't take our word for it, here's what patients say about Flo.**


**"Using Flo has helped me sort out my medication and I now have the confidence to start living independently!"**  
**Lady with chronic lung disease, aged 65**

**"Now I can take my blood pressure readings at home! I haven't got to fight my way through the rush hour traffic to see my doctor, which used to stress me out and put my blood pressure up!"**  
**Patient with high blood pressure - Barry, aged 52**

**"I found the messages helped me to give up smoking - I didn't feel I was on my own. It was like having a friend with me, encouraging me to keep going."**  
**Smoking cessation patient - Ahmed, aged 30**

**"To be honest, I was astonished at how Flo changed my medication habits. I was sceptical at first. The time I used to take my medication was a little haphazard and I sometimes forgot but now I find myself prepared at the right time every day."**  
**Patient receiving medication reminders - Jean, aged 58**

**If you want to set up Flo, get in touch here**



**FLO**  
improves health care and changes lives

Ask your GP or nurse about FLO - the easy way to manage your health


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*Simple* TELEHEALTH  
Florence

## SIMPLE TELEHEALTH

- A multi-award winning, NHS owned Telehealth solution.
- Mobile Phone and website portal interface
- Available to over 40 CCG's across the country
- Fully funded till 2015
- Flexible
- Self Management



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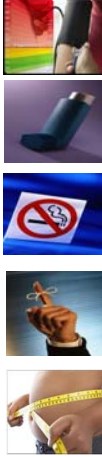
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**CLINICAL PRIORITY AREAS**

- Hypertension
- Asthma
- Smoking Cessation
- Medication Reminders
- Obesity



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**Florence**

- A SMS Texting Service that sends:
  - Medication Reminders
  - Health Advice
  - Requests for Patients bodily measurements
  - Questions of effectiveness

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NHS

AIM Website Portal

Simple TELEHEALTH Florence

Florence [Help](#)

Log in

Email address

Password

[Forgotten your password?](#)

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Patient Record

Simple TELEHEALTH Florence

Florence Hello Adrian Timon, [Account & Settings](#) [Log-out](#) [Help](#)

[View my patients](#) Find a patient

**Ade Timon** [Edit patient or add a service](#) [Send text message](#)

Monitoring

No current monitoring

Finished

**Blood Pressure**

Date	Reading 1	Reading 2
19 Aug 13	150	90
20 Aug 13	140	85
21 Aug 13	145	88
22 Aug 13	140	85
23 Aug 13	145	88
24 Aug 13	140	85
25 Aug 13	145	88
26 Aug 13	140	85
27 Aug 13	145	88
28 Aug 13	140	85

Export data to [Excel](#)

Filter data

Quick look:


Custom range: Start date:  End date:

Readings Messages

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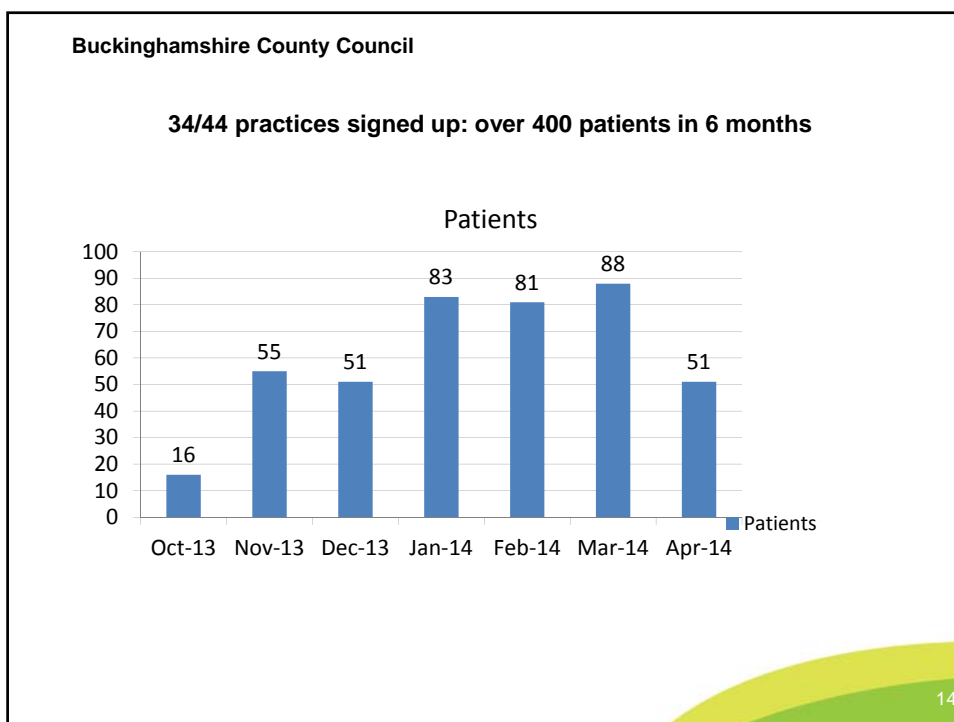


- 44 Practices involved

Aylesbury Vale CCG	Chiltern CCG
14 Practices	30 Practices

- Almost 400 Patients signed up and increasing
- NHS England exchange programme with Veterans Health Association

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**NHS**

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**Clinical Outcomes**

- Positive feedback from patients
- Patients preference over 24hr BP monitor
- Clinical Time Savings
- Better diagnoses
- Removes “White Coat Syndrome”



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**NHS**

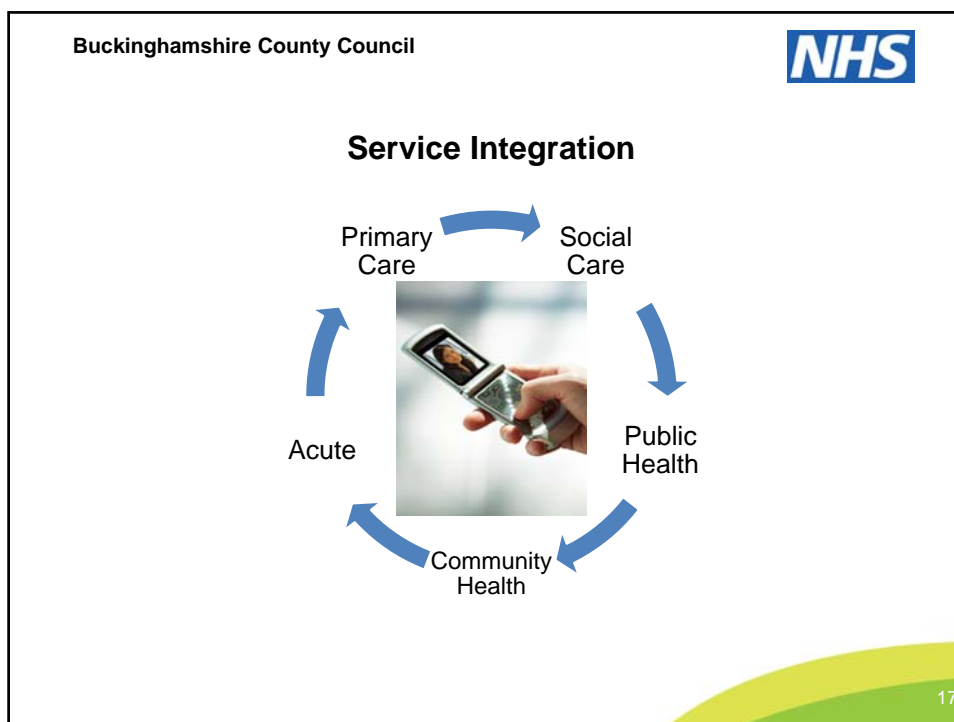
*Simple*  
TELEHEALTH  
Florence

**Non-clinical Outcomes**

- Clinical champions emerging
- Single point of contact
- FLO being adapted to meet Clinical need

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### Buckinghamshire Local Challenge

- AIM for Health Workshops
- Capture Feedback and Clinical Lead ideas to progress AIM
- National Funding has been made available to progress innovative ideas.
- Clinicians to submit expressions of interest to Telehealth Team by 30<sup>th</sup> June.
- Winning entries will receive extra resources to develop and implement innovation

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**The Future:  
Possible deployment in Health & Social Care**

- Vital Signs
- Support Social Care Provision
- Weigh Forward Bucks
- Bucksmind
- To support staff within residential care
- Pre-Op Hypertension
- To support Carers

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