BEDFORD BOROUGH COUNCIL

Agenda

Title of Meeting: Mental Health Partnership Board Meeting

Date: 13th February 2014

Time: 2pm

Venue: The Wellbeing Centre, Woburn Road

Contact: Gemma Halfpenny – 01234 276249

No	Item	Please tick box below if there is an attachment ↓	Lead Person
1.	Welcome and Apologies		Simon
2.	Minutes of the Last Meeting and Matters Arising		Simon
3.	Service User News and Views		All
4.	MH Procurement BCCG and BBC Approach, questions and answers		Marek
5.	Mental Health Strategy Priorities 3 and 4		Simon
6.	AOB		All
7.	Date of Next Meeting: 10th April 2014, 2pm, The Wellbeing Centre, Woburn Road		Gemma

Minutes

Title of Meeting: Mental Health Partnership Board

Date of Meeting: 11th October 2013

Attendees:	
George Hunt	Head of Commissioning, Bedford Borough Council (BBC)
Marek Zamborsky,	Commissioning Officer, BBC
Emma Robinson	POhWER
Andrea Thasan	Apex Care Homes
Caroline Holman	Beds & Luton MIND
Joyce Tucker	Physical Disabilities Partnership Board
Carys Martin	Carers in Bedfordshire
Maureen Simmons	SEPT
Maureen Briggs	Healthwatch
Carol Rix	Impact MH
Sharon Rogers	Carers in Bedfordshire
Sarah Bribe	Richmond Fellowship

		Actioned by
1.	**Welcome and apologies** GH welcomed all to the meeting and noted apologies from Simon White, Judy Baxter, Alison Fisher, Gill Mason, Chris Bradley-Rushe and Gemma Halfpenny.	
2.	**Minutes of the Last Meeting and Matters Arising** AT asked for an amendment to be made to the previous minutes. Under item 3, the issue was around not getting feedback rather than why the groups had been set up. Housing – a report has been compiled people's housing need in the Borough and the lack of provision. There are only residential homes, hostels or Supporting People providing floating support. 50 -60 people were identified and profiles are needed. The aim is to set up a supported living scheme which GH advised providers are interested in.	**Gemma H**

3.	**Service User News and Views** CR advised that she had been accepted to work for Impact. They have had very good feedback and are completely booked up. ER has been liaising with Anona re service user groups. They have been referring to Impact and Richmond Fellowship. The 'Take it to the top' meeting with SEPT was held on 26th September and was followed by a Q & A session where the Health Village and Weller Wing were discussed. MS said that Chris Bradley-Rushe will be at the next meeting and they would like feedback from service user groups. SR advised that Clive Travis, author of "Looking for Prince Charles' Dog", gave a talk to 30+ carers which was well received. The book follows his journey through mental illness. She also advised that they have a robust volunteer programme with telephone befrienders helping to fill in the gaps. JT said she had nothing to feedback from the PD Partnership Board. However she suggested that the book section in the library that dealt with depression should also hold leaflets that could guide people to services. This could also apply to the library link and their home delivery service. **Action:** CR and ER to contact Sue Harding at the library. AT spoke about Mental Health Awareness Day which had taken place the day before and was very successful.	**CR/ER**
4.	**Healthwatch Presentation** MB introduced herself and described her background and how she had become involved with Healthwatch. Members also include Anne Bustin (Chair) and John Wheatman (Finance) as well as an administrator and a newly recruited apprentice. Healthwatch officially began in April 2013 and their aim is to improve patient services in any way they can. They have become a Community Interest Company (CIC). MB spoke about how they are able to influence services, for example, getting the local authority and NHS to talk about transport issues, working towards improvements in GPs surgeries and going into care homes where they may have received an alert that there is a problem. They have also been involved with childrens' services. Their strap line is 'Strong Voice for Local People' and they are keen to work with voluntary agencies as they are often the first to hear about the concerns of people using services. To encourage engagement, they have invited voluntary organisations to sit on the reference group which has now met twice. MB said that they would like a representative from Impact on the reference group. There was then a brief Q & A session. CM asked whether Healthwatch had had visited Weller Wing. MB advised that they had initially tried unsuccessfully but then received an invite for a walk around following the publication of the CQC report about the hospital. Their recently trained Enter & View teams were instructed which wards they could visit, namely Elizabeth and Harpur Wards, where they spoke with patients and relatives. They intend to visit Weller Wing as soon as they are able. SR suggested that Healthwatch should visit the Carer's Lounge and speak to carers.	

	Their main problem in terms of Enter & View is lack of volunteers. An advert will be appearing shortly on the website advising that Healthwatch will pay for all training and DBS clearance. If anyone wants to contact MB, she can be reached at: mm.briggs@btinternet.com	
5.	**Mental Health Strategic Priority 2** 1. BCCG are organising a workshop on 25th October at the Rufus Centre to comment on and review the pathways. There needs to be a wider consultation on the stepped care model. There has been no feedback from the review in the summer. The BCCG Rehab Services model is not finalised yet – Kaysie Conroy is taking it forward and reporting to Michelle Bradley. Outcomes will be shared on 25th October – not sure if it will involve service users. **Action:** GH to send to Michelle and ask for a report. 2. IAPT performance was very low. The BCCG has clear targets regarding this and is progressing the situation. 3. 4. No comments. 5. MS advised that the person who was carrying out the carers' assessments is not being replaced. The task will be absorbed within the Care Coordinator's role. 6. It was queried whether SEPT were aware pf the report done two years ago. Chris Bradley-Rushe will pick this up. 7. There are two elements: 1. Local availability in the market 2. Discharge processes AT commented that the process of discharge should commence at admission. CM said that the process fell down in cases where the person does not have a care coordinator. **Action:** MS to provide a flow chart regarding the discharge/care coordinator process. 8. Health and Well Being target - for Michelle Bradley. 9. This a led by Public health – a report is needed. 10. This crosses over with the Autism strategy. 11. Progress here is lacking. **Action:** MZ to raise the profile at the workshop on 25th October. 12. Covered in earlier discussion. 13.	**GH** **MS** **MZ**

	Action: GH to ask CCG for a written report.	**GH**
6.	**Any other business** AT advised that following a request for a wheelchair for a client, she had received a letter from SEPT saying that they no longer provide them for residents in nursing homes. This seems to be a change in policy. **Action:** GH agreed to look into the matter. AT also spoke about the issue of people going to A&E needing a mental health assessment. CM said the ambulance service has no referral pathways and had met with them recently to discuss. They agreed to look into it and SEPT and the ambulance service will be shadowing each other. MZ spoke about a discussion held at the last partnership board meeting regarding spiritual services for people. He advised that he had spoken to the Council of Faiths which is thinking of creating a prayer line where volunteers will pray for people. He will get an update for the next meeting. SB advised that there will be a jobs fair at the Corn Exchange on Monday.	**GH**
7.	**Date of next meeting** 22nd November 2013 at 11.00am (St. Andrew's Church)	

Joint Mental Health Strategy Action Plan - Priorities 3 and 4

Strategic priority 3: more people with Mental Health problems will have good physical health	**Objectives**	**Due date**	**Responsible**
1. We will ensure that people with mental health problems who smoke are identified and supported to stop smoking through improved access to smoking cessation programmes	1. Work with public health on local smoking cessation campaigns 2. Ensure that local mental health care pathway model incorporates this as one of the priorities	April 2016	Clinical CMHTs lead SEPT Public Health Manager GPs representative
2. We will ensure that talking therapies are integrated into the care pathways for people with physical conditions to improve recovery and clinical outcomes	1. Review all physical care pathways for accessibility of talking therapies 2. Produce recommendations and adjust pathways	April 2014	Head of MH and LD commissioning BCCG Head of Acute and Chronic Care Pathways Commissioning BCCG

Strategic priority 4: more people will have a positive experience of care and support	**Objectives**	**Due date**	**Responsible**
1. We will monitor and improve access of people over 65 into psychological therapies treatments	1. Establish baseline for access to talking therapies for people 65+ 2. Review barriers and produce recommendations 3. Implement recommendations 4. Monitor effectiveness of adjustments	April 2014 April 2015 and on-going	Head of MH and LD commissioning BCCG
2. We will work with our mental health provider SEPT to incorporate patients voice and outcomes surveys into delivery of services	1. SEPT to produce annual organisational reflections on CQC community survey results to MHPB 2. SEPT to implement identified recommendations based on annual CQC surveys	June 2013 and on-going annually	Locality Director SEPT
3. We will be reshaping mental health	1. Establish baseline for personal	April 2013	Commissioning Officer

services as suggested by personalisation via personalisation action plan until measured patient experience tells us that people are happy with personalised support they are receiving	budgets uptake 2. Establish on-going annual feedback of usage and accessibility of personal budgets 3. Produce and implement recommendations based on on-going feedback 4. Actively promote personal budgets, where appropriate, for people with schizophrenia and psychosis	 April 2014 and on-going Continuously Continuously	BBC Service Manager BBC Clinical CMHTs lead SEPT

Update for BBC MH Partnership Board

1. We will review our common and severe mental health pathways according to best practice

We have developed a new stepped care model for mental health services and this has been consulted on over several months. The model aims to deliver locality focused teams working in a far more integrated way. There are two business cases for this, the first for Steps 1 – 3 (Counselling and IAPT) has been approved within BCCG, the second is currently being drafted and will be presented shortly.
Work on outcome based service specifications has commenced. There are stakeholder events in the first week in December 2013 to begin to populate what is important for people who access services and their carers.
Contract discussion work has commenced, the pathway for procurement has not yet been agreed.

2.We will increase availability of talking therapies intereventions – IAPT

A target of 10% for 2013/14 has been identified. A CIC has developed within the GP based counselling services called Ready to Talk and a programme of additional training has been delivered to the majority of these counsellors to make them IAPT compliant and to enable them to begin to report against this activity. Additional resource has been made available to recruit new IAPT counsellors locally.

3.We will consider evidence for early interventions in psychosis and review local support available accordingly in line with NICE and other good practice guidelines, including CBT for psychosis.

A number of workshops took place from Dec 12 – April 13 looking at the implementation of Payment by Results for Mental Health. Each cluster has been reviewed, best practice and clinical evidence included and this work will be used to inform the development of the new outcome based service specifications

4.We will improve access to mental health services for people with personality disorders through effective engagement and interventions by appropriate secondary care services and through multi disciplinary services.

This has began to be addressed through the work identified in point 3 around PbR, but further work needs to be undertaken

7. We will ensure that mental health services do not discharge patients from hospital with nowhere to go

We have appointed an outside lead to develop the model for liaison psychiatry for Bedford Hospital and the final report from this is due. There has been a delay in receiving this because of the inability to get robust data from the hospital on activity for people with mental health needs.

8. We will seek innovative approaches, in cooperation with vulnerable communities' commissioners to improve access to acute and primary care for vulnerable communities

As part of the CQUIN for the SEPT contract this year, a piece of work enabling us to identify our vulnerable members of the community when they access the service and then to do a specific piece of work around their experience and how this could be improved will be completed by March 2014.

10. We will ensure that recommendations of autism strategy in relation to mental health are incorporated with mental health pathways

This is also being captured within the SEPT CQUIN. Further work to develop the skills in mental health services needs to be undertaken.

11. We will consider results of "organisation recovery challenge" pilot conducted Centre for Mental Health and NHS confederation to shape our mental health services.

This pilot has been considered as part of the stepped care model that has been developed. KPIs to report against recovery targets have been included in some of the mental health contracts this year and the information will be used to inform the development of outcome based service specifications work which has commenced.

21 November 2013