

## Minutes

**Title of Meeting:** Mental Health Partnership Board

**Date of Meeting:** 11<sup>th</sup> October 2013

<b>Attendees:</b>	
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 Bribbe	Richmond Fellowship
	<b>Actioned by</b>
<b>1.</b>	<p><b>Welcome and apologies</b></p> <p>GH welcomed all to the meeting and noted apologies from Simon White, Judy Baxter, Alison Fisher, Gill Mason, Chris Bradley-Rushe and Gemma Halfpenny.</p>
<b>2.</b>	<p><b>Minutes of the Last Meeting and Matters Arising</b></p> <p>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.</p> <p>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.</p>
	<b>Gemma H</b>

<p><b>3.</b></p>	<p><b>Service User News and Views</b></p> <p>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 26<sup>th</sup> September and was followed by a Q &amp; 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.</p> <p>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.</p> <p>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.</p> <p><b>Action:</b> CR and ER to contact Sue Harding at the library.</p> <p>AT spoke about Mental Health Awareness Day which had taken place the day before and was very successful.</p>	<p><b>CR/ER</b></p>
<p><b>4.</b></p>	<p><b>Healthwatch Presentation</b></p> <p>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).</p> <p>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.</p> <p>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.</p> <p>There was then a brief Q &amp; 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 &amp; 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.</p> <p>SR suggested that Healthwatch should visit the Carer's Lounge and speak to carers.</p>	

	<p>Their main problem in terms of Enter &amp; 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.</p> <p>If anyone wants to contact MB, she can be reached at:  <a href="mailto:mm.briggs@btinternet.com">mm.briggs@btinternet.com</a></p>	
<p>5.</p>	<p><b>Mental Health Strategic Priority 2</b></p> <p>1. BCCG are organising a workshop on 25<sup>th</sup> 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 25<sup>th</sup> October – not sure if it will involve service users.</p> <p><b>Action:</b> GH to send to Michelle and ask for a report.</p> <p>2. IAPT performance was very low. The BCCG has clear targets regarding this and is progressing the situation.</p> <p>3.</p> <p>4. No comments.</p> <p>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.</p> <p>6. It was queried whether SEPT were aware of the report done two years ago. Chris Bradley-Rushe will pick this up.</p> <p>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.</p> <p><b>Action:</b> MS to provide a flow chart regarding the discharge/care coordinator process.</p> <p>8. Health and Well Being target - for Michelle Bradley.</p> <p>9. This is led by Public health – a report is needed.</p> <p>10. This crosses over with the Autism strategy.</p> <p>11. Progress here is lacking.</p> <p><b>Action:</b> MZ to raise the profile at the workshop on 25<sup>th</sup> October.</p> <p>12. Covered in earlier discussion.</p> <p>13.</p>	<p><b>GH</b></p> <p><b>MS</b></p> <p><b>MZ</b></p>

	<b>Action:</b> GH to ask CCG for a written report.	<b>GH</b>
<b>6.</b>	<p><b>Any other business</b></p> <p>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.</p> <p><b>Action:</b> GH agreed to look into the matter.</p> <p>AT also spoke about the issue of people going to A&amp;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.</p> <p>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.</p> <p>SB advised that there will be a jobs fair at the Corn Exchange on Monday.</p>	<b>GH</b>
<b>7.</b>	<p><b>Date of next meeting</b></p> <p>22<sup>nd</sup> November 2013 at 11.00am (St. Andrew's Church)</p>	

<b>Strategic priority 2: more people with mental health problems will recover</b>	<b>Objectives</b>		<b>Responsible</b>
1. We will review our common and severe mental health pathways according to best practice	<ol style="list-style-type: none"> <li>1. Develop care pathway</li> <li>2. Consult on care pathway</li> <li>3. Prepare business case to deliver accepted service pathway</li> <li>4. Modify service specification</li> <li>5. Award contract/or contract variation</li> </ol>	April 2014	Head of MH and LD commissioning BCCG
2. We will increase availability of talking therapies interventions – IAPT	<ol style="list-style-type: none"> <li>1. Increase access to IAPT to 10% of prevailing population</li> <li>2. Increase access to IAPT to 15% of prevailing population</li> <li>3. Monitor access to IAPT and review targets</li> </ol>	April 2014  April 2015  April 2016	Head of MH and LD commissioning BCCG
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.	<ol style="list-style-type: none"> <li>1. Evaluate effectiveness of changes made to service specification in 2012</li> <li>2. Adjust pathway if necessary based on additional best practice</li> <li>3. Implement recommendations</li> </ol>	April 2014	Head of MH and LD Commissioning BCCG
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 multidisciplinary specialist services	<ol style="list-style-type: none"> <li>1. Establish local baseline for access to services</li> <li>2. Review barriers</li> <li>3. Adjust relevant services as required</li> </ol>	April 2014	Head of MH and LD Commissioning BCCG
5. We will ensure that recommendations of “Triangle of Care – Carers Included” are considered in care planning process	<ol style="list-style-type: none"> <li>1. Review carers assessment process for carers of people with mental health problems</li> <li>2. Produce local recommendations based on Triangle of Care</li> <li>3. Agree and adjust local protocols</li> </ol>	April 2014	Service Manager BBC  Clinical CMHTs lead SEPT Carers in Beds

<p>6. We will incorporate recommendations of MIND's inquiry into acute and crisis mental health care into local services</p>	<ol style="list-style-type: none"> <li>1. Review local acute and crisis mental health care based on the report</li> <li>2. Produce recommendations</li> <li>3. Agree and Adjust service delivery</li> </ol>	<p>April 2014</p>	<p>Locality Director – SEPT</p>
<p>7. We will ensure that mental health services do not discharge patients from hospital with nowhere to go</p>	<ol style="list-style-type: none"> <li>1. Ensure that discharge planning form acute hospital fully considers housing needs and capability of ore admission environment to support individual post discharge</li> <li>2. Ensure that local rehabilitation pathway review considers housing needs</li> <li>3. Ensure local capacity is in place not to delay discharge due to housing needs</li> </ol>	<p>April 2014</p>	<p>Commissioning Officer BBC</p> <p>Head of MH and LD Commissioning BCCG</p> <p>Clinical Lead – Acute Care SEPT</p>
<p>8. We will seek innovative approaches, in cooperation with vulnerable communities' commissioners to improve access to acute and primary care for vulnerable communities</p>	<ol style="list-style-type: none"> <li>1. Work with volunteer sector to support vulnerable communities and commission specific projects if necessary</li> <li>2. Ensure that each commissioned provider of mental health services along local pathway has explicit targets about vulnerable communities</li> </ol>	<p>April 2014</p>	<p>Head of Commissioning BBC</p> <p>Head of MH and LD Commissioning BCCG Volunteer sector organisations</p>
<p>9. We will ensure that recommendations of mental needs HNA review and recommendations of Military Veterans forum are implemented by mental health services</p>	<ol style="list-style-type: none"> <li>1. MH Partnership board to Support Military Covenant wellbeing subgroup in delivery of adjustments for mental health services via separate action plan.</li> </ol>	<p>April 2013 and on-going</p>	<p>Lead of Health and Wellbeing Subgroup of Military Covenant work</p>
<p>10. We will ensure that recommendations of autism strategy in relation to mental health are incorporated with mental health pathways</p>	<ol style="list-style-type: none"> <li>1. MH Partnership board to autism partnership in delivery of adjustments for mental health services via separate action plan</li> </ol>	<p>April 2013 and on-going</p>	<p>Commissioning Officer BBC</p> <p>Head of MH and LD Commissioning BCCG</p>

<p>11. We will consider results of “organisation recovery challenge” pilot conducted Centre for Mental Health and NHS confederation to shape our mental health services.</p>	<ol style="list-style-type: none"> <li>1. Ensure “recovery perspective” of mental health pathway redesign work</li> <li>2. Produce local recommendations mapped against lessons learned from national pilot sites</li> <li>3. Deliver recommendations across the whole pathway</li> </ol>	<p>April 2014</p>	<p>Head of MH and LD commissioning BCCG</p> <p>Commissioning Officer BBC</p>
<p>12. We will review our local housing provision, map local demand and commission or decommission accordingly in order to maximise community based provision</p>	<ol style="list-style-type: none"> <li>1. Design data collection templates to map offer and demand</li> <li>2. Analyse data</li> <li>3. Produce recommendations to inform commissioning of social care, supporting people and general needs housing</li> <li>4. Shape local housing provision based on recommendations</li> </ol>	<p>June 2013</p> <p>October 2013 January 2014</p> <p>April 2014 and on-going</p>	<p>Commissioning Officer BBC</p> <p>Head of Supporting People</p> <p>Housing needs Manager</p>
<p>13. We will take into account and work on implementation of housing review recommendations from 2012</p>	<ol style="list-style-type: none"> <li>1. Support delivery of 10 recommendations from supporting people housing review by <ul style="list-style-type: none"> <li>• Establishing housing task and finish group and smart action plan</li> <li>• Linking with supporting people partnership, strategic and operational housing colleagues</li> </ul> </li> </ol>	<p>April 2013</p> <p>April 2013</p>	<p>Head of Supporting People</p>