



Agenda

Title of Meeting: Mental Health Partnership Board Meeting

Date: 10th April 2014

Time: 2pm

Venue: The Wellbeing Centre, Woburn Road

Contact: Gemma Halfpenny – 01234 276249

N o	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.	Housing		George
5.	AOB		All
6.	Date of Next Meeting: 12 th June 2014		Gemma

Minutes

Title of Meeting: Mental Health Partnership Board

Date of Meeting: 13th February 2014

Attendees:	
Anona Hoyle (AH)	Bedford Borough Council
Marek Zamborsky (MZ)	Bedford Borough Council
Simon White (SW)	Bedford Borough Council
Richard Gillard (RG)	Service User
Andrea Thasan (AT)	Apex Care Homes
Angela Strange (AS)	Bedfordshire CCG
Joyce Tucker (JT)	Physical Disabilities Partnership Board
Gill Mason (GM)	Job Centre Plus
Carys Martin (CM)	Carers in Bedfordshire
Debbie Buck (DB)	SEPT
Steve McNay (SM)	Mind BLMK
Carol Rix (CR)	Impact MH and a service user
Sharon Rogers (SR)	Carers in Bedfordshire
Sandra Pearce (SP)	POhWER
Gemma Halfpenny (GH)	Bedford Borough Council
Mei-Li Kvello (MK)	Public Health
	Actioned by
1.	Simon welcomed all to the meeting and apologies were noted from George Hunt, John Bruynseels, Ian McCreath, Alison Fisher, Emma Jaynes, Wilf Deakin and Chris Bradley-Rushe.
2.	SW apologised for the timescale in between meetings. The minutes of the 11th October 2013 were discussed and agreed. Michelle Bradley (BCCG) had provided a written update for the group on mental health pathways which was discussed.
3.	Service User News and Views: SW reminded everyone of the 'ground rules' for the partnership board meeting, everyone agreed that they would be followed and that this meeting was not an appropriate forum to discuss an individual's issues, but was a place where general information could be shared.

	<p>RG felt that the service provided by 'Impact Mental Health' should continue and was very disappointed of its closure.</p> <p>RG talked about the mental health condition Metanoia and that the condition should be treated as part of a process and not as a disease.</p> <p>"Metanoia (from the Greek μετάνοια, metanoia, changing one's mind) in the psychological theory of Carl Jung denotes a process of reforming the psyche as a form of self healing, a proposed explanation for the phenomenon of psychotic breakdown. Here, metanoia is viewed as a potentially productive process, and therefore patients' psychotic episodes are not necessarily always to be thwarted.</p> <p>In Carl Jung's psychology, metanoia indicates a spontaneous attempt of the psyche to heal itself of unbearable conflict by melting down and then being reborn in a more adaptive form. Jung believed that psychotic episodes in particular could be understood as existential crises which were sometimes attempts at self-reparation. Jung's concept of metanoia influenced R. D. Laing and the therapeutic community movement which aimed, ideally, to support people whilst they broke down and went through spontaneous healing, rather than thwarting such efforts at self-repair by strengthening their existing character defences and thereby maintaining the underlying conflict."</p> <p>SW explained that BBC had provided one-off funding in 2013/2014 for Impact Mental Health to pilot the running of a series of peer support programmes and support groups in the Bedford Borough area, but that there was no money available to extend the pilot into 2014/15.</p> <p>CR explained that she had been a service user for 12 years and had attended Impact MH's first peer support programme last year, she found the programme highly beneficial and was now employed by Impact MH. Impact is really forward thinking, speaking to likeminded people and going somewhere you are not judged is so valuable to an individual as is knowing you are not alone.</p> <p>Many people at the meeting agreed with CR and RG repeating how they had heard very positive feedback from people who had used the service.</p> <p>CM said that peer support is so important for those who struggle daily, accommodation support is also important as well.</p>	
<p>4.</p>	<p>MH Procurement BCCG & BBC:</p> <p>BBC and BCCG and working together to procure new mental health services.</p> <p>They are currently in the very early stages, of planning. The AS and MZ were unable to provide any details as they have a legal requirement to ensure equal treatment and information is available to all providers.</p> <p>The partnership board will be given the opportunity to get involved as part of the consultation process at the appropriate time.</p> <p>CM said that service users are concerned who is going to be providing MH services from April 2014. SW advised that there were no changes planned for April 2014, and that in the future if there is a change in provider that many staff will be transferred from the old organisation to the new one. The procurement process will take the best part of the year, during this period the</p>	

	<p>views from various stakeholders including local authorities, service users etc will be sought and there will be a series of consultations.</p> <p>The most important thing for individuals living in Bedford is that their needs are going to be met.</p> <p>It has been reported in the local news that Weller Wing has been found as not being fit for purpose..</p> <p>MZ explained that Mental Health services, rehabilitation services and the conditions of Weller Wing is being considered very seriously. Ideas for improvements are currently being scoped.</p>	
<p>5.</p>	<p>Mental Health Strategy: Strategic Priority 3, Point 1: Both seem fairly straightforward, AT queried why it will take two years to complete? MZ explained that this is what will be in place by this date.</p> <p>RG asked about the electronic cigarette and if there any health risks associated with them? MK confirmed that at the moment Public Health do not have enough evidence to suggest whether there are any risks or not.</p> <p>JT asked what is classified as a physical condition. DB said that people in pain i.e. Arthritis would be classed as having a physical disability.</p> <p>Strategic Priority 4, Point 3: The date on this is April 2013. However, this was the date to establish the baseline. The ambition was to look at how meaningful it was for those to have access to Personal Budgets.</p> <p>RG asked if those who receive an independent payment are entitled to change their mind, MZ confirmed that yes they are.</p> <p>BBC is trying to shift how we deal and buy care but we are doing it with people and not for people.</p> <p>Service Manager at BBC and Clinical CMHT's are working together.</p>	
<p>6.</p>	<p>AOB: RG read out an extract from Aldous Huxley's novel 'Brave New World'.</p> <p>"Today I feel no wish to demonstrate that sanity is impossible. On the contrary, though I remain no less sadly certain than in the past that sanity is a rather rare phenomenon, I am convinced that it can be achieved and would like to see more of it. For having said so in several recent books and, above all, for having compiled an anthology of what the sane have said about sanity and the means whereby it can be achieved, I have been told by an eminent academic critic that I am a sad symptom of the failure of an intellectual class in time of crisis. The implication being, I suppose, that the professor and his colleagues are hilarious symptoms of success. The benefactors of humanity deserve due honour and commemoration. Let us build a Pantheon for professors. It should be located among the ruins of one of the gutted cities of Europe or Japan, and over the entrance to the ossuary I would inscribe, in letters six or seven feet high, the simple words: SACRED TO THE MEMORY OF THE WORLD'S EDUCATORS. SI MONUMENTUM REQUIRIS CIRCUMSPICE"</p> <p>Public Health – MK is currently working on a Health Needs Assessment looking at the needs of the local population. She would like members of the partnership board to contribute toward this piece of work, she will be speaking with people, comparing with other area and producing a set of</p>	

	<p>recommendations which will feed into the JSNA. GH to circulate MK's contact details to the group.</p> <p>SP – explained that she is the new Service User Engagement Representative from POhWER as Emma Robinson has left.</p> <p>AT – Requested an advocate for one of the residents and it took 3 – 4 months for anyone to see them. MZ explained this may have been a 'glip' in the system, as POhWER and AOP were restructured. If problem continues they should contact MZ.</p> <p>Supported Housing was delayed, currently awaiting data from SEPT. This has now been delegated to DB.</p> <p>RG asked if in his will he could leave things to Carers In Bedfordshire? CM advised RG of CIB's contact details.</p> <p>JT asked that if those who have private healthcare could use these services i.e. Mind – Wellbeing Centre? She was advised that yes they can as it is only based on need and not financial. The GP would be the first port of call and would be able to advise of the services available.</p> <p>AS to send the draft model for stepped care to the board members and also the letter from Judy Baxter.</p>	GH
7.	<p>Date of Next Meeting: 10th April 2014, 2pm, The Wellbeing Centre, Bedford</p>	

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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Establish baseline for personal 	April 2013	Commissioning Officer

<p>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</p>	<p>budgets uptake</p> <ol style="list-style-type: none"> 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 	<p>April 2014 and on-going</p> <p>Continuously</p> <p>Continuously</p>	<p>BBC</p> <p>Service Manager BBC</p> <p>Clinical CMHTs lead SEPT</p>
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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 interventions – 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