



## Agenda

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

**Date:** 11<sup>th</sup> December 2014

**Time:** 2pm – 4pm

**Venue:** The Wellbeing Centre, Woburn Road

**Contact:** Gemma Halfpenny – 01234 276249

<b>N o</b>	<b>Item</b>	<b>Please tick box below if there is an attachment</b> ↓	<b>Lead Person</b>
1.	Welcome and Apologies		Simon
2.	Minutes of the Last Meeting and Matters Arising		Simon
3.	Hate Crime		Stephen Vesztrocy
4.	Pharmaceutical Needs Assessment		Sean Parrett
5.	Care Act Update		George
6.	Service User News and Views		All
7.	Crises Care Concordat Update		George/Marek
8.	AOB		All
9.	Date of Next Meeting: 12 <sup>th</sup> February 2015		Gemma

## Minutes

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

**Date of Meeting:** 16<sup>th</sup> October 2014

**Attendees:** George Hunt (BBC), Gemma Halfpenny (BBC), Joyce Tucker (Physical Disabilities Co-Chair), Lee Phanco (BBC), Richard Gillard (Service User), Debbie Buck (SEPT), Sandra Pearce (Pohwer), Mei-Li Komashie (Public Health), Randip Khangura (Public Health), David Bentley (Service User), Sandra Bentley (Carer), Steve McNay (Mind), Kirsty Sharp (CCG), Sue Wilson (Bedford Health), Anthony Frisby (APEX Care Homes) and Ayla Patton Alzheimer's Society).

**Apologies:** Wilf Deakin, Simon White, Andrea Thasan, Kaysie Conroy, Michelle Bradley, Judy Baxter, Mark Harris, Marek Zamborsky and Gill Mason.

No	Item	Actioned by
1.	George welcomed everyone to the meeting and noted apologies.	
2.	The minutes of the 14 <sup>th</sup> August 2014 were discussed and agreed.	
3.	<p><b>ADPH Report on Mental Health and Wellbeing 2014:</b> The report is now available on the Bedford Borough Council website at <a href="http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna.aspx">http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna.aspx</a></p> <p>Mei-Li explained that in the report she has looked at and made recommendations for early intervention, prevention and to identify and treat conditions early and wanted to try to get the message to the whole of Bedford Borough.</p> <p>Everyone should try to be aware of those with mental health needs i.e. friends, colleagues and family. All comments/feedback to be sent to <a href="mailto:Mei-Li.Komashie@bedford.gov.uk">Mei-Li.Komashie@bedford.gov.uk</a></p> <p>Randip advised that the Action Plan has been separated with the CCG, there are no new resources and therapy is changing all the time.</p>	
4.	<p><b>Bedford Borough Council Debt Recovery:</b> Lee Phanco advised that in Bedford Borough there are 70,000 council tax properties and 17,000 are receiving council tax support. Sometimes people fall behind with making their council tax payments and BBC try to make the process easier for them offering standing orders, direct debits etc. Once someone has fallen behind with their first payment BBC issue a reminder to them 10 – 14 days after a payment is due, lots of people decide not to pay and others genuinely are unable to afford to pay. 2,000 reminders have been issued since May 2014 and a leaflet is available from the Citizens Advice Bureau offering support.</p> <p>Richard explained to the group about the experience he has had with council tax and how it had made him unwell.</p> <p>It was agreed that the reminder letter could be worded differently for those who are vulnerable and some would find it very frightening.</p> <p>LP explained that if the situation progressed from the reminder and eventually ended up with the Magistrates Court he would then contact adult and children services first to see if the person is known to the services. Visiting officers are used before bailiffs are sent and there is a very good system in place so that extreme actions are not overused</p> <p><b>Actions:</b></p>	

	Richard to reword the reminder letter. Lee and George to discuss how to raise the flags on the system.	<b>RG</b> <b>LP/GH</b>
<b>5.</b>	<p><b>Service User News and Views:</b> SM reported that the Wellbeing Centre open day was very successful and a decent amount of money was raised. Looking to hold another one in December 2014.</p> <p>DB thanked SM for allowing him to use a room in the Wellbeing Centre once a month for his Bipolar Group. The group is beginning to grow in numbers and there are currently 20 members. The group is for carers, relatives and friends of those with Bipolar as well as those who have Bi Polar. DB advised that Pohwer and Mind have been passing details to patients about the group but medical staff have not been. Kirsty advised that she will put up some posters in the GP surgeries that she attends and Gemma will send out to the different partnership boards. DB thanked SP and explained how helpful she has been.</p> <p>SP advised that she has been promoting the Partnership Board Meeting to service users.</p> <p>AP advised that the cognitive strategy groups are resuming and are working really well.</p>	
<b>6.</b>	<p><b>Depression Services:</b> Kirsty handed out information on the service she provides (attached). She explained that she is aligned to a number of GP surgeries in Bedford and will see people for up to an hour at a time and make a plan with them.</p> <p>RG advised that Fluoridation in the water is an increasing issue in Bedford Borough.</p> <p>Sue Wilson explained that she runs a private clinic called Bedford Health where she offers hypnotherapy for moderate levels of depression, dementia and those with a low self-esteem, social anxiety and a sense of being out of control. Sue explained that the therapy does not work for everyone and it is a talking therapy. Sue also advised that she is a dementia champion and is working on the Dementia Strategy.</p> <p>JT advised that she has known people who suffer with mental health issues to go private as the waiting list on the NHS had been so long, 69 days at least to see a Counsellor.</p> <p>JT asked what support is available for people with sensory and/or visual impairment for getting in to employment – GH will look into this and feedback at the next meeting.</p> <p>Impact letter (attached). The original peer support group is still ongoing and everyone was very upset that the Impact branch that had led the innovation has now closed.</p>	<b>GH</b>
<b>7.</b>	<p><b>AOB:</b> Supported Housing in BBC (attached) – GH has discussed with BPHA and there are suggestions for flats to be built on the land with supported living (staff on site). This is in the very early stages. There would be long term support for those who want it and staff would be on site for most of the time.</p> <p>AF advised that the Complex Care Team would not help with a client who was in need with mental health needs and he had to be taken to Bedoc. DB asked AF for the details as it sounds like a service failure. GH to send out presentation on services.</p> <p>RG asked SM to check the company policy on Wi-fi use in the Wellbeing</p>	<b>AF</b> <b>GH</b>

	Centre. GH advised that the Mental Health Action Plan is currently under review.	
<b>8.</b>	<b>Date of Next Meeting:</b> 11 <sup>th</sup> December 2014.	



# Pharmaceutical Needs Assessment Consultation

Belinda Ekuban

Pharmaceutical Adviser – PNA Steering Group

# Pharmaceutical Needs Assessment(PNA)

- From 1 April 2013 the Bedford Borough Health and Wellbeing Boards became responsible for the PNAs
- The previous PNA published in 2011 by NHS Bedfordshire.
- The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require the Health and Wellbeing Board to publish its first PNA by 1 April 2015

# Principles of PNA

- Need can be defined as “the ability to benefit from an intervention.”
- To determine the pharmaceutical health needs of the population we will consider:
  - the Bedford Borough Joint Strategic Needs Assessment
  - Other needs assessments undertaken by the Bedfordshire public health team & public health data
  - local feedback from BCCG & other local NHS providers
  - Information provided through surveys conducted through pharmacy contractors & patients and the representatives organisations

# Principles of PNA

- We will consider the responses in the context of the inter-relationships between
  - demand, supply and need
  - recognising that the availability or wish to provide a service, or a demand for a service, may not necessarily indicate a need.
- Ideally need, demand, and supply should match so that demand reflects need, and that there is neither an unmet need nor a surplus of supply.



# Application of the PNA

- PNAs will be key documents for the NHS England as they will inform its decisions on applications to open new pharmacies and dispensing appliance contractor premises.
- PNAs will also inform commissioning of enhanced and additional services from pharmacies by NHS England and/or local commissioners

# Contractual framework for pharmacy

1: **Essential services** which each community pharmacy must provide includes:

- dispensing, repeat dispensing, health promotion and healthy lifestyle advice, signposting to other services, support for self-care and disposal of medicines and clinical governance.

2: **Advanced services** which can be provided if the pharmacist is accredited and have consultation area includes

- Medicine Use Reviews (MURs) and prescription intervention service and New Medicine Services

# Contractual framework for pharmacy

3: **Enhanced and Additional services** are commissioned according to identified local needs and in line with the local commissioning strategic plans e.g.

- Stop smoking schemes
- Health checks
- Influenza vaccination
- Care Home Services
- Supervised administration & needle exchange
- Sexual Health services
- Minor ailment service
- On-demand availability of specialist drugs service
- Supplementary prescribing

# Gaps in Provision

- The PNA will seek to determine the pharmaceutical health needs of the population of Bedford Borough, their priority and the services that can address these needs.
- Where gaps are identified we will consider opportunities within the current pharmacy contract to address them either through
  - essential or advanced services,
  - Or as a potential provider of an additional (or enhanced) service.

# Bedford Borough population

- In 2011 the population was **161,382** and is expected to increase to 174,700 by 2021, an increase of 9.7%
- However, the older population is forecast to increase at a much higher rate with the 65+ population rising by 24%.
- The 85+ population is forecast to increase by an even higher level of 43%.

# Bedford Borough population

- The main drivers of the rising population are increasing life expectancy, a rising birth rate and inward migration.
- There are significantly more births in Bedford Borough than deaths. A net migration gain due to more people arriving in the county than moving away is also playing an important role in the rising population.

# Inequality

In Bedford Borough average life expectancy has increased steadily in the last decade & is better than national average

- Bedford Borough
  - Average life expectancy is **79.5** years for men and **83** years for women
  - It is lower in most deprived areas by **7.4** years for men and **5.5** years for women in comparison to least deprived areas.

# Local Priorities (Bedford Borough)

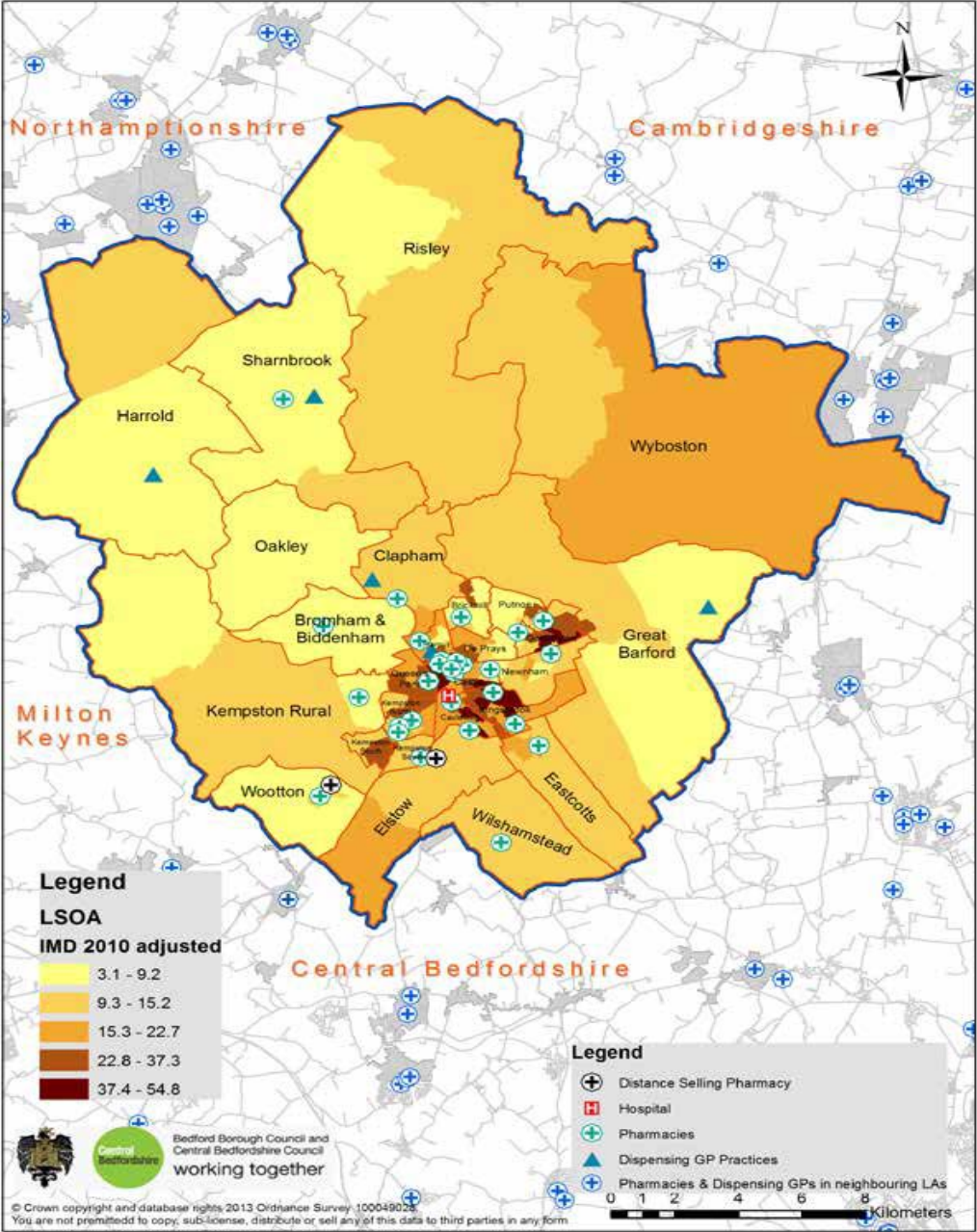
- Reducing premature mortality, by helping people to live longer and more healthy lives
- Support healthy lifestyle choices
- Helping older people to maintain a healthy, independent life for as long as possible
- Reduce excess winter deaths including increased uptake of influenza vaccination
- Maximise independence

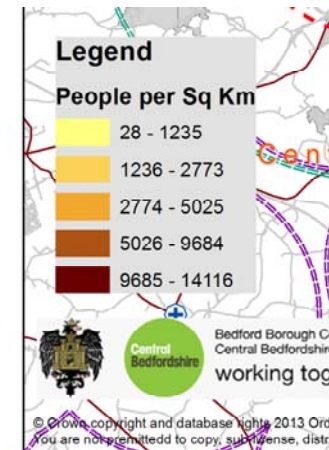
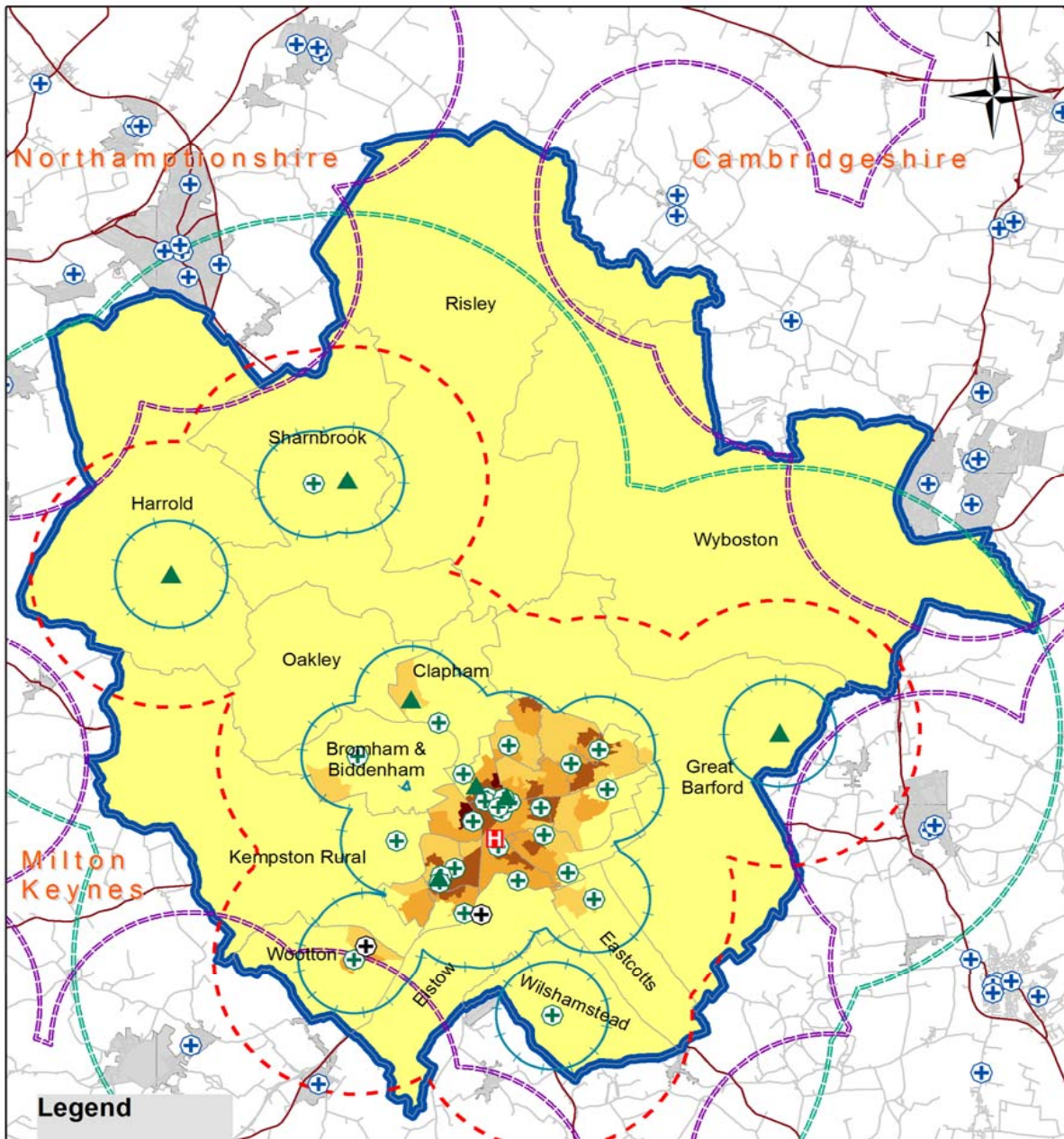


# Current Service Provision:

- In Bedford Borough there are **32** community pharmacies (increased from 29 in 2011)
- There are **24** pharmaceutical providers per **100,000** population which is higher than the England average of 22 per 100,000
- **5** pharmacies are contracted to open for 100 hours each week.
- There are **7** Dispensing Doctors offering dispensing services to patients on their dispensing lists (Up to 15% of all prescription items are supplied by dispensing practices).

# Map of pharmacy service providers





# Expectations from the PNA

- Identified Needs
- Current service provision by Community Pharmacy
- Current service provision by other providers
- Gaps in provision
- How Community Pharmacy can meet identified Gaps
- Recommendations for the way forward

# Examples the Gaps and pharmacy contribution

Needs	Gaps	How pharmacists can help
Smoking cessation  Obesity	Better access to NRT  Insufficient access	Increased number of pharmacies providing NRT voucher services.  Direct referral by pharmacists to weight management services
Long Term condition	<ul style="list-style-type: none"> <li>•Preventative care Healthchecks</li> <li>•Low uptake for NMS and MUR following hospital discharge</li> <li>•Flu vaccination</li> </ul>	<ul style="list-style-type: none"> <li>•Access to healthy lifestyle services e.g. smoking cessation, weight management</li> <li>•Monitoring and screening services for early detection of LTCs.</li> <li>•Targeted MURs with referrals from other HCP. Repeat Dispensing</li> <li>•Seasonal vaccination – improve access and choice.</li> </ul>
Older people (patient in domiciliary and care homes)	Inadequate use of a variety of medicines management support aids to support disabilities.	<ul style="list-style-type: none"> <li>•Self-care support – promoting independence and the safe administration of medicines Targeted MUR,</li> <li>•Increased clinical pharmacy support and direct access of residents to a pharmacist</li> <li>•Access to Enhanced pharmaceutical services by residents</li> </ul>

**The consultation period is  
15 of October to 15 of  
December.**

<http://www.centralbedfordshire.gov.uk/Images/Pharmaceutical-Needs-Assessment>

**We will be grateful for your  
comments.  
Thank you!**