

Minutes

Title of Meeting: Mental Health Partnership Board

Date of Meeting: 10th April 2014

Attendees: George Hunt, Debbie Birch, Richard Gillard, Sarah Bye, Gill Mason, Sharon Rogers, Wilf Deakin, Jane Hunt, Karen Ashton, Anthony Prissy, Sandra Pearce, Steve McNay and Mike Kasibo

Apologies: Simon White, Gemma Halfpenny and Chris Bradley-Rushe.

No	Item	Actioned by
1.	Matters Arising: Richard clarified that Melanoia is not a mental health condition. All noted.	
2.	Mental Health Procurement: Advertisement has been placed. Interested organisations will have to complete a pre-qualification questionnaire. These will be assessed at the end of April and a maximum of four bids selected to move to the next stage of each of the four lots. There are four more public workshops being held on the 15 th and 22 nd April. Angela distributed flyers. All board members asked to encourage people to attend.	All
3.	Service User News and Views: Richard found out that Arabica coffee has much less caffeine in it than Robusta. This is useful for people who are sensitive to caffeine but don't want to go caffeine free. Wilf asked that more attention be paid to the role of GP's and ensuring they are properly trained to understand it with respect in the early diagnosis of Dementia. Angela confirmed this is on the CCG's agenda. Angela will get an update from Lianne Bowskill to share with the board. Wilf asked for the CCG to present on this topic to the Older People's Partnership Board.	AS
4.	Several of the board members agreed with Jane that it was bad news about Impact Peer Support being unable to continue due to unavailable funding. George explained that funding had been available for one year only. George and Angela agreed to review budgets again to see if there is any possibility of maintaining the Peer Support Group. To report to next Board. Sandra and Wilf suggested Healthwatch might take up the fight for the Impact service users if they were approached. Sharon let people know that Cerys had retired. All agreed Cerys will be missed and wished her well. Sandra said that she is Emma's replacement (from Pohwer) and is enthusiastic about setting up some voice groups soon. Would also be linking into the CCG's 'Experts by Experience' groups. Debbie reported that some SEPT service users were anxious about the tendering process and how their services might change as a result. They were being reassured and Debbie noted many service users and staff had been through the process before with the transfer from BLPT to SEPT. Karen asked if SEPT could remain the service provider. George confirmed SEPT have decided themselves not to bid for the new contracts. Sarah and Gill reported that some service users were worried about changes to benefits and also in capacity to work assessments given the changes	GH/AS SP/JH SP DB

	likely to take place with ATOS. Sharon said how valuable the 'Dementia Friends' training had been for Carers in Bedfordshire staff but also for general participants.	
5.	<p>Housing: George summarised Marek's findings as he understands them. The evidence seems to support the need for a housing project that offers short term tenancies (up to two years) with support to help people develop independent living skills before moving on to a more permanent housing situation. About six 'units' would seem the right number.</p> <p>There is also a case for more long term supported housing, about ten units.</p> <p>Many members of the board were surprised that no strong case for accommodation based short term (or respite) care has been found. After discussion it was thought that a separate facility is probably not justified but perhaps short term use of another facility would be the best way forward.</p> <p>Some areas have a 'Crisis House', Milton Keynes was mentioned. George and Angela said they would look into this to see if it should be included in the service specification for the new mental health provider.</p> <p>The discussion concluded that in the mental health context housing should include:</p> <ul style="list-style-type: none"> • Floating support to people in general housing • Short term support 'developing independence' tenancies with on-site support • Longer term tenancies with on-site support • A crisis house or otherwise availability of immediate very short term support (up to a couple of weeks) that can successfully divert away from hospital admission <p>Angela asked Marek to discuss with Kaysie as she recalled the step up step down concept has already been discussed.</p>	MZ/KC
6.	<p>AOB: Richard clarified that service charges on flats can be supported by Housing Benefit but not all offices seemed to be aware. Gill will pass this on.</p> <p>Sarah advised that Richmond Fellowship were planning to eke out their funding to enable their service until June/July in the Borough.</p> <p>Wilf and Steve noted that at many public participation events, the vast majority of participants are in the older age group. More needs to be done to ensure middle-aged and younger voices are also heard.</p> <p>Jane reported that Impact will be organising an event at The Higgins.</p> <p>Anthony referred to the NHS decision not to fund continence products in nursing homes. George said his understanding was that the cost of continence products is regarded as 'included' in the fees for nursing homes. In other words nursing homes are expected to pick up the costs of continence supplies.</p> <p>Wilf noted that over the last year, many mental health partnership boards had been cancelled. Some very last minute added Richard. George apologised for this and said it was usually due to the number of apologies that had been received. All agreed the problem has been less of an issue recently and long may that continue.</p>	GH
7.	<p>Date of Next Meeting: 12th June 2014.</p>	

