



Minutes Mental Health Partnership Board Thursday 21 March 2013 Barnet House, 1255 High Road, Whetstone N20 0EJ

Attendees (listed alphabetically by first name)				
Allan Johnson (AJ) Barnet Multilingual Wellbeing Service				
Bharat Taank (BT)	Service User			
Dr Carole Solomons (CS)	Barnet Clinical Commissioning Group			
Christina Meacham (CM)	Mind in Barnet			
Elsie Lyons (EL) Co-Chair	Barnet Voice			
Iain Hird (IH)	One Housing Group			
Karina Vidler (KV)	Barnet Council and NHS NCL: Barnet			
Liz Barnes (LB)	Westminster Drug Project Recovery Centre			
Maria O'Dwyer (MO) Co-Chair	NHS Barnet Clinical Commissioning Group			
Ranil Jayasinghe (RJ)	Service User			
Rashid Mirza (RM)	Service User			
Ross O'Brien (RO)	IAPT			
Sarah Thomas (ST)	Barnet Council			
Temmy Fasegha (TF)	Barnet Council and NHS NCL: Barnet			
Tracey Kane (TK)	Barnet Council (Minutes)			
Ulla Chisholm (UC)	Carer Rep			
Wilfred Canagaretna (WC)	Director of BCIL			
Presenting				
Jim Millington (JM)	Barnet Council			
Jonathan Ashby (JA)	Barnet Bipolar Self-Management Groups			
Allan Johnson (AJ)	Multilingual Wellbeing Service			
Sophie Brown (SB)	Barnet Council			
Apologies				
Anne Ince Vize (AV)	Depression Alliance/Rethink			
Carol Baxter (CB)	The Network			
Claire Newton (CN)	Barnet Voice			

David Morris (DM)	Carer Rep
Gillian Goddard (GG)	Depression Alliance
Helen Duncan-Turnbull (HD)	Barnet Council
Jose Grayson (JG)	BCIL
Kate Beaumont (KB)	Richmond Fellowship
Kim Eng Sherwood (KES)	Service User
Dr Leon Rozewicz (LR)	Barnet, Enfield & Haringey Mental Health Trust
Maggie Goff (MG)	Barnet Council
Michelle Crouch (MC)	One Housing Group
Nazee Akbari (NA)	Barnet Refugee Service
Nerys Durston (ND)	The Network
Teresa Gilchrist (TG)	Carer Rep
Tim Clark (TC)	Barnet CAB

Item No	Description				
1	Welcome, Introductions and Apologies				
	EL welcomed all to the meeting, introductions were made and apologies noted.				
2	Workshop on Personal Budgets				
2.1	SB and JM gave a presentation on Personalisation in Mental Health (Attachment 1). JM described the steps for obtaining and using a Personal Budget and provided information on take-up by service users. It was noted that take-up by mental health service users is relatively low. SB gave examples of the different types of support that people have put in place using Personal Budgets.				
	The co-chairs thanked SB and JM for their very informative presentations.				
2.2	 Members worked in groups to discuss: What is stopping people with mental health difficulties having personal budgets and direct payments? What would help people with mental health difficulties to have personal budgets and direct payments? 				
	The key points from discussion are at Appendix 1. Members were concerned that the process for obtaining a personal budget is complex and lengthy. There was also concern over access to assessments, the need for awareness raising and training for staff, and the need for information on personal budgets and direct payments for service users.				
	ST advised that she would feed information from the workshop into the Mental Health Project Management Group, and this will inform the development of practice.				
3	Briefing on NHS 111 Service				

MOD outlined the new NHS 111 service, explaining that this:

- provides support when people need medical help fast but it's not a 999 emergency
- is available 24 hours a day, 365 days a year
- is in soft launch.
- aims to improve access local NHS healthcare services.

Action 1 Arrange for a presentation on the NHS 111 Service to the Board's next meeting and for leaflets on the service to be made available at the meeting

TF/KV

4 Discussion on local fundraising in times of austerity

JA gave a verbal presentation on his significant experience of fund raising for mental health groups. JA has helped the Barnet Bipolar Self-Management Group, which has had no other source of funding in the last five years, to raise funds to pay for meeting places, literature and refreshments.

JA has established a stall in the Spires Shopping Centre, High Barnet, to display leaflets from 30 mental health organisations. He has also created a database and issues newsletters to put people in touch with mental health organisations for help and advice.

JA invited members to contact him for advice on fundraising when needed:

Telephone: 0208 4404364 Email: <u>ashby300@hotmail.com</u>

Members thanked JA for his informative presentation providing helpful advice for fundraising.

Action 2 Contact the new Eclipse service in Barnet to explore joint initiatives.

JA

5 Planning for World Mental Health Day 2013 (Thursday 10 October 2013)

AJ reported on the approach being taken in planning for World Mental Health Day 2013 in Barnet:

- The planning group will have 10 members, as decision-making with a larger group last year proved difficult.
- The target audience for the event(s) will include young people.
- A range of organisations will be asked to input to the event.
- BME groups will be involved and, if enough funding is available, there
 will be road-show in Barnet visiting different communities and raising
 awareness of mental health.
- More funding is needed this year, so that the event can be bigger and target a wide range of audiences and groups.

Members made the following suggestions:

- To get a celebrity who has had mental health difficulties to be part of the event.
- To use all media to publicise the event widely.
- To approach the health and Well-Being Board for support for the events.

Action 3 Send any further ideas for World Mental Health Day 2013 events to AJ.

ALL

6 **Report from MHPB Review Workshop** 6.1 Notes from the MHPB Review Workshop on 14 February 2013 were reviewed and agreed as accurate. The key areas covered at the workshop were: Reward & Recognition Policy Clean Slate Review Board Membership Board Code of Conduct 6.2 KV reported that in order to support planning for the Summit, Partnership Boards have been asked to identify: their achievements over the last year their priorities and challenges questions to be discussed in workshops at the Summit There was a discussion, during which the following was agreed: MHPB achievements include: Successful World Mental Health Day 2012 events Fed into commissioning of the Eclipse Service (Mental Health peer support service) A successful Board, workshops at every meeting. Robust GP and service user representation on the Board • Implementation of new Reward and Recognition policy Good communication Priorities include: Safeguarding representation on the Board Improving Access to Psychological Therapies (IAPT) • Communication in MH Services – including making information available on services in Primary Care Improving access to Crisis Services Re-modelling of Primary Care Mental Health Services • Feeding into commissioning of services, including the Wellbeing Service Challenges included: Engagement from Mental Health Trust • How to engage with Healthwatch Barnet Effect of Welfare Reform on service users • Stopping mental health difficulties passing between generations in families Reducing paperwork Potential workshop questions: How Partnership Boards can share information to help address the effect on people with mental health difficulties.

Representation of voluntary sector on the Health and Well-Being Board

Action 4 Feed into Summit planning points on MHPB achievements, priorities and challenges, and suggestions for workshop questions.

Developing a Mental Health Commissioning Plan

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ΚV

		1				
	TF gave an update on the development of a Mental Health Commissioning Plan and advised the board that Ian Kent, the Programme Lead for mental health across Barnet, Enfield and Haringey Clinical Commissioning Groups, is coordinating the drafting of a strategy.					
	EL, CM, AJ and UC volunteered to take part in the group discussion with lan Kent on what is needed from mental health services in Barnet.					
8	Minutes of Last Meeting & Matters Arising, Actions Review					
8.1	The minutes were approved as an accurate record and the actions log was updated. There were no matters arising.					
8.2	TF reported that a working group is being set up to make information on mental health services available across primary care services and in GP surgeries.					
9	Agreement of key messages to communicate to other Partnership Boards					
	 Members agreed the following key messages: The Board has been looking at improving access to Personal Budgets and Direct Payments. The Board considers that the process is not very effective, and would like changes to be considered. The Board believes that welfare benefit reforms are having a severe effect on people with mental health difficulties and would like to work with other Partnership Boards to share information on this. The Board is planning events for Mental Health Day in October 2013, and would like early support from the Health and Well-Being Board in relation to this. The Board has received information on fundraising in the community for voluntary sector mental health services in times of austerity and is supporting an active' get up and get out' approach to this. 					
10	Any Other Business					
	The Board was pleased to accept an invitation from CM to hold its next meeting or a future meeting at the new Mind in Barnet offices.					
11	Future Agenda Items:					
	 Feeding into re-commissioning of Wellbeing Services Reshaping of Mental Health Day Opportunities 					
	Barnet Council Review of Leisure Services					
	Briefing on access and urgent care arrangements					
Next I	Next Meeting: Thursday 25 July , 2.00pm – 5.00pm Committee Room 1, Barnet House, 1255 High Road, Whetstone N20 OEJ					

Appendix 1: Key points from workshop discussion on personal budgets and direct payments

1. What is stopping people with mental health difficulties having personal budgets and direct payments?

Lack of awareness of service users and professionals of personal budgets and direct payments

- Awareness of how people can obtain personal budgets
- Staff awareness and understanding of what could be quite a complex process
- Lack of support for professionals
- Training needs for Care Co-ordinators and Mental Health Trust

Lack of access to assessments, and the need to engage in a complex process where there may be no financial gain:

- Access to assessments
- There may be a disincentive because of zero financial gain: complexity and detail of forms
- Impact on benefits versus contribution
- We are worried about any implication (especially in national figures) of personal budgets, direct payment and personalisation

Lack of support:

Care co-ordinator absence

The need for information and advice for service users:

- Advice needed prior to process starting
- Knowledge of the system
- Lack of communication
- Need to simplify information
- Not knowing who to go to
- Telephone contact
- Self-assessment forms being handed out without proper explanation
- Need good example of working with Disability Employment Advisers in Jobcentre Plus to access Right to Control: care co-ordination

2. What would help people with mental health difficulties to have personal budgets and direct payments?

Awareness raising and training for staff:

- Training to raise awareness of community psychiatric nurses and social workers
- Target Community Mental health Team / the Network
- Secondary care workers and GPs who know the system (link with Clinical Commissioning Group internet page)
- Target training/awareness raising of personal budgets to GPs/people

Simplifying the assessment process:

- Clear exclusion criteria where they apply: use of examples
- An assessment prior to establishing eligibility
- Reducing the burden of the forms

Support to service users during the assessment process and support planning:

- Individual 1:1 support and advocacy
- Advocates need to know the system and press for assessment and personal budgets
- Dedicated social worker/Care Co-ordinator accessible and who knows the system
- Working with the person to identify their needs and developing support plans that engage the person
- Help with self-assessment of needs Independent, not finance driven!
- a level playing field where resources are allocated by need rather than on how well the case is presented.

Promotion and making information available:

- Use IT/internet systems to showcase direct payments
- A nice clear leaflet 'are you eligible?'
- A guide for MH services in the borough (not necessarily specialist services) on how to access personal budget/direct payments
- Clear guide for clients/users with simple clarification of what users can claim for
- Hospital ward/discharge planning
- Agencies going into inpatient ward to promote direct payment take up
- What is the role of BCIL/Barnet Voice for Mental Health/advocacy services in promoting personal budgets?
- Provide examples good example of use of direct payment in using it to purchase Cinema Cards

Questions:

- Is it in the right place?
- Is the process fit for purpose?
- Devolve this process to a local organisation?

Mental Health Partnership Board Actions Log

Following review at Board meeting 21 March 2013

Date Agreed	Action No	Action	Responsibility	Status	Date Closed
15 January 2013	1	Look into reports that ambulance staff are allegedly being offered cash incentives to redirect people to pharmacies/GPs as a way of freeing up resources.	Maria O'Dwyer	Open	
15 January 2013	2	Report back to the board once the Step Down project has been running three months.	Jonathon Stephen	Open	
15 January 2013	3	Deliver a presentation on the Mental Health Day Opportunities service at a future Board meeting (May/June).	Kate Beaumont	Open	
08 Nov 2012	4	Before the Board's next meeting, advise members how information from the workshop on 2013/14 Mental Health Commissioning Intentions will be used.	Temmy Fasegha	Open	
11 Sept 2012	5	Remodelling of Primary Care Mental Health Teams in Barnet Use workshop discussion output to inform the piloting and implementation of the service.	Colman Pyne, Osvaldo Soetsane	Open	
11 Sept 2012	6	Work together on what is available in the voluntary sector.	Colman Pyne Yessica Alvarez Kate Beaumont	Open	
11 Sept 2012	7	Circulate the link worker role description to the Board	Osvaldo Soetsane Karina Vidler	Open	
11 Sept 2012	8	Liaise with advocacy services to enable them to perform an ambassadorial role, and share with them blank assessment documentation.	Osvaldo Soetsane	Open	
19 June 2012	9	Liaise with the Mental Health Trust to obtain name of senior manager attending MHPB meetings as soon as agenda is available.	Temmy Fasegha Karina Vidler	Open	

Closed Action	ons				
15 January 2013	1	Contact Barnet Link if interested in volunteering for 'Enter & View'.	All	Closed	21 March 2013
15 January 2013	2	Provide feedback on the Local Account by 15 February 2013 to Rodney D'Costa.	All	Closed	21 March 2013
15 January 2013	3	Provide information to the Board on NHS 111 service	Maria O'Dwyer	Closed	21 March 2013
15 January 2013	4	Circulate presentation on the Barnet Clinical Commissioning Group and the draft 'Plan on a Page'.	Tracey Kane	Closed	21 March 2013
15 January 2013	5	Organise for service users to comment on the Step Down Project interface protocol	Jonathon Stephen	Closed	21 March 2013
15 January 2013	6	Let the Partnership Board know of any individual or organisation who would like to be involved in the Information, Advice, Advocacy and Brokerage Strategy working group.	All	Closed	21 March 2013
15 January 2013	7	Provide details for the Board's next meeting of the TV advert campaign on mental health discrimination.	Tracey Kane	Closed	21 March 2013
08 Nov 2012	8	Liaise with Temmy Fasegha to make the leaflet listing organisations providing MH services in Barnet available across primary care services and on the Clinical Commissioning Group (CCG) website.	Allan Johnson	Closed	21 March 2013
08 Nov 2012	9	Speak with colleagues in the CCG and Barnet Council to establish what the investment for planning World Mental Health Day 2013 events will be.	Temmy Fasegha	Closed	21 March 2013
08 Nov 2012	10	Issue to the Board information on take-up of Direct Payments in Barnet against the national	Keith Arrowsmith- Oliver	Closed	21 March 2013

		benchmark.			
08 Nov	11	Take the Network's project on increasing	Kate Beaumont	Closed	21 March 2013
2012		employment of people with MH difficulties in	Nerys Durston		
		Barnet to the Employability Group and to the MH			
		Providers' Network to discuss how to develop			
		further.			