

**HEALTH AND WELLBEING BOARD
6 SEPTEMBER 2023
2.00 - 3.49 PM**



Present:

Councillor Megan Wright, Bracknell Forest Council (Chair)
Nicola Airey, NHS Frimley ICB (Vice-Chair)
Philip Bell, Involve
Nicholas Durman, Healthwatch Bracknell Forest
Dr Annabel Buxton, Clinical Lead (Bracknell Forest) Frimley CCG
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Susan Halliwell, Bracknell Forest Council (Chief Executive)
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)
Dave Phillips, Bracknell Forest Safeguarding Board
Grainne Siggins, Bracknell Forest Council (People)
Heema Shukla, Bracknell Forest Council (Public Health)

Apologies for absence were received from:

Sonia Johnson
Councillor Michael Karim
Melanie O'Rourke
David Radbourne

Also Present:

Ali Woodiwiss
Ben Cox
Kathryn MacDermott
Sarah Van Heerde
Peter Saunders

12. Declarations of Interest

There were no declarations of interest.

13. Urgent Items of Business

There were no urgent items of business.

14. Minutes from Previous Meeting

The minutes of the previous meeting held on 6 June 2023 were agreed as a correct record.

15. Matters Arising

There were no matters arising.

16. Public Participation

The Board considered the following question submitted by Sharon Ashmore-Mobbs regarding the SEND agenda item:

“Please can the board comment on the proposed closure of the SEND Health and Wellbeing workstream, given that the vast majority of EHCPs are being completed without directly assessing a child's occupational therapy (OT) needs? This is further compounded by the lack of inclusion of private assessment information, where available. Children undergoing EHCP assessment where OT advice is sought should be seen within the statutory six-week period - surely, the board would agree that a triage call where the OT does not even meet the child, so they cannot articulate their needs or recommend provision, is consistent with neither the wording nor the spirit of the SEND Code of Practice?”

Grainne Siggins, Executive Director: People responded to the question and commented that Bracknell Forest had a robust programme for the SEND improvement plan to address identified areas of weakness arising from the SEND inspection. The workstream was being concluded as actions on the improvement plan had largely been completed.

Ali Woodiwiss, Head of Transformation for Frimley ICB commented that the improvement work and effectiveness of current therapies would continue to be monitored through other governance structures and processes.

A triage process was used for young people which included a report outlining the next steps for each individual, up to and including a full assessment for the young person. The SEND Code of Practice outlines advice rather than assessment around therapy services.

A supplementary question was received from Sharon Ashmore-Mobbs as follows:

“What evidence of impact has the Health and Wellbeing workstream project team gathered to gain confidence that the work of this group has met its targets, and ensured there is real life change for families? Has there been endorsement of this impact by community co-production partners, such as Bracknell Parent Carer forum?”

Grainne Siggins commented that a detailed response on the evidence of impact on key items from the written statement of action had been provided in the quarterly update to NHS England. It was confirmed that these elements in the quarterly report had been signed off. The workstream also reported to the SEND improvement partnership board who agreed with the positive response in terms of impact, and the SEND improvement partnership included members of the Parent Carer forum.

Ali Woodiwiss commented that one of the key actions from the workstream was the reduction in waiting times for SEND services, which had reduced in the last 12 months from 70 weeks waiting time to under 30 weeks waiting. The business-as-usual work following the workstream's closure would continue to work to reduce waiting times, and this would be overseen through alternative governance methods. The Board considered the following question submitted by Vicky LeJeune regarding the SEND agenda item:

“Will all children be given OT assessments within the EHCP timescale and if they can not meet the deadline will they be done privately instead, rather than them being triaged / not done at all?”

Ali Woodiwiss commented that not all referrals would necessarily require a full Occupational Therapy assessment, and advice may be given in different forms. Each local authority had its own position on private assessments and Bracknell Forest would consider private assessments when an NHS assessment was not available. The Board considered the following question submitted by Emma Hester regarding the SEND agenda item:

“Does the board have an awareness that EHCPs are being finalised even if advice that is needed (agreed by all parties) is incomplete, and that completion of EHCPs is being used as a measure of progress in the SEND strategy?”

Grainne Siggins commented that oversight for the improvements on SEND statement of action is via the SEND improvement partnership board which met bi-monthly to review a comprehensive data matrix including all operational aspects of EHCP.

A supplementary question from Emma Hester was received as follows: ***“Is the DCS able to comment on whether data is being scrutinised to identify what percentage of EHCPs are finalised with outstanding advice and how this impacts the accuracy of the overall reporting of EHCP completion?”***

Grainne Siggins commented that the SEND improvement partnership board data included all aspects of EHCPs including those which were in progress, and those which had been delivered within the statutory timescale of 20 weeks and those outside this timescale. The data was used internally and with the SEND improvement partnership board’s oversight.

17. **SEND programme update**

Grainne Siggins, Executive Director: People at Bracknell Forest Council presented the SEND programme update.

The written statement of action included 113 actions which had been monitored through the programme workstreams.

A significant amount of data was being used to oversee and monitor SEND improvement, including continual monitoring of the quality of EHCPs. There had been some delay in moving forward some of the actions within the written statement of action, but work was continuing.

The SEND dataset had recently been expanded to include information which impacted on EHCP processes, including data on CAMHS waiting times and other related services.

The Local Authority had invested in the SEND infrastructure, however there had been delays in securing the right officers to fill posts. The majority of SEND posts were now filled.

A mapping process was progressing to understand families’ journeys through the EHCP process, and while this work was now progressing well, there had been delays from the original timelines in the written statement of action. The delays had been notified and agreed by NHS England and the Department for Education.

There had been significant developments on the information on EHCPs stored in the Capita system, and further work was planned.

Leadership capacity remained a risk to the programme, and the local authority was mindful of the volume of work for those in SEND leadership roles and continued to monitor this.

In response to questions, it was noted that the Parent Carer Forum were commissioned to work with the local authority to ensure their reach was as far and wide into the parent and carer community in Bracknell Forest as possible, and their membership had increased over the last 12 months.

18. **Health & Wellbeing Strategy progress update**

Heema Shukla presented an update on the Health and Wellbeing Strategy progress.

It was noted that the recommendations of the National Institute of Clinical Excellence guidance on self-harm should be monitored by the Children and Young People's Partnership which was better placed to oversee this work.

It was stressed that Board members should be actively monitoring and actioning elements of the strategy through senior management in their own organisations. Heema introduced the report on the strategy's actions, and the Board commented that it would be useful to have a dashboard for the next meeting to track each action, what outcome it's achieving, and a key contact for each item. It was hoped that this would add clarity to where wherever blockages arose, and what could be done to rectify these issues.

Heema introduced speakers to present on two key projects relating to Priorities 1 and 2

Priority 1: Improve emotional wellbeing in children and young people

Peter Saunders, Senior Psychotherapist in the CAMHS Mental Health Support Team presented on the work of mental health support teams working across Bracknell, particularly focussing on a whole-school approach to pupils' health and wellbeing. The initiative of mental health support teams had arisen from the Transforming Children and Young People's Mental Health Provision green paper, co-authored by the Department of Health and Department of Education. The aim was to bring CAMHS closer to schools and into the wider community.

The Bracknell Forest mental health support team was supporting 17 schools across Bracknell Forest, on a whole-school approach. A key element of the team's work was providing consultation space for staff to share concerns about pupils' mental health or wellbeing, and the need arising from this consultative work had been measured. Arising from the consultative work with staff, it was noted that as well as mental health and wellbeing concerns, schools had brought lots of concerns relating to autism and ADHD, social care issues and behavioural issues which were outside of the remit of the team. There had also been issues with schools not understanding the remit of the team in some instances. Peter gave an overview of some of the schools the team were working with at the moment, which included Kennel Lane and College Hall. There were concerns that the percentage of referrals from some large secondary schools was not proportionate to their size, and it was hoped that referrals from these schools would increase to make best use of the provision.

Peter explained that it had proven difficult to quantify and capture progress against the team's principles, and a self-evaluation toolkit had been developed for schools to consider their whole-school approach to wellbeing. The team were also holding a meeting in September with the mental health leads in schools to set whole-school approach goals.

A senior mental health lead forum had been established, as inspired by work in Reading. The forum would meet through the school year to share good practice of a whole-school approach, and 80% of Bracknell Forest schools had signed up to the forum.

The team were establishing mental health action groups to hear from parents, carers and pupils to collectively identify whole-school approach goals.

Peter explained that the next priorities for the team were to train staff to deliver PPEP Care evaluations, to promote the team in schools and raise awareness of their work, and to help schools to consider maximising their school environment for wellbeing.

In response to questions, the following points were noted:

- It was noted that additional funding was coming from NHS England and the Department for Education to support the work of mental health support teams, but the allocation and detail of this was not yet clear.
- Peter explained that it would be useful for the support teams to have opportunities to engage with governors and school leadership, to ensure that appropriate resources were allocated to mental health and wellbeing in schools.
- It was stressed that there were many protected populations to consider in schools, and in some instances the school would be a surrogate family to child. It was therefore critical for schools to feel welcoming to pupils, and to place greater significance on emotional needs of pupils with the help of the mental health support team.

Priority 2: Reduce eating disorders and self-harm and improve health and wellbeing of people with mental difficulties

Kathryn MacDermott, Berkshire Healthcare Foundation Trust presented a piece of work commissioned by Berkshire Healthcare Foundation Trust to map the needs of the Berkshire population against talking therapies work.

The result of the work was a GIS map of emotional health and wellbeing for adults in Berkshire, which included NHS Talking Therapies and any similar services delivered by the local authority including face-to-face and virtual services. The national trend of lower referral rates in areas with mental health practitioners and social prescribing work was found to generally be true across the Berkshire Primary Care Networks. The map included layers on the referral pathways, demographics, employment status, deprivation demographics, ethnicity and disabilities so it was possible to gather targeted data from the tool's layers.

The map tool would be used to inform BHFT service planning to maximise patient benefit, which was particularly key in addressing health inequalities.

In response to questions, the following points were noted:

- The map was hosted on a paid portal for which BHFT held a few licences, however local authorities would soon be able to submit requests for information to be provided from the map.
- The tool had already started to influence some service provision, particularly around Talking Therapies, and more would be built into the system to further maximise its capabilities.
- As a result of the map's output, the online self-referral process for Talking Therapies had been changed to make the user journey smoother, and more languages had been added to the self-referral process. It was noted that referrals into Talking Therapies generally reflected the ethnicities in each area, however there was some improvements to be made in some areas.
- Board members asked Kathryn to share the slides and update on the tool as appropriate. **(Action: Kathryn MacDermott)**

19. **Working together to deliver a resilient winter**

Nicola Airey, Ben Cox (Frimley ICB) and Sarah Van Heerde (Bracknell Forest Council) presented the work towards a resilient winter in Bracknell Forest. Health colleagues prepared for a winter surge in anticipation of demand increase, particularly due to the declining capacity and flexibility across services. The considerations and challenges of winter included workforce pressures, community resilience, conflicting and competing service demands, population health, communications, and building on good practice from COVID. The three priorities for

the ICB's Winter Framework were admission avoidance, community resilience, and discharge and flow. The priorities had been jointly agreed with other partner agencies.

The government had several initiatives to support local authorities through the winter, including the adult social care discharge fund, spend schemes within the Better Care Fund to support admission avoidance including resourcing family members in a caring capacity following discharge care and step-up beds in Heathlands. The adult social care target operating model had additional focus on hospital discharge and flow through the winter. The local authority maintained strong links with the voluntary sector who could support the priorities.

NHS initiatives included extending the mental health Safe Haven project from 4 to 7 days a week, using Frimley Healthier Together to promote paediatric wellbeing, a paediatric consultant hotline for GP's in primary care networks, a psychiatric liaison nurse, and paediatric Virtual Wards to support admission avoidance.

The primary care networks' winter plan included an additional 93 appointment available for GPs to book patients into Bracknell Urgent Care, and being able to direct patients to other services within their communities.

The Winter Plan would be monitored weekly at meetings between Bracknell Forest Place NHS staff and Bracknell Forest Council, and this meeting would monitor adult social care discharge fund bids. Relevant updates on the Winter Plan would be brought to Bracknell Forest partnership meetings as required, and updated would be regularly submitted to NHS England.

The Board thanked Nicola, Ben and Sarah for their update and for maintaining a partnership approach to winter planning across Bracknell Forest.

In response to questions, the following points were noted:

- Bracknell Forest Council were aware that the pressure on hospitals and health services was increased through the winter, and were committed to both supporting people to stay in the community for as long as possible, and supporting discharges as quickly as possible.
- The voluntary and community sector could offer support to the prevention agenda through social connection, recognising those who are struggling to stay well in community.

20. **Developing a Health & Wellbeing Board Forward Plan**

Andrew Hunter asked all Board members to consider any items they would like to schedule into the Board's forward plan for the next year, or any report which would require sign off by the Board. Any member with an item to add to the forward plan should contact the clerk, Lizzie Rich.

It was suggested that the local Health and Care Plan be presented to the Board in December 2023.

21. **Agency Updates**

Phil Bell, Involve reported that Involve had won a tender to act as lead organisation for the Frimley VCS Health Alliance, which aimed to strengthen the voluntary and community sector's voice in health-related decision making. Board members congratulated Involve, and acknowledged the great work of Involve.

CHAIRMAN