

**HEALTH AND WELLBEING BOARD
10 DECEMBER 2015
2.00 - 4.35 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Mira Haynes, Chief Officer: Older People and Long Term Conditions (Representing the Director of Adult Social Care, Health and Housing)
Jane Hogg, Frimley Health NHS Foundation Trust
Christine McInnes, Chief Officer: Learning and Achievement (Representing the Director of Children, Young People and Learning)
Lise Llewellyn, Director of Public Health
Linda Wells, Bracknell Forest Homes

In Attendance:

Vincent Paliczka, Director of Environment, Culture and Communities
Lynne Lidster, Head of Joint Commissioning
Dr Lisa McNally, Consultant in Public Health
Louise Noble, Berkshire Healthcare NHS Foundation Trust

Apologies for absence were received from:

Dr Janette Karklins, Director of Children, Young People and Learning
John Nawrockyi, Director of Adult Social Care, Health and Housing
Rachel Pearce, NHS England
Mary Purnell, Bracknell and Ascot Clinical Commissioning Group
Mark Sanders, Bracknell Forest Healthwatch
Fidelma Tinneny, Berkshire Care Association
Timothy Wheadon, Chief Executive, Bracknell Forest Council

27. Declarations of Interest

There were no declarations of interest.

28. Urgent Items of Business

It was noted that with the agreement of the Chairman an additional item 'A Year of Self Care' had been added to the agenda.

29. Minutes from Previous Meeting

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 3 September 2015 be approved as a correct record and signed by the Chairman.

30. **Matters Arising**

There were no matters arising.

31. **Public Participation**

No submissions had been received under the terms of the Health and Wellbeing Board's public participation scheme.

32. **Actions taken between meetings**

It was reported that the Children and Young People Mental Health Transformation Plan had now been approved and the Chairman thanked all those who had assisted with the Plan's development.

33. **Mental Health Street Triage Pilot for East Berkshire**

Chief Inspector Gavin Wong and Chief Inspector Dave Gilbert attended the meeting to present a report proposing the introduction of a Mental Health Street Triage Pilot in the Berkshire East area.

It was reported that under the current arrangements patients suffering from mental health disorders in public and in need of immediate care or control could, under Section 136 of the Mental Health Act, be detained by the Police and taken to a place of safety for up to 72 hours in order for a mental health assessment to be carried out. Currently the nearest designated place of safety was Prospect Park Hospital in Reading however if no space was available at the Hospital then a police cell may be used. Between 2013/14 and 2014/15 there was a 33% rise (from 265 cases to 352 cases) in the number of Section 136 detentions in Berkshire and in 2014/15 135 of the detentions occurred in the east Berkshire area. This has placed a significant strain on the service and analysis of those detained in the police custody suites across the Thames Valley Policing area has found that the average length of time that a patient waited before receiving a mental health assessment was 10 hours. A situation that could exacerbate and cause a deterioration in a patient's condition.

In order to improve the experience and outcomes of service users it was proposed that a Mental Health Street Triage Pilot be launched across east Berkshire on 1 April 2016. The pilot would involve teaming up a Police officer with a Mental Health Professional who would provide a rapid response between the hours of 5pm and 1am. Outside these times dedicated telephone support would be available. The Street Triage Team would be able to assess a patient at the scene and quickly identify an appropriate treatment route thus negating the need to spend time waiting for a mental health professional to arrive and reduce the number of patients having to be detained.

Evidence showed that in areas running a Mental Health Street Triage system were experiencing a lower number of Section 136 detentions, fewer referrals made to inappropriate places of safety and patients were experiencing much better outcomes as a result of the immediate medical attention they had received.

Arising from the Board's questions and comments the following points were noted:

- Analysis of a pilot in Cleveland had found that two thirds of those assessed by the Triage Team were not known to services at the time of the assessment and that 55% of those assessed did not have a mental health condition.

- Out of hours emergency care centres were able to access primary care records and this information sharing was expected to be expanded more widely
- The Emergency Duty Service had out of hours access to the local authority systems for the six Berkshire local authorities
- Bracknell Forest Council currently provided the out of hours Emergency Duty Service for the six Berkshire local authorities. This service had recently been reviewed in advance of a relaunch in April 2016 and care would be needed to ensure that duplication did not occur
- The Mental Health Professional in the Street Triage Team would be a new additional role and it was expected that the demand on the Emergency Duty Team would reduce as a consequence of the pilot's introduction
- It was agreed that the Chief Officer: Older People and Long Term Conditions would work with Thames Valley Police to ensure that the Emergency Duty Service and the Street Triage Pilot worked in a cohesive and complimentary fashion
- The times that the Mental Health Professional would be available on the ground had been determined by local evidence.
- Clear and measurable indicators of success would need to be identified
- A decision would be taken on whether to continue the one year pilot towards the end of 2016
- It was requested that an full update, including measures of success, on the work of the pilot be given at a future meeting

RESOLVED that;

- i. The Health and Wellbeing Board support the introduction of the Mental Health Street Triage Pilot
- ii. A full report on the work of the pilot would be brought to the Health and Wellbeing Board's meeting in December 2016

34. Bracknell Forest Local Safeguarding Children Board Annual Report

Alex Walters, Independent Chairman of the Local Safeguarding Children Board (LSCB, attended the meeting to present the Local Safeguarding Children Board's Annual Report for 2014/15.

Arising from The Board's questions and comments the following points were noted:

- The LSCB acknowledged the issues around child and adolescent mental health but had recognised the valuable work that the Health and Wellbeing Board was focusing on this and had agreed that rather than duplicate this work they would keep a watching brief on the area and focus instead on parental mental health because it was known to impact directly on children.
- The LSCB's future audit activity would be exploring the support looked after children received from mental health services.
- The number of homeless children continued to rise and the LSCB was keeping a watching brief on both the number of homeless families and children and where these families were being placed. It was noted that the Family Support Workers in schools did work with families where it was known that there was a risk however it was acknowledged that more still could be done to help these families.
- Adult Services worked closely with Children's Services where it was known that a child had carer responsibilities. However many young carers were

reluctant to identify themselves as carers or become involved in activities put on for young carers.

- When young carers were identified then additional support was put in place through the schools. The Council also commissioned the charity Kidz to carry out targeted work with young carers.
- The LSCBH had an agreed partnership protocol with the Adult Safeguarding Board, the Health and Wellbeing Board and the Community Safety Partnership. This was due for review and renewal and it was agreed that the Health and Wellbeing Board would continue to be a signatory to the protocol.
- The LSCB would be involved in any review of the Health and Wellbeing Strategy.

RESOLVED that the Health and Wellbeing Board note the Local Safeguarding Children Board Annual report 2014/15 and the key messages arising from it.

35. **Children and Young People's Mental Health Transformation Planning Update**

Louise Noble, Interim Head of the Child and Adolescent Mental Health Service (CAMHS), presented a report providing an update on the work taking place to improve the service.

In 2014/15, the number of referrals to CAMHS had continued to rise with an 5.6% increase in referrals across the East Berkshire Clinical Commissioning Group area. Data showed that 100% of the initial referrals were triaged for clinical urgency within 24 hours of a referral being made and of the 579 young people in Bracknell Forest waiting for an initial assessment the majority received a face to face assessment within twelve weeks of their being referred. In Bracknell Forest, the longest waiting lists were for those young people requiring an Autistic Spectrum Disorder (ASD) Assessment with 141 young people in Bracknell Forest waiting for longer than 12 weeks for an assessment.

Additional funding had been given to CAMHS to enable additional staff to be employed. These new members of staff had now been through the required induction and training programme and were now starting to take on their own caseloads. It was anticipated that the number of young people waiting over twelve weeks for an assessment would have reduced significantly by the end of the current financial year.

CAMHS had been working with Kooth to improve the referral process and the interface between the two services. It had now been agreed that CAMHS would refer young people directly to Kooth rather than signposting them to the service. The CAMHS waiting lists had been reviewed and all young people currently waiting for CAMHS support had been contacted and given the option of receiving additional support from Kooth whilst they waited.

Arising from Members' questions and comments the following points were noted:

- In addition to counselling, CAMHS also offered a range of additional support through workshops targeting specific concerns for example anxiety
- 60% of those being referred to CAMHS were too young to access Kooth's services and it was essential that appropriate support was available to this group
- The wider CAMHS Transformation Plan would be circulated to the Board for information

- The ADHD pathways were heavily reliant on receiving information from other agencies and delays in this information exchange was impacting on waiting times
- Differing opinions from GPs and schools over whether a referral to CAMHS was necessary did have an impact on waiting times
- It was agreed that data relating to the number of children and young people waiting for longer than six and twelve months would be included in the next update
- The cases of all those on the ASD Pathway had been reviewed to ascertain whether the pathway was this diagnostic pathway was the most appropriate way forward for the young person
- An internet search for 'Young people mental health' directed the searcher to the CAMHS web pages. This was not always the most appropriate initial pathway for many young people and it was suggested that links could be added to the web page directing young people and their families to alternative sources of advice and support for example Youthline and Kooth. It was agreed that the Public Health Team would liaise with CAMHS to take this piece of work forward.

The Board thanked Louise Noble for her update.

36. **Draft Joint Health and Wellbeing Strategy**

The Board received a report seeking approval of the joint Health and Wellbeing Strategy 2016-2020.

It was a statutory requirement for the Health and Wellbeing Board to develop and publish a joint Health and Wellbeing Strategy that identified local priorities in relation to the health and wellbeing of the local population and where relevant organisations needed to work in partnership to develop and implement plans to address these priorities.

The draft Strategy was the Board's second strategy and had a clear focus on the prevention of ill health and encouraging and supporting people to understand the actions that they could take to keep themselves fit and well. Arising from the Board's questions and comments the following points were noted:

- The final sentence in the third paragraph of the Foreword would be amended to read 'We remain focused on joining things up in order to better provide...'
- Input would be required from all partners to develop proper measurable business orientated outcomes
- The proposed performance indicators under Priority 1: Prevention of ill health and the things that cause it only focused on the elderly and needed to be expanded.
- It was agreed that a draft list of Performance Indicators would be considered by the Board at their next meeting
- It was agreed that performance management of the Strategy outcomes would be added as a standing agenda item to all future Health and Wellbeing Board meetings
- The Strategy currently made no explicit mention of the need to transform adult social care. It was agreed that this would be added to Priority 4: Workforce

RESOLVED that, subject to the comments and amendments discussed, the Health and Wellbeing Strategy 2016-2020 be approved.

37. **Forward Plan**

The Board noted the items for consideration at future meetings of the Health and Wellbeing Board. It was agreed that the following items would be added:

- Health and Wellbeing Strategy Performance Monitoring (To be a standing agenda item)
- Child and Adolescent Mental Health Service (CAMHS) Transformation Tracking
- Joint Protocol for Partnership Boards

38. **Year of Self Care**

The Board received a presentation proposing the introduction of 'A Year of Self Care.'

The Year of Self Care would build on the success of November's Self Care Week by bringing together the wide range of programmes being run by partners to improve the Health and Wellbeing of Bracknell Forest residents under a single coherent common identity. It was proposed that the Year of Self Care be launched in January 2016 with each month would be assigned a specific theme for example mental well-being, physical activity, healthy ageing and workplace health and partners would be able to focus collectively on the month's theme and promote their activities as being another step towards improving well being. Partners would be encouraged to register their initiatives centrally with the Public Health Team and brand them with the Year of Self Care Logo providing greater visibility and awareness of the self care agenda.

It was noted that work undertaken over the past 18 months towards embedding the notion of "wellness" into all the health and well-being activity that was being carried out across the borough included not only mainstream initiatives such as healthy activity but also recognised that issues such as debt, mental health, housing could also have a significant impact on wellbeing. It was also noted that a longer term ambition was the designation of Bracknell Forest as a "wellness town" or "wellness borough".

Research undertaken by The People's Lottery into wellbeing had identified four pillars of wellbeing: physical activity; healthy eating; mental health; and personal well being and it was these areas that would be focused on in the first instance. Four specific groups had been identified as being representative of the Borough and initiatives would be targeted at the following groups during the year business, education, vulnerable and elderly and resident adults

It was stressed that the proposals would bring together existing work into a single programme of events and as such would not require additional resources. It was hoped that the programme would attract a wider range of businesses and agencies into the health and wellbeing agenda a situation that might provide opportunities to generate additional resources via increased volunteering, partnership or sponsorship opportunities.

The Board agreed to support the initiative.

CHAIRMAN