

**HEALTH AND WELLBEING BOARD
3 SEPTEMBER 2015
2.00 - 4.25 PM**



Present:

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing (Chairman)
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
Jane Hogg, Frimley Health NHS Foundation Trust
Dr Janette Karklins, Director of Children, Young People & Learning, Bracknell Forest Council
Mary Purnell, Berkshire East Clinical Commissioning Group
Mark Sanders, Healthwatch
Linda Wells, Bracknell Forest Homes

Also Present:

Elaine Bousfield, Xenzone
Carol Crowe, Berkshire East Clinical Commissioning Group

In Attendance:

Mira Haynes, Chief Officer: Older People and Long Term Conditions, Bracknell Forest Council
Lynne Lidster, Head of Head of Joint Commissioning, Bracknell Forest Council
Dr Lisa McNally, Consultant in Public Health, Bracknell Forest Council

Apologies for absence were received from:

John Nawrockyi, Interim Director of Adult Social Care, Health and Housing, Bracknell Forest Council
Lise Llewellyn, Director of Public Health, Bracknell Forest Council
Timothy Wheadon, Chief Executive, Bracknell Forest Council

16. Declarations of Interest

There were no declarations of interest.

17. Urgent Items of Business

There were no urgent items of business.

18. Minutes from Previous Meeting

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 4 June 2015 be approved as a correct record and signed by the Chairman.

19. Matters Arising

There were no matters arising.

20. **Public Participation**

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

21. **Actions taken between meetings**

It was noted that no substantive actions had taken place since the Board's last meeting.

22. **Mental Health Support for Young People**

Elaine Bousfield, Managing Director of Xenzone, gave a presentation in respect of Xenzone's work to support the emotional and mental health of young people in Bracknell Forest through the introduction of Kooth an online counselling service which had been commissioned by the Bracknell and Ascot Clinical Commissioning Group and Bracknell Forest Council.

Xenzone was a national company providing online and face to face services to children and young people. Xenzone's service had been accredited by the British Association of Counselling and Psychotherapy and their counselling services were currently available in 23 different local authority and clinical commissioning group areas across the Country. Counselling was provided by a team of 28 highly skilled and experienced professionals supported by a team of associate counsellors completing a two year programme designed to provide them in-depth experience of working with children and young people. Evidence from elsewhere suggests that the provision of an online resource can help reduce waiting list for Child and Adolescent Mental Health Services (CAMHS) and reduce the number of inappropriate referrals to CAMHS. When a young person contacted Kooth they received online support within nine minutes and were provided with assessment appointments within 10 working days. Xenzone also worked with schools to develop in-reach programmes including resilience building programmes

When Counsellors identified that young person's depression was not improving or there were signs of psychosis or an active eating disorder then referrals would be made to a young person's GP or more specialist services. By providing services up to 10pm and at weekends Xenzone was able to provide an extra layer of support to those already being treated by CAMHS and who might need help from an out of hours service. Xenzone was also able to provide a blended service of online support and face to face counselling sessions and in the areas that had elected to commission this option it had been found to be a valuable preventative service.

The introduction of Kooth in Bracknell Forest, gave the Borough's young people access to an online community which offered them a range of tools to help support them including one to one access to a therapist, worksheets and articles, hosted web forums and online personal journals. Since the programme's launch in April 2015, 131 young people resident in Bracknell Forest had registered to use the online service, Kooth, with the majority needing support at the lowest of the three support levels offered. Feedback from young people signposted to Kooth by GPs was extremely positive, with the majority requiring only one or two sessions at the lowest support level, and GPs were keen to see the service developed further.

In school programmes had initially been introduced in Edgbarrow, Ranelagh and Sandhurst Schools and the Pupil Referral Unit and school staff had given positive feedback on the services offered. A small number of school governors had expressed initial reservations about the introduction of the service and Xenzone had

worked with schools to allay these fears and further tailor the service offered in schools. Initial concerns that the service would be overwhelmed by demand had been unfounded and the service would now be rolled out across all schools in the Borough.

Berkshire Healthcare NHS Foundation Trust (BHFT) had been reluctant to accept referrals to CAHMS services made by Kooth and Bracknell Forest's Public Health Team was working with Xenzone and BHFT to resolve this situation. It was agreed that intervention at a senior level would help resolve the situation and Alex Gild agreed to take up these concerns with BHFT.

Referral rates from hospitals were traditionally low (1 – 2% of referrals) and only a limited amount of time was spend promoting the service though hospitals. The complex nature of hospital coverage across the Borough was acknowledged however it was agreed that raising staff awareness of the service in key areas would be useful.

Engagement with the voluntary and community sector was still at an early stage with engagement to date primarily taking place through Youthline and young carers groups. Xenzone were keen to develop this area and it was agreed that Involve would provide support with this.

Under the current tiered system if a young person who had been treated and discharged from CAMHS went on to develop further problems then they would have to re-enter CAMHS at Tier 1 and restart the process. It has been recognised that this approach is not always helpful and Xenzone was working with partners to develop a more fluid, blended approach based on the 'Thrive' model.

The Board thanked Elaine Bousfield for her informative presentation and commended the success of the service to date. The Board expressed their full support of the service and requested that any barriers encountered be raised with the Board.

23. **Child and Adolescent Mental Health Service Transformation Plan**

Carol Crowe, Berkshire East Clinical Commissioning Group, gave an update in respect of the work taking place at a national and regional level to transform CAHMS by improving capacity and capability in the system by 2020.

NHS England has stated that it wanted to see CAHMS move away from the traditional tiered approach towards the development of an integrated whole system approach where the NHS, public health, local authority, children's services, education and voluntary and community sectors worked together to deliver a sustainable service that was built around the needs of children, young people and their families and placed an emphasis on the promotion of good mental health and wellbeing, early intervention and building resilience.

In August 2015, NHS England published 'Local Transformation Plans for Children and Young People's Mental Health and Wellbeing Service'. This guidance set out a strategic vision for improving mental health services for children and young people over the next five years and outlined a phased approach to securing locally driven sustainable transformation. The publication also provided guidance to support the development of Local Transformation Plans as well as a number of templates and self assessment forms that would need to be completed and incorporated into the Local Transformation Plan prior to its submission to NHS England.

It was reported that funding of £250million would be available nationally to transform CAHMS with funding allocated on a per capita basis. Bracknell Forest's allocation for

2015/16 would total £236,659 and it had been reported that this funding level would be the minimum funding level that would be repeated in future years.

Transformation work would be led by Clinical Commissioning Groups who would work in collaboration with commissioners, providers and young people and their families to develop and submit their Local Transformation Plans to Central Government by 16 October 2015. Berkshire East Clinical Commissioning Group had set up a Task and Finish Working Group to develop the East Berkshire Plan. This would then be signed of by the East Berkshire Children's Board.

It was agreed that Lisa McNally would sit on the Working Group. Representatives of the Director of Children, Young People and Learning and the Young Health Maker Group would be sought for the Working Group. It was suggested that Kooth be used to conduct an online survey of young people to feed into the Plan's development.

It was agreed that the Chairman of the Health and Wellbeing Board and a representative of the Director of Children, Young People and Learning would become members of the East Berkshire Children's Board.

It was stressed that Local Transformation Plans would be used to highlight and spread examples of good practice even if the service did not operate across the entire area covered by the Plan. Consequently Bracknell Forest's commissioning of Kooth could be included in the Berkshire East Plan.

The Health & Well-Being Board agreed that it expected the Transformation Plan to reflect the local needs and support. The Plan should have a clear focus on significantly reducing waiting times – with a regular monitoring and feedback to the Board. In addition, the Board expected commitment to proving support while young people were on the CAMHS waiting list (to prevent further deterioration) not just when they finally reached the end of it, and that this should be achieved through investment of some of the Transformation Funds into a 'blended' early intervention service using internet and face to face support on top of what was already provided.

Local Provision of CAMHS

It was reported that following the identification of additional funding the size of the Berkshire Adolescent Unit had been increased from seven to nine beds and that ten new members of staff had been recruited to CAHMS.

The CAMHS waiting list had remained stable with approximately 3,000 young people across Berkshire waiting for treatment; of these approximately 400 young people were resident in Bracknell Forest. Waiting list numbers had remained stable and the trajectories were currently showing reducing rates and it was expected that by March 2016 waiting times would be under 12 weeks.

It was acknowledged that the quickest way to reduce the waiting list was to ensure that initial referrals were correctly made and that alternative services were in place so that those who did not reach treatment thresholds received help early enough that a problem did not escalate. It was questioned whether it would be possible for Kooth to identify and work with those young people on the CAMHS waiting list who do not meet the common point of entry thresholds for CAMHS. This would result in those needing lower level interventions receiving them more quickly and reduce the waiting lists for those who need more intensive interventions. It was suggested that this approach could be incorporated into the Berkshire East Transformation Plan.

It was clarified that whilst CAMHS staff had undergone training in the NHS's Improving Access to Psychological Therapies (IAPT) programme to enable them to provide additional support to those suffering from depression and anxiety disorders. There was currently no children's equivalent to the Adults IAPT Programme. If the Borough wished to provide this service to its young people then this could be provided through Kooth's blended service.

The Board thanked Carol Crowe for her update.

24. Joint Working Arrangements: NHS and Local Authority

The Board considered a report providing an overview of the key areas of joint working between the Local Authority and the NHS.

It was acknowledged that the two organisations were good at ensuring that services were joined up from a strategic perspective however the challenge was to ensure that where organisations were working together to deliver services processes were working properly so that the service provided appeared to be joined up from a service user's perspective. It was proposed that a jointly delivered service be evaluated to ascertain whether this was this and a framework had been developed to enable this to be done in a structured way. It was suggested that Healthwatch Bracknell Forest and Involve could provide input in terms of the users' perspective.

It was acknowledged that the list of joint working arrangements was not exhaustive and that partners would be expected to assess areas of joint working that they were involved with.

The Board was informed that the principles set out by the Care Act enabled the development of an integrated care packages where patients could use the funding provided in alternative ways. A situation which should result in sufficient flexibility to enable services to become more joined up.

The Board agreed that the development of a common set of principles for assessing how 'joined up' services are from a end user perspective would be a useful tool and that the proposed assessment framework would provide the means to do this work.

RESOLVED that:

- i. The key areas of joint working in Bracknell Forest between the Local Authority and the NHS be noted
- ii. The proposed approach to future evaluation of the effectiveness of joined up working between the Council and NHS be agreed
- iii. The Child and Adolescent Mental Health Services would be evaluated using the framework proposed at Appendix B of the Director of Adult Social Care, Health and Housing's report.

25. Healthwatch Bracknell Forest Annual Report

The Board received the Healthwatch Bracknell Forest Annual Report for 2014/15.

The Annual Report was the second produced by Healthwatch Bracknell Forest and included an overview of the organisation's remit, details of the work that had taken place during the year and plans for the 2015/16.

Work was taking place to identify an appropriate group to represent the views of older people on the Healthwatch's Board. Initial contact had been made with a number of

charities working with older people and it was hoped that a representative from a local group would be identified in the near future.

The Board's attention was drawn to the statement that 202 individuals had been provided with signposting, advice and guidance during 2014/15. It was acknowledged that Healthwatch organisations in other areas were quoting much higher figures for the number of people assisted. This discrepancy was attributed to the fact that other areas were reporting the total number of contacts made rather than the number of individuals helped. When the number of contacts was counted the number of people helped by Healthwatch Bracknell Forest rose to over 6,200. An addendum would be added to the report to reflect this. It was suggested that future reports include information relating to where those contacting Healthwatch lived to help target services more effectively.

Healthwatch Bracknell Forest currently sat on the Borough Council's Health Overview and Scrutiny Panel and work was taking place to develop this relationship into other aspects of the Council's Scrutiny function.

The Board commended the clarity of the report.

RESOLVED that the contents of the Healthwatch Bracknell Forest Annual Report be noted.

26. **Forward Plan**

The Board noted the items on the Forward Plan.

CHAIRMAN