

AGENDA

Meeting: WILTSHIRE HEALTH AND WELLBEING BOARD
Place: Jenner House, AWP Headquarters, Langley Park, Chippenham,
Wiltshire SN15 1GG
Date: Thursday 22 May 2014
Time: 3.00 pm

Please direct any enquiries on this Agenda to Sharon Smith, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718378 or email SharonL.Smith@wiltshire.gov.uk

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Voting:

Cllr Jane Scott – (Leader of the Council) - **Chairman**
Dr Stephen Rowlands – (CCG Chairman)
Dr Simon Burrell (CCG – Chair of NEW Group)
Dr Toby Davies (CCG – Chair of SARUM Group)
Debra Elliott (NHS England)
Christine Graves (Healthwatch)
Cllr Keith Humphries (Cabinet Member Public Health, Protection Services, Adult Care and Housing)
Angus Macpherson (Police & Crime Commissioner)
Cllr Laura Mayes (Cabinet Member for Childrens Services)
Cllr Ian Thorn (Opposition Group representative)
Dr Helen Osborn (CCG – Chair of WWYKD Group)

Non-Voting:

Dr Gareth Bryant (Wessex Local Medical Committee)

Patrick Geenty (Wiltshire Police Chief Constable)

Carolyn Godfrey (Wiltshire Council Corporate Director with statutory responsibility for Children's Services)

Chief Executive or Chairman representative Salisbury Hospital FT (Peter Hill)

Maggie Rae (Wiltshire Council Corporate Director with statutory responsibility for Adult and Public Health Services)

Cllr Sheila Parker (Portfolio Holder for Adult Care and Public Health)

Chief Executive or Chairman representative Bath RUH (James Scott)

Deborah Fielding or Simon Truelove (Chief Officer or Chief Finance Officer)

Iain Tully or Julie Hankin (Avon and Wiltshire Mental Health Partnership (AWP))

Chief Executive or Chairman representative Great Western Hospital (Nerissa Vaughan)

Ken Wenman (South West Ambulance Service Trust)

AGENDA

1 **Confirmation of Membership and re-appointment of Chairman**

The membership of the Health and Wellbeing Board was ratified at Full Council at its meeting held on 13 May 2014. In agreeing the membership it was resolved that the Leader of the Council be re-appointed as Chairman of the Board.

2 **Election of Vice-Chairman**

To seek the Board's approval to re-appoint Dr Stephen Rowlands (Chairman of Wiltshire CCG) as the Vice Chairman of the Health & Wellbeing Board for the ensuing year.

3 **Chairman's Welcome, Introduction and Announcements***(Pages 1 - 6)*

The Chairman will welcome attendees to the meeting and provide any announcements to include:

- Winterbourne View Action Plan update
- Mental Health Strategy
- Thank you from Jane Ellison MP

4 **Apologies for Absence**

5 **Minutes***(Pages 7 - 16)*

To approve and sign the minutes of the meeting held on 20 March 2014.

6 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

7 **Welcome and Updates from Avon & Wiltshire Mental Health Partnership (AWP)***(Pages 17 - 22)*

The Chairman of AWP, Antony Gallagher, will welcome the Board to the AWP Headquarters before introducing Dr Julia Hankin, Clinical Director AWP, who will provide an update on mental health services.

8 **Parity of Esteem Programme and Specialist Commissioning for Mental Health***(Pages 23 - 28)*

Debra Elliott, on behalf of NHS England, will provide an update on work undertaken to deliver 'parity of esteem' between mental and physical health and on specialist commissioning for mental health.

Colonel Smith will also be in attendance and will provide an update on mental health and the impact of the army rebasing programme following discussions at the Military Civilian Integration Partnership.

9 **Wiltshire Dementia Strategy update**(Pages 29 - 34)

James Cawley, Associate Director Wiltshire Council, and Dr Ted Wilson, Manager CCG NEW, will present a report on the draft Wiltshire Dementia Strategy 2014-2021 consultation (which ends on 19 May) and provide further details of the dementia friendly communities campaign 'Before I Forget'.

10 **Children's Mental Health**(Pages 35 - 42)

Julia Cramp, Associate Director Wiltshire Council/CCG, will present an update on the development of the Children's Emotional Health and Wellbeing Strategy and the Child and Adolescent Mental Health Service in Wiltshire.

11 **Wiltshire Police and Crime Commissioner: Mental Health**(Pages 43 - 50)

Angus Macpherson, Police and Crime Commissioner for Wiltshire, will provide an update on the development of a mental health crisis care concordat, the pilot of psychiatric nurses in custody suites and the detention of people with mental health needs under s136 of the Mental Health Act.

12 **Healthwatch Wiltshire - Annual Report**(Pages 51 - 58)

Emma Cooper, Chief Executive Healthwatch Wiltshire, will present the draft Healthwatch Wiltshire annual report for the Board's consideration.

13 **Better Care Plan update**

James Roach, Integration Director Wiltshire Council/CCG, will provide an update on the implementation of the Better Care Plan.

14 **Urgent Items**

15 **Date of Next Meeting**

The next meeting of the Board will take place at 3pm on Thursday 31 July 2014 at County Hall, Trowbridge.

Chairman's Announcement

WINTERBOURNE VIEW ACTION PLAN UPDATE

In response to recommendations arising from the Department of Health (DoH) report 'Transforming Care: a National Response to Winterbourne View Hospital' a joint NHS and Local Authority action plan was developed.

Updates on progress made against the Plan have been presented to the Board on several occasions most recently in November 2013 where the Board noted the positive steps being made. The attached announcement provides a further update to ensure the Board are kept informed of developments.

Update

In December 2013 an experienced social worker practitioner from the Learning Disabilities team was successfully seconded on a two year term to the position of Project Worker to coordinate work on the Action Plan. Further project support has also been provided by the Programme Management Office to assist in the progression of the Plan which includes:

- Developing a new case management protocol for people with complex needs.
- Updating the roles and responsibilities of care managers.
- Developing a Quality Assurance Process in line with the new "Ensuring quality services" national guidance.
- A staff training needs analysis.

All in-patient placements supported by Wiltshire at Winterbourne View were reviewed and appropriate placements found within the Wiltshire community with the exception of 2 residents. In recognising the importance that the right placements are procured to meet the needs of the individuals themselves, these are currently placed outside of the County. There are plans for both these people to move locally in the next few months but care is being taken to provide the right care and to plan the move in a way that supports them make this big change in their lives.

A national Improving Lives Review team has been tasked with monitoring and supporting progress in this area and are currently in the process of reviewing all Wiltshire patients previously resident at Winterbourne View. It is understood that the first reviews will be reported back to commissioners over the next few weeks and the Board will be updated accordingly.

A wide range of related work to further develop learning disability services within Wiltshire is also being undertaken. This has included a review of the range of care provided for people with learning disabilities which will be used to inform future commissioning intentions. Consultation is underway and a report will be submitted to the Joint Commissioning Board for consideration in August 2014. This will also recommend future actions to address those gaps in services which are a priority.

Dugald Millar
Interim Head of Specialist Commissioning
22nd April 2014

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Chairman's Announcement

MENTAL HEALTH STRATEGY

To realise its vision of stronger communities in which everyone is able to achieve their potential, Wiltshire Council is working with the Clinical Commissioning Group to produce a five year joint mental health and wellbeing strategy. The aim is to support all those who live and work in Wiltshire to achieve and sustain good mental health and wellbeing. The Council and CCG are committed to joint commissioning for mental health. This will be a new way of working, enabling a more co-ordinated, efficient and therefore responsive and cost-effective service that allows for enhancing quality of life for all.

In line with Wiltshire Council's Business Plan, our Joint Health and Wellbeing Strategy 2014-2015, and Wiltshire CCG's Five Year Plan 2014-2019, we will design and deliver a mental health and wellbeing strategy for the period 2014-2021 to ensure that people in the county are supported to live healthily and independently, are listened to, involved and kept safe from harm.

Work is being undertaken to include key messages from international and national organisations such as the World Health Organisation, Department of Health, Royal Colleges, national reports including those from national mental health charities and our own strategic direction over the next five years. Stakeholder meetings are beginning to take place with the wide variety of local professionals and partners who work within the field mental health, and with our service users via the Wiltshire Service User Network (WSUN), as well as an initial discussion with Wiltshire's Health Select Committee.

The strategy is currently being developed and once finalised will be sent out for public consultation and for approval through the CCG and Council governance procedures. As such, today's meeting comes at an important time and will actively inform work on the strategy over the coming weeks.

Frances Chinemana
Associate Director, Public Health

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Chairman's Announcement

Thank you from Jane Ellison MP, Public Health Minister

The Public Health Minister, Jane Ellison MP, has written to chairs of Health and Wellbeing Boards to thank them for 'all the hard work to improve your local population's health in creative and innovative ways'.

The letter also highlights national work underway to tackle tuberculosis, female genital mutilation, brain tumours, cancer and physical inactivity. Local partners will have an important part to play in ensuring these are successful.

The minister believes that although national action plays an important part, giving local authorities the mandate and money to design and deliver public health initiatives locally is the right approach. Strong local relationships will ensure that these initiatives tackle local health inequalities and deliver real outcomes.

The text of the full letter is available online with the agenda papers at:

<http://cms.wiltshire.gov.uk/ieListDocuments.aspx?CId=1163&MId=8116&Ver=4>

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WILTSHIRE HEALTH AND WELLBEING BOARD

MINUTES OF THE WILTSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 20 MARCH 2014 AT KENNET ROOM, WILTSHIRE COUNCIL, COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Jane Scott (Chairman and Leader of the Council), Dr Stephen Rowlands (Vice Chairman and Chairman of CCG), Chief Executive, Bath RUH (James Scott), Dr Gareth Bryant (Wessex Local Medical Association), Dr Simon Burrell (CCG Chair of NEW Group), Dr Toby Davies (CCG Chair of SARUM Group), Debra Elliott (NHS England), Patrick Geenty (Wiltshire Police Chief Constable), Carolyn Godfrey (Corporate Director Wiltshire Council), Christine Graves (Healthwatch Wiltshire), Julie Hankin (Avon & Wiltshire Mental Health Partnership), Angus Macpherson (Police & Crime Commissioner), Cllr Laura Mayes (Cabinet Member for Childrens Services), Dr Helen Osborn (CCG Chair of WWYKD Group), Cllr Sheila Parker (Portfolio Holder for Adult Care and Public Health), Maggie Rae (Corporate Director Wiltshire Council), Cllr Ian Thorn (Opposition Group representative) and Deborah Fielding (Chief Officer CCG)

Also Present:

Laurie Bell (Associate Director Wiltshire Council), Amy Bird (Consultant in Public Health), David Bowater (Senior Corporate Support Officer Wiltshire Council), James Cawley (Associate Director Wiltshire Council), Julia Cramp (Associate Director Wiltshire Council/CCG), Kevin Mcnamara (Head of Strategy Great Western Hospital), Robin Townsend (Associate Director Wiltshire Council), Paul Tarplett (Office for Public Management), Garreth Saunders (South Western Ambulance Service Trust) and Cliff Turner (Independent Chair of Wiltshire Safeguarding Childrens Board)

15 Chairman's Welcome, Introduction and Announcements

The Chairman welcomed all to the meeting and gave the following announcements.

Next meeting of the Board

The next meeting of the Board, to be held on 22 May, would now take place at the Headquarters of Avon & Wiltshire Mental Health Partnership (AWP) noting that the meeting would be themed around mental health.

End of Life Care

The Board resolved at its meeting in November that the CCG working group, who were undertaking an exercise to help develop a strategy on end of life care, would provide a report in March 2014.

The Group were still undertaking work to develop the report and therefore this would now be brought back to the Board for consideration at a later date.

16 **Apologies for Absence**

Apologies were received as follows:

Cllr Keith Humphries (Cabinet member for Public Health, Protection, Adult Care and Housing)

Nerissa Vaughan (Great Western Hospital)

Ken Wenman (South West Ambulance Service Trust)

17 **Minutes**

The minutes of the meeting held on 16 January and extraordinary meeting held on 6 February were signed and approved as a correct record with the following amendment:

The attendance details for the meeting held on 16 January be amended to reflect that the Chief Executive of Bath RUH (James Scott) was in attendance.

18 **Declarations of Interest**

No declarations of interest were received.

19 **Better Care Plan**

The Chairman reminded attendees that a draft Plan had now been presented to NHS England following consideration by the Board at its extraordinary meeting held on 6 February. Thanks were given to those who attended for their contributions.

The Chairman and Vice Chairman were keen to highlight the importance of the document and this was captured within the introduction of the vision document accompanying the Plan.

Although the template provided by NHS England for completion and return was strict in its requirements with a clear focus on adult social care, the vision document accompanying the Plan would continue to be expanded over time to incorporate the care of all as part of ongoing care arrangements.

The Vice Chairman confirmed that the document fitted well with the 5 year strategic and 2 year operation plans of the CCG, details of which would be discussed later in the meeting under Item 6. In recognised the importance of integration to ensure delivery of all, clarification was given that James Roach had now been appointed as the Integration Manager for Health and Social Care and would be commencing his new role shortly. James had hoped to attend but was unable to do so due to previous commitments.

Paul Tarplett from the Office for Public Management (OPM) was also welcomed to the meeting. Paul had been undertaking a piece of work on the system leadership provided by the Board. Details of his initial findings would be circulated to Board members following the meeting. This would include that behavioural change and development of strong relationships would be required to ensure effective delivery of the Better Care Plan.

Debra Elliott, NHS England, confirmed that the Plan had been well received by NHS England who welcomed the people centred approach and recognised the desire for a joint approach between the CCG and local authority.

Health and Wellbeing Boards would be contacted the week commencing 21 April and made aware of whether further work on the Plan was required or whether the plan as submitted had been signed off by the Minister. It was hoped that the positive response received on the draft Plan submitted by the Board would indicate that it would fall within the latter of the two options.

It was suggested that a standing item appear on future agendas to allow for a short update on measures in addition to a yearly and six monthly report on progress. The Board were in full agreement with this suggestion and future agendas would be amended accordingly.

The report as submitted was welcomed and the proposals within accepted, noting the addition of a standing update to the Board at each meeting.

Resolved:

- **To approve the proposed governance arrangements set out in paragraphs 4 to 7 of the report and that a standing update would be provided at each future meeting;**
- **To approve the proposed programme management and support arrangements set out in paragraphs 8 to 15 of the report;**
- **To approve the outline scope of each work programme as set out in paragraph 16 of the report;**
- **To note the ongoing work as set out in paragraphs 17 to 25 of the report; and**
- **To delegate authority to the Chairman and Vice Chairman to agree any changes to the plan as a result of feedback to be received from NHS England and/or the Local Government Association (LGA)**

20 CCG 5 Year Strategic and 2 Year Operational Plan

Deborah Fielding, CCG, presented the report informing the Board of the draft CCG 5 year Strategic and 2 year Operation Plan, an initial draft of which had been submitted to NHS England for consideration.

In presenting the report Deborah Fielding asked that the Board be mindful that details of the Plans had previously been presented and that the next part of the process would be further engagement with stakeholders. This was include communication through Wiltshire Council area boards on how all partners were working together to deliver both this, the Better Care Plan and their connection with the Health and Wellbeing Strategy.

The Associate Director for Communications would work with the Chairman and Vice Chairman of the Board to develop an appropriate engagement plan with the area boards, details of which would be circulated to members in due course.

Resolved:

The Board endorsed the draft 5 year Strategic/2 year Operational Plan and agreed to delegate responsibility for any further changes to be signed off by the Chairman of the Board, noting that final submission of the 5 year Strategic Plan must be made by 20 June 2014.

21 5 Year Commissioning Plan for Specialised Services

Debra Elliott, NHS England, presented the report on the NHS England five year commissioning plan for specialised services.

In presenting the report confirmation was given that the strategy was being developed following a period of significant change in the structures of specialised commissioning arrangements, noting that from April 2013 NHS England became the sole direct commissioner of specialised services.

The report highlighted that the cost of NHS specialised health services was approximately £12 billion per year which equated to approximately 10% of the total annual NHS budget and detailed where NHS England was in relation to the development of the plan and consultation undertaken. This included a well attended event held in Chippenham on 13 February as well as engagement with Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs).

The development of the strategy was to be separated into two parts:

- A mission statement (detailing the director of travel for the strategy for 2014/15-2018/19; and
- Service level planning (detailing priorities for individual services).

The new interim Chief Executive of NHS England, Simon Stevens, was likely to have a specific view on specialised commissioning and was expected to want to review any work undertaken before release in June 2014.

Concerns were expressed over the potential evolution of specialised services away from Wiltshire, noting that many services were already outside of the county. The Board were also mindful of some transport issues to and from some specialised centres and the potential impact this had on the health and wellbeing of patients and were of the view that the development of a hub and spoke model would be desirable.

It was understood that concerns had also been raised by the Wiltshire Overview and Scrutiny Committee (OSC) and Public Health. Discussions had taken place with the Director of Public Health England and also with the Director of Specialised Services. The Board were informed that further local discussion (including with OSCs and CCGs) was to take place to ensure there was a clear understanding of the national programme and to allow for any concerns to be discussed.

The question of how outcomes would be monitored for the new system against those of the old was raised. Although there was confidence that good outcomes would be delivered there was still concern relating to the services that could be catered for within the existing acute hospitals and how they would continue to serve the local population.

Noting that further discussion were to take place, commissioning plans for specialised services would remain as an item for discussion at a future meeting of the Board.

The Chairman of the Health Select Committee, in attendance, confirmed that these concerns were indeed shared by the OSC and welcomed the opportunity to work with the Board in providing a joint response to NHS England on the subject. An important immediate priority was vascular services.

The Chairman reminded the Board that a significant number of armed forces personnel were due to rebase to the UK from Germany and there would be the need to ensure any required health services were available to support their needs upon return.

It was understood that funding had been ring fenced for the rebasing of personnel and that this included funding to local authorities to ensure health and educational needs were appropriately met. Discussion took place on whether the funding to be allocated would meet the need.

Debra Elliott noted the concerns raised by the Board and would ensure that these were relayed to the appropriate officers at NHS England.

The Chairman thanked all for the comments received and it was agreed that a letter from the Board on behalf of all partners would be sent to NHS England expressing the concerns raised.

Resolved:

The Board

- **Noted the update provided;**
- **Agreed to receive a further update from NHS England on progress made in producing the Strategy; and**
- **Agreed that a response to the emerging strategy would be sent by the Chairman on behalf of all partners of the Board to NHS England expressing the concerns raised.**

22 **Children's Health**

Carolyn Godfrey, Corporate Director Wiltshire Council, provided an update in relation to children's community health services in Wiltshire.

Children's Community Health Services in Wiltshire

In presenting the first of two reports clarification was made that services were currently delivered by five separate organisations. The CCG and Wiltshire Council had agreed at a recent Governing Body meeting of the CCG that a joint project would be undertaken to re-commission services in an attempt to bring all under a single contract/provider.

The resulting contract/provider would need to ensure support across the whole county was provided, was easily accessible and provided a clear pathway designed for the user noting that currently there was a wide spectrum of services within a wide structure.

A project steering group had been established to oversee the re-commissioning exercise chaired by the Director of Children's Services and with senior representation from CCG and NHS England. A Project Manager would also be brought in to work 3 days per week on the project.

Discussions were already underway with providers and neighbouring commissioners to ensure that the resulting service model worked in harmony with the county's neighbours, noting that the resulting provider was likely to provide services to neighbouring authorities.

Transfer of Commissioning Responsibilities for Public Health for 0-5 year olds (Health Visiting)

Amy Bird, Consultant in Public Health, presented a report on the transfer of Health Visiting from NHS England to Wiltshire Council. This included that

following the demise of the PCT commissioning arrangements had passed to NHS England noting that these, together with school nursing, were to transfer to the local authority at a later date. This would take effect from 1 October 2015.

Thanks were provided to Debra Elliott and her team at NHS England for their work and support during this period, noting that there had been a positive increase in the number of Health Visitors under its leadership. The work undertaken by the team was recognised by the Board who acknowledged that early intervention resulted in reduced problems later in life.

The Chairman thanked the presenters for the information provided.

Resolved:

The Board noted the updates provided.

23 Safeguarding Children's Board - Annual Report

Cliff Turner, Independent Chairman of the Childrens' Safeguarding Board, presented the Safeguarding Board's annual report for 2012/13.

In presenting the report, which included details on the background of the Board, clarification was given that Cliff Turner had been appointed to his role, following an OfSTED inspector in the summer of 2012 which had found that the Board had failed in its primary objective.

In the winter of 2012/13 a review of the Board was undertaken, including with its membership and the number of sub groups operating within it.

A wider peer review of childrens services was undertaken in January 2013 where positive comments had been received on the work undertaken by the Board. OFSTED returned in July 2013, questioned the changes brought about since the peer review and were satisfied that governance arrangements were now appropriate.

A further review was undertaken in December 2013 to look specifically at the work of the Board itself. The outcome of the review resulted in a number of action points to be taken forward but the work of the Board was complimented. Further details could be found within the annual report provided, together with the accompanying Business Plan which outlined work undertaken since.

The Cabinet member for Childrens Services was pleased to confirm that the improvement notice given following the OFSTED inspection had been lifted in early March. However, the authority would always look to improvement on the service it provided.

The Chairman thanked Cliff Turner for the update.

Resolved:

The Board noted the report and ongoing work of the Safeguarding Board.

24 **Transfer of Police Custody Healthcare and Sexual Assault Referral Centre (SARC) Provision**

Angus Macpherson, Police and Crime Commissioner, presented a report on the transfer of some health commissioning responsibilities to NHS England from April 2015.

In noting that there were often links between mental health and those in police custody discussion took place relating to Section 136 of the Mental Health Act specifically relating to young people. Work was underway with the Avon and Wiltshire Mental Health Partnership (AWP) and the way in which young people are now dealt with has shown improvement.

Noting that the next meeting of the HWB was to be focused primarily on mental health, the Commissioner welcomed the opportunity to present further papers at that meeting which were likely to include details on mental health issues relating to domestic abuse and violence.

The Chief Constable reiterated his concern over the proportion of offenders with mental health problems, of all ages, and would welcome the opportunity to explore this further with the Board. A report on the subject would be submitted to the next meeting of the Board in May.

The Chairman thanked the Commissioner and Chief Constable for the information provided and confirmed that a report on S136 would be added to the next agenda.

Resolved:

The Board would receive a report from Wiltshire Police on S136 at the next meeting in May 2014.

25 **Urgent Items**

There were no urgent items considered.

26 **Date of Next Meeting**

The next meeting of the Board would take place at 3pm on Thursday 22 May at Jenner House, AWP Headquarters, Langley Park, Chippenham, Wiltshire.

(Duration of meeting: 3.00 - 4.20 pm)

The Officer who has produced these minutes is Sharon Smith, of Democratic & Members' Services, direct line 01225 718378, e-mail SharonL.Smith@wiltshire.gov.uk

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Wiltshire Council

Health and Wellbeing Board

22 May 2014

**Provision of Mental Health Services in Wiltshire by Avon and Wiltshire
Mental Health Partnership NHS Trust**

Executive Summary

This paper sets out information about the provision of secondary and primary mental health services in Wiltshire as commissioned from Avon and Wiltshire Mental Health Partnership NHS Trust. It describes the changes in locality structures over the last year, the current national policy context, key improvements over the last year and the proposed improvements for 14/15.

Proposal(s)

It is recommended that the Board notes the paper.

Reason for Proposal

To update the board on the current position with regard to the provision of mental health services for adults and older adults.

Dr Julie Hankin
Clinical Director – Wiltshire
Avon and Wiltshire Mental Health Partnership NHS Trust

**Provision of Mental Health Services in Wiltshire by Avon and Wiltshire
Mental Health Partnership NHS Trust**

Purpose of Report

1. To update the board on the current position with regard to the provision of mental health services for adults and older adults by setting out information about the provision of secondary and primary mental health services in Wiltshire as commissioned from Avon and Wiltshire Mental Health Partnership NHS Trust. It describes the changes in locality structures over the last year, the current national policy context, key improvements over the last year and the proposed improvements for 14/15.

Background

2. Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a significant provider of mental health services across the South West of England (income was £195,364 million in 2013/14). We deliver a wide range of locally focussed mental health services across Bristol, North Somerset, South Gloucestershire, Bath & North East Somerset (B&NES), Wiltshire and Swindon, as well as specialist services across the South West. We currently deliver care from over 90 community and inpatient sites – including those delivered in partnership with external organisations. Our services cover acute, recovery, liaison and dementia services, as well as secure criminal justice and a wide range of highly specialist mental health services.
3. The Wiltshire locality provides adult and older adult mental health services to a population of 471,000 (census 2011). It is a rural area with traditional market towns and mainly low morbidity. It has a lower population density than the South West overall with the highest growth rate of the rural authorities in the South West. Wiltshire has a higher than average population under 18 and over retirement leading to a higher dependency ratio than the South West or England.

National Policy Context

4. Nationally the NHS sees an ongoing drive for improved quality alongside continued efficiency savings. The Francis report into Mid-Staffs and the Berwick report looking at quality improvement linked to it have laid out clearly both the primacy of quality considerations in the delivery of services and the need for a transformative culture focused on

transparency, compassion and accountability. This in turn has led to an increased rigour of inspection from Care Quality Commission. By the end of 2015 all NHS trusts will have had at least one comprehensive inspection under the new methodology with formal published ratings introduced from October 2014. AWP is due to receive a comprehensive inspection in June 2014 as part of the pilot wave 2 of the new methodology.

5. Parity of Esteem i.e. valuing mental health services equally with physical health services has been laid out as a crucial priority by both the department of Health and NHS England with a supporting programme in place. The 3 priorities laid out by the programme are improving access to psychological therapies (IAPT), improving diagnosis and support for dementia and improving awareness and focus on the duties within the Mental Capacity Act. There are also implications for the development both of mental health liaison services within acute hospitals and community care and for ensuring an equitable provision of physical health care to the patient group within mental health services, who are recognised to have high premature mortality rates.
6. The Mental Health Crisis Concordat was published in February 2014 and sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis. It follows the refreshed Mandate for NHS England, which includes a new requirement for the NHS that “every community has plans to ensure no one in mental health crisis will be turned away from health services”.

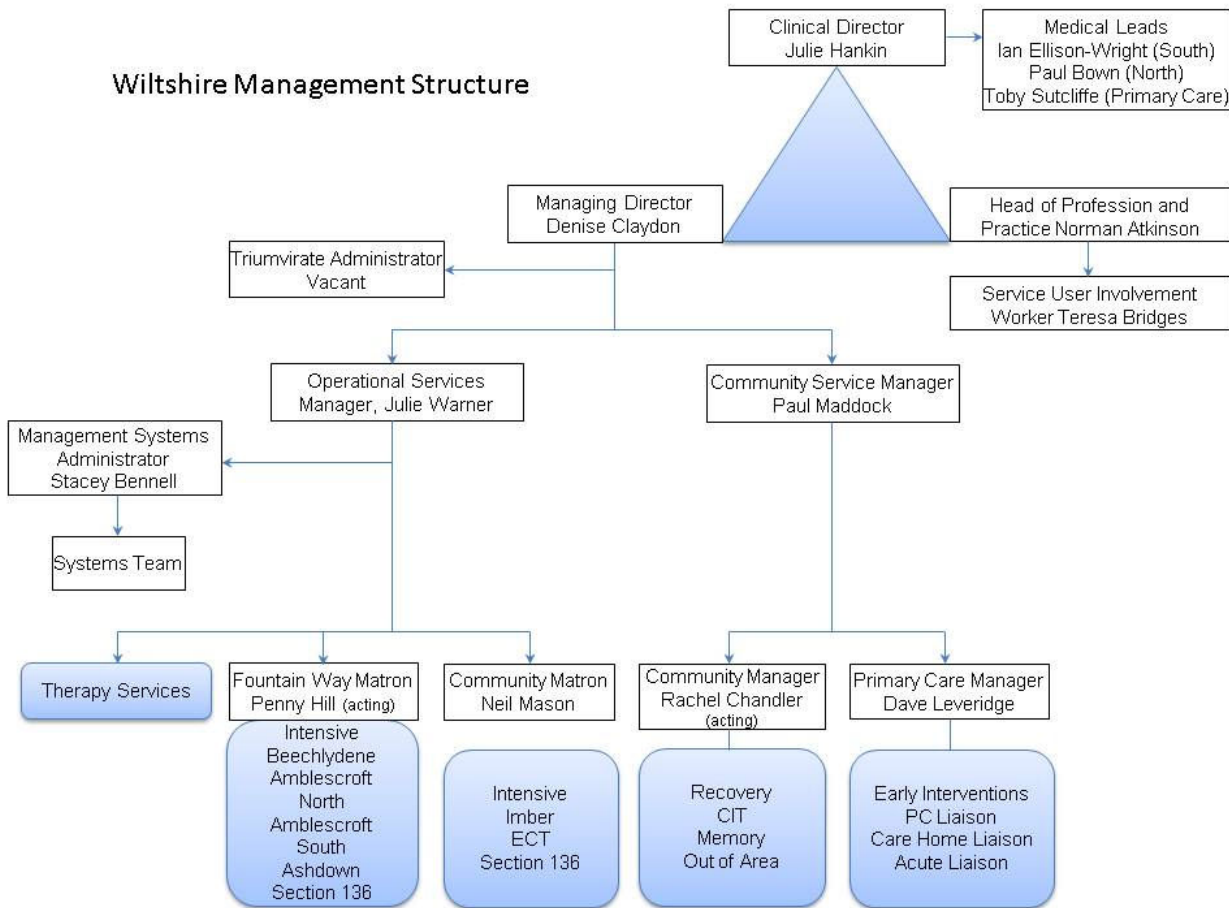
There is an expectation that all local areas will develop their own equivalent crisis concordat and it is planned to extend the current multi-agency 136 monitoring group to become a wider group encompassing this work.

7. Also in February 2014, the Department of Health published Closing the gap: Priorities for Essential Change in Mental Health Services. This document sets out 25 key areas across health, public health and social care where there is an expectation of focused transformative work.

Locality Structures

8. The Wiltshire locality management structure has been in place since 1st May 2013. This marked a major change in the Trust’s operations and focus with a move from trust wide business units to locality structures bringing together all services provided in a geographical area under a clinical leadership.

Wiltshire Management Structure



9. Services provided across Wiltshire are LIFT primary care psychology (IAPT), Primary Care Liaison, acute hospital liaison, care home liaison, community mental health teams for adults and older adults, early intervention in psychosis, memory clinics, crisis and home treatment services, acute admission wards for adults and older adults, specialist dementia inpatient services and psychiatric intensive care beds.

Key Improvements in 2013/14

10. A change in the model of care for diagnosis of early dementia with a move to shared care with GP practices allowed elimination of the waiting list for the existing memory clinics and a move to a much improved partnership model of care.
11. Partnership work with Oxford Health and the police alongside some changes to the existing place of safety arrangements allowed Section 136 provision for 16-18yr olds and under 16yr olds in the Salisbury hospital based place of safety. There is a cross-organisational operating policy in place fully signed up to by all partners and a multiagency governance group.
12. New investment by the Wiltshire CCG allowed development of an acute liaison service in Salisbury district hospital and improvements to the existing service in RUH and GWH.

Proposed Improvements 2014/15

13. A crucial element of the on going improvement work for 14/15 is the reprofiling of community teams in line with the community transformation project and CCG 5 year strategy. This is not a change to the currently commissioned services or the existing workforce but rather a change to the current organisational structures to bring the teams closer into line with local needs. The current three adult recovery teams and the two older adult community teams will come together to form four community mental health teams each with clear specialised functions of adult mental health and older adult mental health. These four teams will function as eight workgroups allowing much closer linking to a small number of GP practices and community teams. By reducing the amount of travel workers are doing within Wiltshire we will be able to increase the amount of time spent of face to face contact and clinical work and ensure better continuity of care.

Medical and therapy roles will change to align with the new teams and to allow a greater focus on preventative work and supporting primary care. A key strand of work within this will be to understand how best we can ensure that we are working with social services to ensure that service users and their families experience a seamless service focused on a personalised and effective approach to their needs.

14. The move of LIFT primary care psychology services into the locality will allow much closer working between the psychology services, primary care liaison and GPs ensuring improved pathways and response for service users.
15. AWP is fully committed to working with health and social care partners on the Dementia Strategy consultation planned for 14/15 and delivery of the final agreed model.
16. A new ADHD service is being commissioned providing local assessment and management in partnership with both the local community teams and the specialist ADHD provision currently provided within Bristol.
17. Pathway work has been agreed with the CCG as part of the annual CQUIN targets to significantly improve a number of key pathways over the next year. Included within this work are the following elements:
- Ensure that IAPT care pathways are effective and synchronised with secondary mental health services.
 - Work to improve discharge pathways and level of interventions and support provided directly within primary care
 - Work with Oxford Health to improve transitions from CAMHS to adult services.
 - Improved care pathway for Borderline Personality Disorder care.
 - Improved pathways between PCLS and Community Teams.
 - Work with the CCG to evaluate; the effectiveness of Intensive Teams with regard to avoidance of hospital care and patient satisfaction with the Intensive service.

- Explore with the CCG the scope for further hospital avoidance or for shorter hospital stays.

Agreement is also in place to Work with Wiltshire CCG and social care partners to explore the scope for implementation of Personal Health Budgets for mental health.

18. Scoping work is on going to understand the impact and needs of the upcoming increase in Military presence within Wiltshire. This will need to include strengthening our existing links and veterans services and ensuring adequate response to arising needs.
19. The locality is committed to improving and extending Partnership working. A new protocol agreement for information sharing and collaborative work has been signed with police building on the success of the similar protocol in place with Oxford Health for Child and Adolescent Mental Health Services. The locality is also keen to be fully involved in the ongoing transformation processes and development of campuses within local areas. This gives a way to deliver much improved holistic care to local populations with improved ties to other health and social care partners.

Report Author:
Dr Julie Hankin
Clinical Director – Wiltshire
Avon and Wiltshire Mental Health Partnership NHS Trust

Wiltshire Council

Health and Wellbeing Board

22 May 2014

Parity of Esteem Programme and Specialist Mental Health Commissioning

Executive Summary

NHS England has an established programme to ensure that mental health is valued equally with physical health - or has "Parity of Esteem". A range of activity is underway to deliver this – including improved access to therapies, improving diagnosis of dementia and improving awareness of the provisions of the Mental Capacity Act.

Alongside this, NHS England is responsible for commissioning a range of specialised services for mental health related issues and is also responsible for the mental health of armed forces personnel.

Proposal(s)

It is recommended that the Board:

- i. notes the work underway on the Parity of Esteem programme;
- ii. notes the range of specialised services for mental health related issues which are commissioned by NHS England;
- iii. receives an update on the commissioning of these specialised services.

Reason for Proposal

NHS England's work on Parity of Esteem has implications for all Health and Wellbeing Board members. Similarly, it is important that care pathways on specialist and community-based mental health treatments are joined up.

Debra Elliott

Director of Commissioning

Bath and North East Somerset, Gloucestershire, Swindon, Wiltshire

NHS England

Parity of Esteem Programme and Specialist Mental Health Commissioning

Purpose of Report

1. To provide an update on the Parity of Esteem Programme and Specialist Mental Health Commissioning.

Background

2. Parity of esteem' is best described as: 'Valuing mental health equally with physical health'. More fully, parity of esteem means that, when compared with physical healthcare, mental healthcare is characterised by:
 - Equal access to the most effective and safest care and treatment
 - Equal efforts to improve the quality of care
 - The allocation of time, effort and resources on a basis commensurate with need
 - Equal status within healthcare education and practice
 - Equally high aspirations for service users; and
 - Equal status in the measurement of health outcomes.
3. Mental illnesses are very common. Among people under 65, nearly half of all ill health is mental illness. Mental illness is generally more debilitating than most chronic physical conditions. Mental health problems impose a total economic and social cost of over £105bn a year, yet, only a quarter of all those with mental illness such as depression are in treatment. We tend to view physical and mental health treatment in separate silos in health services. People with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health.
4. Valuing mental health equally with physical health was the theme of a recent meeting held by NHS England as part of the Call to Action events. These [slides](#) helped to inform the debate and give some background.

Main Considerations

5. NHS England has established a Parity of Esteem Programme in order to focus effort and resources on improving clinical services and health outcomes. The Parity of Esteem programme is currently being developed through discussions with stakeholders but we have identified three areas as initial priorities for urgent focus. These are:
 - **Improving Access to Psychological Therapies (IAPT)** – this is a national programme to roll out access to talking therapies for people

suffering from depression and anxiety disorders. Whilst we have made good progress in this area we also know that there is more to provide good access to these invaluable therapies which help patients manage their conditions and improve their quality of life. We have a national ambition by end March 2015 to increase access so that at least 15% of those with anxiety or depression have access to a clinically proven talking therapy services, and that those services will achieve 50% recovery rates.

- **Improving diagnosis and support for people with Dementia** – we are committed to making considerable progress towards diagnosis, treatment and care of people with dementia by 2015. We recognise that key to this is a diagnosis as this can unlock access to support services. We have a national ambition for two thirds of people with dementia to have received a formal diagnosis and be accessing care and support by end March 2015. We are also working with [NHS Choices](#) to provide additional support for people who are newly diagnosed with dementia and their carers, with a new information and webchat service to guide people in the early stages.
- **Improving awareness and focus on the duties within the Mental Capacity Act** – Concerns have been raised that there is a low level of appreciation of the duties and expectations of CCGs explicit in the Mental Capacity Act, a concern that spans patient groups such as those with enduring mental illness and people with dementia. The Act is of central importance in delivering healthcare. Where difficult decisions may need to be made in balancing the patients' rights to make decisions about their care and treatment with the right to be protected from harm, and requiring others to act in the patient's 'best interests' where they lack capacity for a particular decision.

Concerns about the application and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards have been raised in the House of Lords review published in March 2014

An evidence gathering exercise by NHS England, presented to the House of Lords, found that the Mental Capacity Act and Deprivation of Liberty Safeguards had not been implemented consistently, and there were issues in relation to training, patient/family and carer experience and access to advocacy.

In response, Area Teams have been asked to improve the quality and delivery of services for patients who lack mental capacity and may need to have their deprivation of liberty safeguarding. Specifically, they have been asked to:

- Arrange patient/carers experience events to ascertain real time feedback;
- Identify with CCG colleagues, provider organisations and local authority partners specific local requirements and consider short term secondments/pump prime initiatives; and
- Establish a development programme for MCA leaders across the system to understand their local issues and explore best practice.

6. In **BGSW** area we have commissioned an organisation called National Development Team for Inclusion (NDTi) to work alongside us and to manage a project that aims to address these themes. The final report is due in September with an interim in July. The project team are working closely with Healthwatch and CCGs, as well as many other stakeholders.
7. In order to bring about a coordinated approach across NHS England and the wider system in these 3 areas a Mental Health Focus and Delivery Group has been formed on a task and finish basis. The group brings together a range of representatives from across the system in order to provide clinical and managerial leadership supporting delivery at a local, regional and national level. The group aims to contribute collectively to the development of various areas of work to support the delivery of mental health priorities.
8. Achieving 'parity of esteem' will require a fundamental change in the way services are commissioned. Consideration will need to be given to equitable distribution of resources and supporting the commissioning of services which tackle the association between physical and mental disorders. The commissioning cycle offers the ideal framework to achieve this change of emphasis, focussing on the key elements required to achieve transformational change.
9. Commissioners have told us that best practice, tools and guidance, data and information and clear clinical leadership are important elements to support them in helping to deliver the national ambitions. A number of websites provide easy access to a range of information on good practice, tool and guidance (www.mentalhealthpartnerships.com; www.dementiapartnerships.com; www.iapt.nhs.uk).
10. An intensive support offer is being developed to support CCGs in delivering the IAPT national ambitions. More details of available support and resources are available on the IAPT website.
11. NHS England has also produced a report on 'Dementia Diagnosis and Care in England: Learning from Clinical Commissioning Groups (CCGs)'. Alistair Burns the National Clinical Director for Dementia has undertaken a number of visits to CCGs across the country in order to gather best practice and understand the challenges/barriers facing commissioners.
12. The key findings of the report show that those CCGs making greater progress in improving dementia diagnosis rates appear to have some common features:
 - The local health and care community has a coherent, focused, and clearly led plan of work to improve dementia care
 - Commissioners and clinical leaders are active and visible in this pursuit, knowledgeable about what works, and proactively delivering a comprehensive strategy and action plan; working relationships are positive, and it appears that values and ambitions are shared
 - Work is proactive, systematic and sustained, rather than reactive and piecemeal

- Dementia care is being mainstreamed within existing health and care services, rather than being framed as something associated with memory services alone
 - Ambitions to improve diagnosis are being progressed within the wider context of raising awareness about dementia; improving knowledge and skills of health and care staff; understanding the role of primary care in dementia care, including care of patients living in care homes
 - Voluntary and community sector organisations are key partners in the development of strategic plans and as service providers. Investments in this sector are key components of local dementia strategies.
13. NHS England also have developed a **Commissioning Mental Health Leadership Development Programme**. NHS England has invited tenders for the provision of a Mental Health Commissioning Leadership Programme for Clinical Commissioning Group (CCG) General Practitioner leads for mental health, for delivery from March 2014. The programme is funded by NHS England, and sponsored by the National Clinical Director for Mental Health. It will provide focused, skills-based training for 211 CCG GP Mental Health Leads in England. The programme will use an action learning approach and will covers needs assessment; system redesign; exemplar specifications; the use of levers and mechanisms to drive improvement, and will culminate in the completion of local commissioning projects. More details will be provided on the mental health partnerships knowledge portal as they become available.

Specialised Commissioning and Armed Forces Health Commissioning

14. NHS England commissions 143 specialised services, of which the following 11 relate closely to Mental Health:
- [C01. Specialised Services for Eating Disorders](#)
 - [C02. High and Medium Secure Mental Health](#)
 - [C03. Low Secure Mental Health](#)
 - [C04. Specialised Mental Health Services for the Deaf](#)
 - [C05. Gender Identity Services](#)
 - [C06. Perinatal Mental Health](#)
 - [C07. Tier 4 Child & Adolescent Mental Health Services \(CAMHS\)](#)
 - [C08. Tier 4 Severe Personality Disorder Services \(adults\)](#)
 - [C09. Mental Health Specialised](#)
 - [C10. Forensic Pathway Group](#)
 - [C11. Child & Adolescent Mental Health Service \(CAMHS\) Secure](#)
15. The commissioning work in each of these areas is informed by a Clinical Reference Group. [The NHS England Specialist Commissioning Manual](#) sets out the rationale for each of these services being commissioned on a 'larger than local' basis – typically that numbers of patients are very small or thinly spread for each service. The Manual also sets out the CCG commissioned services that each of these need to fit closely with.

16. As reported at a previous meeting, NHS England continues to work with Wiltshire's Military Civilian Integration group to inform its commissioning of health services for this population group.

Debra Elliott
Director of Commissioning
Bath and North East Somerset, Gloucestershire, Swindon, Wiltshire
NHS England

Wiltshire Council

Health and Wellbeing Board

22 May 2014

Wiltshire Dementia Strategy

Executive Summary

The paper outlines the work being led by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group to develop and agree a Wiltshire Dementia Strategy for the period 2014 to 2021.

Proposal(s)

It is recommended that the Board is provided with an update on the development of the draft Wiltshire Dementia Strategy 2014 – 2021, the formal consultation process and the dementia friendly communities campaign.

Reason for Proposal

The purpose of the Wiltshire Dementia Strategy is to provide the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group in supporting people with dementia and their carers. It encompasses the care and support pathways available from the point that people notice concerns about their memory through to end of life care, as well as addressing the risk factors that can contribute to the development of dementia within the general population. It includes a commissioning action plan for 2014/2015.

James Cawley
Associate Director
Wiltshire Council

Ted Wilson
Group Director
Wiltshire CCG

Wiltshire Dementia Strategy

Purpose of Report

1. The purpose of this report is to provide the Health & Wellbeing Board with an update on the Wiltshire Dementia Strategy 2014 – 2021, the formal consultation process and the dementia friendly communities campaign.

Background

2. The focus on dementia has been increasing in recent years, both at a national and local level. It is now considered as a priority area for action, largely due to the increasing population with dementia, the cost of this to services, communities and families and the variable quality of care that many people with dementia receive from health and care services. The Wiltshire JSA supports this identifying that the number of people with dementia will nearly double by 2030 in Wiltshire, whilst the Health and Wellbeing Strategy acknowledges the increasing population living with dementia and identifies it as an area for action.
3. The key national policies include the Living well with dementia: a National Dementia Strategy (Department of Health, 2009) and Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015 (Department of Health, 2012). These place a focus on improving health and care services and dementia friendly communities, as well as improving people's awareness and understanding of dementia, the importance of early diagnosis and ongoing support and the role of services in ensuring that people can live well with dementia.

Main Considerations

4. The draft Wiltshire Dementia Strategy supports the four main outcomes of the Health and Wellbeing Strategy, including the dementia-themed ambitions set out in the action plan. It does this through placing an emphasis on the following:
 - Making dementia everyone's business so that people can live well in supportive and inclusive communities.
 - Providing care and support to promote people's independence, health and wellbeing and quality of life.

- Delivering improvements to care and health services so that they are able to deliver quality services that are able to appropriately meet the needs of people with dementia.
 - Ensuring that wherever possible people will be supported within their home and local community with care and support being delivered as close to these as possible.
5. In addition to this, the draft dementia strategy develops links with a number of other strategies as it is vital to acknowledge that people with dementia will often be supported by non-specialist services and / or have needs that are not related to their dementia. These include, but are not limited to the Mental Health Strategy (currently being developed), the End of Life Strategy (currently being developed), Help to Live at Home, Wiltshire Carers' Strategy and the Older People's Accommodation Strategy.
 6. In developing the strategy, work has taken place to engage with people with dementia and their carers and families in Wiltshire to identify what is important to them, what is working well and where improvements are required. The Wiltshire Dementia Delivery Board has overseen this engagement process and has been active in the development of the strategy.
 7. Following approval by the Wiltshire Dementia Delivery Board, Wiltshire Council Cabinet and NHS Wiltshire Clinical Commissioning (CCG) Governing Body a formal consultation process commenced on 20 February and will run until 19 May 2014. People with an interest in dementia, whether through personal or professional experiences, have been invited to participate.
 8. Half way through the consultation process, responses received indicated that there were some areas of the strategy that people felt were particularly important. These include:
 - Supporting people to live well with dementia
 - Support to plan for the future
 - Support for people with dementia who live alone without family support and for people who live in rural areas and / or who do not have access to transport
 - Ensuring that health services have in place standard processes that allow for early identification, diagnosis and treatment of people with memory problems.
 - Review and modernise dementia related specialist mental health services to ensure timely access to specialist assessments and treatment as required, as well as specialist support to other care services.
 - Ensuring that all public services are able to support people with dementia and their carers and family.
 - Ensuring that all staff supporting people with dementia have the training, skills and qualities to do so to a high standard.

9. A snap shot of responses received to closed answers in the survey will be provided together with a full update on results at the meeting.
10. In addition to consultation, a key part of the strategy is to develop dementia friendly communities and work has already commenced on a Wiltshire campaign called 'Before I Forget'. The concept of dementia friendly communities is to create communities that are supportive and understanding of people with dementia so that they can live well. Royal Wootton Bassett and Cricklade will be acting as the pilot area and testing a toolkit that has been developed locally and which will be rolled out across the county in the months ahead.

Safeguarding Considerations

11. The prime aim of health and social care services is to support customers to be as independent and well as possible whilst ensuring that they remain safe and that they and their families have confidence in the quality of care delivered. In order to deliver this staff in services commissioned by the Council and the NHS have to be trained safeguarding vulnerable adults (and children) and informed on how to assess and refer / alert on a safeguarding issue. The strategy aims to ensure services will be delivered with due regard to safeguarding people with dementia and their carers.

Public Health Implications

12. There are no direct public health implications in relation to this paper. Public Health staff are working closely with Adult Social Care and NHS staff to develop and deliver this strategy.

Environmental and Climate Change Considerations

13. There are no environmental or climate implications in relation to this cabinet paper.

Equalities Impact of the Proposal

14. The strategy aims to ensure services will be delivered with due regard to equality legislation and that people with dementia will have equitable access to services. An equality analysis has been undertaken and can be found in the appendices of the strategy document. This has identified that the main equality issues that will require further attention through the implementation of the strategy include:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People who live in rural areas and those who lack transport

15. The equality analysis will be reviewed once the draft strategy has been through the formal consultation process.

Risks

16. The main risk associated with the Dementia Strategy is the increasing number of people living with dementia in Wiltshire and additional demand being placed upon services. The strategy addresses this through a number of measures which focus upon maximising existing services and resources:
 - Dementia friendly communities that support people to live well with dementia and maintain their independence and wellbeing.
 - Working with non-specialist health and care services to ensure that they are trained and supported to meet the needs of people with dementia, so that they can support the majority of people with dementia, with specialist services only being required at critical points in time.
 - Deliver improvements in existing services e.g. specialist older people mental health modernisation project
17. The risks associated with not implementing this strategy, include:
 - Placing the wellbeing, independence and safety of people with dementia and their carers and families at significant risk through a lack of suitable provision of care and support services.
 - An increased demand on health and social care services and budgets when people reach crisis due to a lack of preventative and early intervention services.
 - A failure of the statutory bodies within Wiltshire to respond to national guidance, policy and legislative duties.

Financial Implications

18. There are no direct financial implications in relation to this paper. There has currently been no additional investment identified to deliver the dementia strategy as a whole. However, it is acknowledged that the population living with dementia in Wiltshire will increase by 28% by 2020. It is anticipated that unless additional funding is made available within the future, the delivery of the strategy will be achieved through using the current spend in an efficient and effective manner in order to meet this increase in demand.

Legal Implications

19. There are no legal implications in relation to this paper.

Conclusions

20. It is concluded that work has taken place to develop a draft strategy that will be reviewed and amended in light of the responses received during the consultation process. The final strategy will then be proceed through

the relevant governance mechanisms for final agreement by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group. Implementation will then be overseen by the Wiltshire Dementia Delivery Board.

James Cawley
Associate Director
Wiltshire Council

Ted Wilson
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Report Authors:

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Susan Dark, Dementia and Older People Modernisation Lead, Wiltshire CCG

10th April 2014

Background Papers

The following unpublished documents have been relied on in the preparation of this report: None

Appendices

Appendix 1 – Draft Wiltshire Dementia Strategy 2014 – 2021

Wiltshire Council

Health and Wellbeing Board

April 2014

Children and Young People's Mental Health

Executive Summary

This paper provides a summary of the draft Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014 – 2017 recently approved by the Children's Trust Commissioning Executive for wider consultation. This Strategy builds on the previous Emotional Wellbeing and Mental Health Strategy which covered the period 2011 – 2014. The paper also includes an overview of the Child and Adolescent Mental Health Service provided by Oxford Health.

Proposal(s)

The draft Emotional Wellbeing and Mental Health Strategy sets out a small number of priorities for improving the emotional wellbeing of Wiltshire's children and young people. The Board is asked to:

- Note the draft Strategy and comment on the identified priorities to improve children and young people's emotional wellbeing;
- Comment on how the CCG and the Council can work together to ensure we can meet our agreed vision, included in the Strategy, for good mental health for Wiltshire's children and young people;
- Note how CAMHS is currently delivered in Wiltshire.

Reason for Proposal

In common with other areas of the country, Wiltshire is experiencing significant increased demand related to children and young people's emerging mental health difficulties and diagnosable mental health disorders. The draft Strategy has been produced with the involvement of young people and a wide range of professionals who work with children and young people to set out how we can improve children and young people's emotional wellbeing.

Julia Cramp
Associate Director
Wiltshire Council/CCG

Children and Young People's Mental Health

Purpose of Report

1. To update the Health and Wellbeing Board on work recently undertaken by the Children's Trust on refreshing the Emotional Wellbeing and Mental Health Strategy for children and young people. A draft strategy covering the period 2014 – 2017 was recently approved by the Children's Trust Commissioning Executive for wider consultation. The consultation will continue until July.

The full draft can be viewed by clicking

<http://www.wiltshirepathways.org/ShowNews.asp?NewsID=436>

This report also provides an overview of how CAMHS is delivered in Wiltshire.

Background

2. The purpose of the Emotional Wellbeing and Mental Health is to improve the emotional wellbeing of Wiltshire's children and young people. The Strategy has been produced in line with the Children's Trust's Commissioning Framework and updates the previous strategy which covered the period 2011 to 2014. Young people have been very involved in development of the Strategy, along with a wide range of professionals who work with children and young people, including teachers.
3. Our vision for good mental health for children and young people is as follows:
 - The large majority of children and young people have good mental health.
 - There is good information for children, young people and parents on promoting emotional wellbeing.
 - All agencies are clear about what they need to do to promote good mental health and all staff have received basic training which enable them to apply the principles of 'mental health first aid' if problems arise.
 - If children and young people do have mental health problems they will have access to timely, integrated, high quality mental health services to ensure effective assessment, treatment and support for them and their families.

4. The Needs Assessment section of the Strategy includes a specific section on self-harm – this issue is regularly raised as a concern by our secondary schools, GPs, and other professionals who work with children and young people. Self-harming behaviour in young people is not uncommon. The national mental health strategy – No Health without Mental Health (2011) – states that nationally 10 – 13% of 15 and 16 year olds have self-harmed. ChildLine, Selfharm.co.uk, YouthNet and YoungMinds released a survey in February 2014 in support of Self Harm Awareness Day. Key findings included:
 - 38% of young people haven't spoken to anyone about their self-harm;
 - 1 in 4 named bullying as the biggest trigger leading for self harm for the first time;
 - Other triggers for first time self-harm were family relationships (17%), pressure at school (14%), emotional abuse (11%) and friendships (11%);
 - ChildLine have seen a 41% increase in counselling sessions where self-harm was mentioned;
 - 45% rated 'listening to music' as the best way to stop themselves from harming;
 - 15% rated 'talking to friends and family' as coping techniques.
5. Locally we have carried out surveys of young people in 9 secondary schools as part of our national exemplar project on promoting zero tolerance of homophobic language and behaviour in schools (the Zee Tee Campaign). Within the survey, there are a number of questions that relate to young people's emotional wellbeing. More than 1 in 10 individuals from Wiltshire secondary schools reported that they had self-harmed in the last 6 months and 1 in 5 recorded they had thought about harming themselves.
6. Extensive consultation work has been carried out by the Voice and Influence Team based within Commissioning, Performance and School Effectiveness within the Council to listen to the views of children and young people on key issues for them related to emotional wellbeing. Children and young people say:
 - Better mental health education in school is needed;
 - Teachers do not know what to do if a student is suffering with a mental health difficulty;
 - Cyber bullying is on the increase – there is a need for better e-safety education.
 - Isolation and depression – young people need to be able to get to people and places easily;
 - It needs to be made easier for young people to be able to talk to someone, ask for help and get advice about their emotional wellbeing;
 - Physical activity and clubs – more things to do to keep young people emotionally healthy;
 - Help to build young people's self-esteem and confidence;

- Stigma – the stigma associated with mental health means that young people do not feel able to speak out if they are having difficulties with their mental health;
 - Staff/teachers are the most likely people who young people will go to (after friends) so those staff need to know what help is available and what to do;
 - School counselling – knowing it is there and being able to access it;
 - Staff need to have the skills to challenge bullying – not just about training them how to do it but they actually do it!
7. From this list, children and young people's 3 key priorities are:
- Better mental health education is needed in schools;
 - Schools and teachers need to know what help is available, how to help young people and have the skills to allow young people to open up;
 - More activities and clubs for young people to attend to support positive emotional wellbeing, tackle isolation and provide peer support.
8. Staff working with children and young people put forward the following priorities for action:
- Promote Youth Mental Health First Aid training – for GPs too;
 - Enhance skills within families to improve family emotional health and wellbeing;
 - Reduce the stigma of mental health issues through awareness raising;
 - Better access to Primary CAMHS;
 - More joint working between education and other services including Primary CAMHS;
 - Develop culture and skills in schools to support mental health needs;
 - Investment in services – especially early intervention;
 - Promote positive mental health by enabling young people to recognise emotions/issues and develop coping strategies;
 - Communicate so that young people and parents know how and where to get a range of help.
9. Building on the needs assessment, children and young people's views and views of staff who work with children and young people, the following priorities have been identified:
- Promote positive mental health and build resilience in children and young people;
 - Build capacity and knowledge of mental health issues in the children's workforce;
 - Improve access to primary and specialist child and adolescent mental health services (CAMHS);
 - Ensure effective access, referral routes and pathways to services.

Delivery of CAMHS in Wiltshire

10. During 2009/10, Wiltshire PCT (working closely with colleagues in Children's Services in the Council) undertook a major project to re-commission specialist child and adolescent mental health services (known as Tier 3 and 4 services, including community CAMHS and adolescent mental health inpatient beds). This project resulted in a new service model with CAMHS delivered by one provider rather than the previous 3 organisations. The new contract started in 2010 and will continue until 31 March 2017. The length of the contract recognises the extensive work involved for both commissioners and providers in re-commissioning the service and for Oxford Health in implementing the new service model.
11. The CAMHS model of delivery now in place includes a number of services that were previously unavailable across Wiltshire:
 - 24 hour access/365 days a year to support through a dedicated 'phone line with out-of-hours support provided by front-line staff with Doctor and senior management back-up;
 - An Outreach Service (OSCA) for young people who may be difficult to engage in a traditional clinic setting, eg, looked after young people or young offenders;
 - A specialist Learning Disability Service for children and young people with learning disabilities and mental health difficulties;
 - A Family Assessment and Safeguarding Service (FASS) that provides specialist safeguarding mental health consultation, assessment and treatment. This service is accessed through the Gateway Panel for family and parenting support.
12. In 2012, the Council transferred its Primary Mental Health Service to Oxford Health so that Oxford Health now deliver Tier 2, 3 and 4 services. Unlike many other authorities, the Council has maintained its investment in the primary mental health service even though there is no longer a ring-fenced local authority Mental Health Grant for children and young people.
13. Since the start of the contract with Oxford Health in 2010, a number of changes and improvements have been made to the service:
 - Deliberate Self Harm Protocols are now in place with each Acute Trust;
 - A protocol has been implemented by the Police and Oxford Health to ensure that Police Officers have access to professional support where they have concerns about a child or young person's mental health. This support is available 24 hours a day, 365 days a year.
 - Oxford Health offer Deliberate Self Harm support for Wiltshire's children and young people's Multi Agency Forums (MAFs) which are mainly led by school staff (this is provided to 5 MAFs each year);
 - A multi-agency training programme run by CAMHS clinicians for Wiltshire staff who work with children and young people was launched in 2012. This provides 12 sessions a year and includes training on eating disorders, anxiety disorders, self-harm and attachment difficulties;

- There is more focus on support for vulnerable groups, particularly looked after children, and improved constructive working relationships between CAMHS staff and Children's Social Care staff;
- A partnership is in place between the Council and Oxford Health to provide specialised therapeutic support for children and/or their foster carers and adoptive parents.
- CAMHS continues to be developed in line with children and young people's feedback – the service specification sets out that the provider must demonstrate that the service is listening to and acting on children and young people's views. Oxford Health employ a dedicated Participation Worker to ensure this happens.
- Oxford Health is one of a small number of CAMHS providers involved in the national project on developing 'Improving Access to Psychological Therapies' for children and young people.
- Lengths of stay in adolescent inpatient beds have reduced significantly from an average of 240 days in 2009 to around 60 days in 2013/14.

Main Considerations

14. The draft Emotional Wellbeing and Mental Health Strategy shows that there are significant challenges in improving our children and young people's emotional wellbeing and that this will only happen when all agencies and staff work together to promote resilience in our children and young people, to identify problems early and that more specialist help is available when it is needed.
15. Both nationally and in Wiltshire, there is a growing number of referrals to CAMHS (Tier 2 and 3). The number of referrals that are turned down or signposted elsewhere is causing huge frustration for GPs, schools and children and their parents. A recent report from the House of Commons Health Committee on CAMHS (April 2014), with input from a number of experts including Doctors, Psychologists and Youngminds, suggests that one of the reasons for the higher number of referrals to CAMHS is that there is less Tier 1 provision to provide early intervention work. This Tier 1 provision includes support provided by universal services including schools, GPs, Health Visitors and School Nurses.
16. The development of an integrated Early Help Service within Children's Services within the Council offers the opportunity to look at closer joint work between services such as Behaviour Support, Education Welfare and Youth Workers and PCAMHS. It is often difficult for referrers to know who is best placed to provide support for children and their families. Nearly all referrals for the Council's Early Help support come from early years settings and schools, whereas the majority of PCAMHS referrals are from GPs. There is the potential for children and young people to be referred to both Early Help and PCAMHS almost simultaneously. Discussions are taking place on creating clearer pathways which could include a single point of access across organisations.

Governance

17. The multi-agency Emotional Wellbeing and Mental Health Group – a sub group of the Children’s Trust – will oversee work on the implementation plan that will be developed once the Strategy is agreed by the Children’s Trust’s Commissioning Executive. The EWMH Group will provide regular reports to the Children’s Trust’s Commissioning Executive.
18. Regular performance meetings are held with Oxford Health who provide both primary and specialist CAMHS in Wiltshire. These meetings are chaired by the Associate Director (joint with CCG) for Commissioning, Performance and School Effectiveness.

Financial Implications

19. There are no specific financial implications although the CCG and the Council will need to consider future funding for Primary CAMHS (known as PCAMHS) and specialist CAMHS and future investment in earlier support, such as counselling. The Council funds Primary CAMHS, whilst the CCG funds specialist CAMHS.

Carolyn Godfrey
Corporate Director
Wiltshire Council

Deborah Fielding
Chief Officer
Wiltshire CCG

Report Author:
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Date May 2014

Background Papers

Published documents: None

The following unpublished documents have been relied on in the preparation of this report:

Draft Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014 - 2017

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Wiltshire Council

Health and Wellbeing Board

22 May 2014

Mental Health Crisis Care Concordat

Executive Summary

The recently launched Mental Health Crisis Care Concordat is a commitment for all relevant agencies to work together to improve the system of care and support so people experiencing mental health crisis are kept safe and helped to find the support they need. The agreement has been signed by more than 20 national organisations, making a commitment to work together to achieve continuous improvements for crisis care for people with mental health issues.

Proposal(s)

It is recommended that the Board:

- i. Notes the commitment of Wiltshire Police to the Mental Health Crisis Care Concordat;
- ii. Notes the event that took place with local partners on 30 April to develop the local response to the Concordat;
- iii. Notes the joint Department of Health and Home Office review of s135 and s136 (place of safety powers) in the Mental Health Act.
- iv. Notes the changes in provision set out in Appendix 1.

Reason for Proposal

There have been a number of important mental health developments recently and it is important that partners are coordinated in their response to these.

Angus Macpherson

Police and Crime Commissioner

Mental Health Crisis Care Concordat

Purpose of Report

1. To update the Health and Wellbeing Board on the commitment of Wiltshire Police to the Mental Health Crisis Care Concordat which aims to improve outcomes for those experiencing mental health crisis.

Background

2. The recently launched Mental Health Crisis Care Concordat is a commitment for all relevant agencies to work together to improve the system of care and support so people experiencing mental health crisis are kept safe and helped to find the support they need. The agreement has been signed by more than 20 national organisations, making a commitment to work together to achieve continuous improvements for crisis care for people with mental health issues.
3. It sets out standards of care people should expect if they suffer a mental health crisis and details how public services should respond. It challenges local services to make sure beds are always available for people who need them urgently; highlighting that police custody should not be used just because mental health services are unavailable. It also stipulates that police vehicles should not be used to transfer patients and encourages services to improve sharing essential need-to-know information about patients which could help keep them and the public safe.
4. Local areas will sign their own regional and local agreements to commit to working together across services to improve care and potentially save lives. The Crisis Care Concordat challenges local areas to make sure that:
 - Health-based places of safety and beds are available 24/7 in case someone experiences a mental health crisis
 - Police custody is not used because mental health services are not available and police vehicles are not used to transfer patients
 - Timescales are put in place so police responding to mental health crisis know how long they have to wait for a response from health and social care workers. This will make sure patients receive suitable care as soon as possible
 - People in crisis should expect that services will share essential 'need to know' information about them so they can receive the best care possible

- In areas where black and minority ethnic groups have a higher risk of being detained under the Mental Health Act, this must be addressed by local services in consultation with these groups
 - A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24 hours a day, 7 days a week.
5. I fully support the aims of the Concordat and am pleased to report that Wiltshire Police are actively engaging with local partners to achieve the core principles and outcomes set out in the report. Recent successes include improved provision of health based Places of Safety for those detained under Section 136 (further details of which are included as **Appendix 1**), increased information sharing leading to improved decision making when choosing the most appropriate course of action when dealing with those in mental crisis and the development of local protocols in order to improve partnership working, setting out clear guidelines for all involved in the care and support of those in mental crisis.
 6. To highlight its commitment to improving outcomes for people experiencing mental health crisis, Wiltshire Police has a Mental Health Liaison Officer who works closely with partnership agencies to enable the delivery of the shared aims of the Concordat to be achieved.
 7. Partnership agencies from across the area met together on 30 April to discuss the concordat and its implementation. I will be happy to provide a further update on the outcome of this at the meeting.
 8. Recently, my Innovation Fund also made some awards relevant to Mental Health including :
 - Wiltshire Mind counselling project - £28,405 for counselling for people at risk of offending.

Wiltshire Mind, working with Swindon and Wiltshire Integrated Targets for Change (SWITCH) has identified the need for a non-clinical intervention, in this case a counselling service. The aim of the project is to enable individuals to manage their lives better, moving away from dangerous and harmful lifestyles and offending. The project will be a six month pilot providing a counselling service for 36 adults with mental problems who are at risk of offending or re-offending. The counselling will take place in Melksham, Swindon and Salisbury. Three part-time counsellors will be employed, together with a part-time project manager.

- Alabaré - £20,228 to avoid vulnerable young people staying in police stations.

Wiltshire Child Protection Unit reports delays in finding accommodation for young people picked up by the police who are unable to return home immediately. This can result in them spending an excessive and stressful time at a police station, as well as the time and cost implications for the police. Alabaré proposes to use its existing

accommodation in Salisbury and Trowbridge to provide out-of-hours access of up to seven days accommodation for a vulnerable young person. Two beds are permanently available.

9. Finally, a joint Department of Health and Home Office [review](#) has also been announced to examine the operation of sections 135 and 136 and Wiltshire Police will be responding to the consultation. The findings and recommendations for change will be published later this year. The Mental Health Act Code of Practice is also being reviewed and this will report in October 2014.

Angus Macpherson
Police and Crime Commissioner

Appendices

Appendix 1 - Recent changes to joint service provision for those in mental crisis or suffering with mental ill health.

Recent changes to joint service provision for those in mental crisis or suffering with mental ill health.

This update covers:

- Persons under 18 years;
- Persons aged 18 years and over;
- Court Assessment and Referral Service;
- Street Triage;
- Risks; and
- Future Objectives.

Persons under 18 years

1. During an HMIC Inspection in 2012, it was identified that the number of young persons under 18 years detained in Wiltshire under Section 136 Mental Health Act was significantly higher compared to Forces of similar size. In addition, all these vulnerable detainees were taken to Police Custody as there was no health based Place of Safety.
2. A number of changes have since been made to improve service provision for this group:
 - ✓ Health Based Place of Safety for all Wiltshire residents under 18 years of age who are detained under Section 136 (Fountains Way Hospital, Salisbury)
 - ✓ Health Based Place of Safety for all Swindon residents under 18 years of age who are detained under S136 (Sandalwood Court Hospital, Swindon).
 - ✓ Introduction of Child & Adolescent Mental Health Services (CAMHS) telephone protocol for persons under 18 years with mental health issues or who are in mental crisis. This enables officers to contact CAMHS, at any time of day, for advice and guidance prior to taking any action.
 - ✓ The CAMHS scheme within Wiltshire has received recognition on national radio by Norman Lamb, Minister of State for Care and Support, highlighting it as best practice for others to follow.
3. The benefits of this approach can be demonstrated as follows:
 - Between April 2011 and March 2012, 13 young people were detained using Section 136. All were taken to Police Custody.
 - Between April 2012 and March 2013, this figure reduced to 6 people as the CAMHS trial was introduced during this period. All were taken to a police station rather than a health based Place of Safety.
 - Between April 2013 and March 2014, 5 young people were detained using Section 136. All were taken to a health based Place of Safety rather than Police Custody. All were 17 years of age, 4 being female.
 - The decrease in number of young people detained is the result of officers being able to seek advice at the scene from mental health

professionals, enabling them to consider all options and to take the most appropriate course of action rather than immediately using Section 136 .

Persons aged 18 years and over

4. In the last few years, the number of adults detained under Section 136 and taken to Police Custody has fallen, although it is recognised that the figures remain too high:
 - Between April 2011 and March 2012, 100 persons aged 18 years and over were detained
 - During April 2012 and March 2013, this figure had fallen to 79
 - Between April 2013 and March 2014, the number of adults detained fell to 65
 - The average time spent in police custody for each person detained Section 136 is just over 9 hours but this can vary considerably on a month by month basis. The lowest monthly average length of detention was 4hrs 30 minutes but in other months this can increase to over 16 hours. The average length of detention for each full year has remained constant since 2010 at 9 hours
5. In order to assist officers when dealing with adults in mental ill health or who are in crisis, a telephone advice protocol is to be introduced, which will be similar to the CAMHS protocol above. This telephone protocol will increase partnership working between Police Officers and the Intensive Service Teams, enabling officers to consider other options rather than defaulting to using Section 136. It is anticipated this will significantly reduce the volume by enabling information sharing at the earliest opportunity and also allowing for patients to be seen in their own home by arrangement rather than being detained unnecessarily.

Court Assessment and Referral Service (CARS)

6. This scheme enables Mental Health Practitioners from the CARS Team to work within Police Custody Suites. It aims to improve the screening processes, identifying those who have been arrested for criminal offences who may be suffering with a mental illness. The difference with this scheme is that it does not deal with those detained under Section 136 and will ensure that such persons receive the care and support they need, both whilst in custody and at court.

Street Triage

7. To further improve the options available to officers and to increase the level of care and support to those in mental crisis, the intention is to trial a Street Triage Scheme within Wiltshire. Discussions have begun as to what Street Triage could deliver in Wiltshire and various different formats are being considered.

Risks

8. The following risks are identified:

- Length of time taken to complete a Mental Health Act Assessment (MHAA). The average time taken to complete a MHAA can vary enormously depending on the availability of Approved Mental Health Professionals (AMHPs) and Section 12 Doctors.
- Future changes to Place of Safety provision. Considerable improvements have been made in Wiltshire and Swindon and it is important that commissioning arrangements ensure that this level of provision remains.
- Data collation. Currently, each organisation collects its own data which is shared at the monthly Section 136 Steering Group meeting. To deliver a comprehensive overview of mental health trends and patterns, the collation of data needs to be more in-depth and timely. Members of the Steering Group are currently looking at how to improve the collation and sharing data.

Future Objectives

9. The future objectives of Wiltshire Police in this area are as follows:

- Develop joint training between Wiltshire Police and Mental Health Professionals. A joint working party is being set up to create a training needs programme.
- Develop joint protocols to cover patients who are Absent without Leave (AWOL), missing patients, Section 135 warrants and private premises, conveyance of patients, offences committed on Mental Health premises and the Mental Capacity Act. These protocols will form an important basis for any future training for officers and hospital staff.
- Improve staff awareness of autism, learning difficulties and dementia.
- Continue to engage with partners at local and regional level to improve service delivery and working relationships. Examples include the local and regional Section 136 protocols, use of ambulance to convey Section 136 patients, and the national Concordat.

Supt Marion Deegan
Head of Crime Prevention

April 2014

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Wiltshire Council

Health and Wellbeing Board

22 May 2014

Healthwatch Wiltshire Draft Annual Report 2013/14

Executive Summary

Healthwatch Wiltshire (HWW) was established as a new independent organisation in April 2013 in order to provide the role of consumer champion for health and social care. Over the last year, HWW has set down the ground work including organisational infrastructure to fulfil its role and deliver its statutory functions which are set out in legislation (Health and Social Care Act 2012).

The legal requirement to publish an annual report provides an opportunity to demonstrate to local people, stakeholders and the Wiltshire Health and Wellbeing Board the progress which has been made in 2013/14 and to look forward to 2014/15.

Proposals

It is recommended that the Board:

- i. recognise the progress which has been made to establish an independent and credible local Healthwatch in Wiltshire which is able to fulfil its role as consumer champion for health and social care
- ii. note the content of the draft Annual Report 2013/14 and provide any comments so they can be taken into account for the preparation of the final version
- iii. provide an opportunity at the November 2014 Health and Wellbeing Board meeting to review progress against the Healthwatch Wiltshire work plan

Reason for Proposals

Healthwatch Wiltshire has a statutory duty to promote the voice of local people in respect to health and social care services and has the opportunity to influence commissioners on the Health and Wellbeing Board. This opportunity is provided through Healthwatch Wiltshire's membership of the Board. As such it is important that the Board receive the draft Healthwatch Wiltshire report in order

to make any comment, recognise the work undertaken to date, and confirm its commitment to listen to the voice of patients, carers and the wider community through Healthwatch Wiltshire.

Emma Cooper
Chief Executive
Healthwatch Wiltshire

Healthwatch Wiltshire Draft Annual Report 2013/14

Purpose of Report

1. The purpose of this report is to present to the Health and Wellbeing Board the draft Healthwatch Wiltshire (HWW) Annual Report for 2013/14 in order to invite any comment, recognise the progress achieved during the last year, and confirm a commitment to listen to and take account of the views of local people in respect to health and social care services.

Background

2. The Health and Social Care Act 2012 established local Healthwatch and Healthwatch England. Healthwatch England is the national body which provides leadership and support to a network of 151 local Healthwatch organisations. Local Healthwatch has an important role, set out in the legislation, to promote and amplify the voice of local people in the design of health and social care services and in monitoring the quality of those services. Commissioners and providers of such services have a duty to listen to that voice.
3. Local authorities were required to establish local Healthwatch by April 2013. A report was submitted to Wiltshire Council Cabinet in October 2012 to recommend an approach. This led to the creation of Healthwatch Wiltshire (HWW) as a social enterprise with an independent Board of five directors. The Independent NHS Complaints Advocacy service was contracted, and continues to be contracted, to SWAN Advocacy (a Wiltshire based charity).
4. Wiltshire Council provides core funding to HWW through a contractual agreement which is subject to quarterly monitoring and performance reporting. It is important to note the Council does not direct the work plan of HWW and instead contracts the organisation to deliver the statutory activities for local Healthwatch (see appendix 1).
5. In many other parts of the country local Healthwatch has developed from the local involvement network (the pre-cursor to local Healthwatch) or is being delivered through an existing and therefore well-established organisation. However, the decision to establish a brand new organisation in Wiltshire to deliver Healthwatch functions has inevitably meant that time has been needed to set in place the organisational infrastructure. The Board of HWW believe that the time taken during 2013/14 to put in place the necessary infrastructure will be rewarded by an effective and

independent organisation which is respected as the credible voice of patients, service users, carers, and the wider community.

6. The Chair of HWW was appointed in February 2013 followed by the appointment of four Board Directors in March. The first year work plan was agreed and has been implemented. The draft annual report sets out progress and outcomes in 2013/14 (see appendix 2). In terms of organisational set up, HWW has been registered as a community interest company (social enterprise), a small office secured, and 1.5 full time equivalent staff team transferred across from the Wiltshire Local Involvement Network. A Chief Executive Officer was appointed and started in post in late January 2014. The Board of Directors has worked incredibly hard giving time significantly over and above that which would be expected. Priority has been given to raising awareness of HWW through a range of methods but particularly through engagement at Area Boards, Community Area Joint Strategic Assessment Events, and through a number of other community forums. Time has been taken to put in place processes for effective engagement (with patients, service users, carers and the wider public) and to monitor the quality of services.
7. HWW is already being recognised as an example of good practice (by the Local Government Association, Healthwatch England, and Patient Voice South (NHS England)). Although the organisation would want to take some credit for this, HWW Directors recognise that this is partly because local commissioners have provided the context for HWW to operate as an independent body. Healthwatch in local authorities close to Wiltshire do not enjoy the same autonomy and the very real risk is that they will not be regarded as an independent and powerful voice for consumers of health and social care. Wiltshire is to be commended for taking the necessary steps to ensure that HWW is developing to be what the legislation intended local Healthwatch to be.

Main Considerations

8. Local Healthwatch must prepare an Annual Report by 30 June for the financial year 1 April 2013 to 31 March 2014. The report must be submitted to a number of bodies including Healthwatch England, The Care Quality Commission, NHS England, Wiltshire Clinical Commissioning Group, Wiltshire Council, and Wiltshire Health Select Committee.
9. The Annual Report must include information across a range of areas including:
 - delivery of statutory activities (see appendix 1)
 - engagement with local people
 - the role of volunteers and lay people
 - use of statutory powers (this includes Enter and View inspections of health and social care services)
 - responses from the system (for example if the Care Quality Commission undertook an investigation following a recommendation from Healthwatch Wiltshire)

- being effective on the Health and Wellbeing Board
 - financial information
10. The Health and Wellbeing Board is asked to note these particular areas of progress and impact (over and above the set-up of the organisation):
- development of the HWW volunteer network with close to 50 individuals having been recruited, trained and tasked with a role (volunteers are important to HWW's engagement and representation functions)
 - engagement with local people through a range of forums (including Area Boards and Community Area Joint Strategic Assessment events) which has raised the profile of HWW and provided useful intelligence on what people think about health and social care
 - support for the Care Quality Commission inspection of the Royal United Hospital in Bath which resulted Wiltshire people having the opportunity to share their views about the quality of care they received
 - commissioning of a children and young people's engagement programme
 - effective use of the HWW's place on a range of strategic bodies including Health and Wellbeing Board, Clinical Commissioning Group Governing Body, NHS England Quality Surveillance Group, and Health Select Committee
 - provision of an information and signposting service for members of the public including taking up issues raised about any poor experiences of health and social care services.
11. The draft Annual Report was agreed by the HWW Board of Directors at its meeting on 14 May 2014. It is presented to the Health and Wellbeing Board as a draft in order to allow the opportunity for comments which can be taken into account in the preparation of the final version. The Annual Report covers the first year of HWW. However, HWW was not organisationally operational until July 2013 (it had no staff or office base before this time) and therefore activity before this time was inevitably limited. Despite this, a great deal was achieved in 2013/14 and provides a good basis on which to build. An ambitious strategic work plan for HWW is in the process of being prepared.
12. HWW intends to share its Annual Report with local people and this will include an event in the summer 2014. The event will provide an opportunity for the organisation to meet with local people and to find out what they think about the HWW strategic work plan. The following are key areas of the work plan for the future:
- Enter and View Programme ('lay' inspections of the quality of health and social care services will commence in September 2014)
 - 'Phase 2' engagement with local communities through Area Boards and working with the Community Area Partnerships
 - Closer working with the local voluntary and community sector including the development of protocols for information sharing and joint engagement
 - Development of the information and signposting service
 - Engagement programme for the Better Care Programme (in order to find out people's experiences of integrated services)

- Development of the volunteer programme and lay person involvement in the work of HWW

Financial Implications

13. There are no direct financial implications for the Health and Wellbeing Board. HWW is contracted by Wiltshire Council to deliver its activities and receives core funding under an agreement which will expire in June 2017. This provides welcome financial certainty and a significant window of opportunity to develop HWW so that it is a real asset for Wiltshire people.

Christine Graves
Chair
Healthwatch Wiltshire

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29 April 2014

Background Papers

Wiltshire Council Cabinet, Local Healthwatch and NHS Complaints Service,
October 2012.
<http://cms.wiltshire.gov.uk/documents/s52716/Healthwatch%20and%20Local%20NHS%20Complaints%20Service.pdf>

Appendices

Appendix 1: The Statutory Activities of Local Healthwatch
Appendix 2: Draft Healthwatch Wiltshire Annual Report (circulated separately)

The statutory activities of local Healthwatch¹:

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
4. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
5. providing advice and information about access to local care services so choices can be made about local care services
6. formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
7. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007

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