

## HEALTH AND WELLBEING BOARD

---

### MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 17 OCTOBER 2018 AT COUNTY HALL, TROWBRIDGE.

#### **Present:**

Cllr Baroness Scott of Bybrook OBE (Co-Chair), Dr Richard Sandford-Hill (Co-Chair), Dr Toby Davies, Dr Andrew Girdher, Nikki Luffingham, Cllr Laura Mayes, Cllr Jerry Wickham, Linda Prosser, Kier Pritchard and James Scott

---

#### 63 **Chairman's Welcome, Introduction and Announcements**

The Chair welcomed all to the meeting.

#### 64 **Apologies for Absence**

Apologies were received from Catrinel Wright, Nerissa Vaughan, Angus McPherson, Terence Herbert, Christine Blanshard, Andy Hyett, Cllr Ben Anderson and Cllr Ian Thorn.

#### 65 **Minutes**

The minutes of the previous meeting held on 12 July 2018, previously circulated, were considered.

#### **Resolved:**

**To approve the minutes as correct.**

#### 66 **Declarations of Interest**

There were no declarations of interest.

#### 67 **Public Participation**

There were no questions from the public.

#### 68 **Chairman's Announcement**

Dr Richard Sandford-Hill drew the meeting's attention to the following information as set out in the agenda:

The All Party Parliamentary Group on Arts and Health and Wellbeing recently wrote to Health and Wellbeing Boards to highlight the findings of its recent inquiry published here:

[http://www.artshealthandwellbeing.org.uk/appginquiry/Publications/Creative\\_Health\\_The\\_Short\\_Report.pdf](http://www.artshealthandwellbeing.org.uk/appginquiry/Publications/Creative_Health_The_Short_Report.pdf)

The report includes a recommendation that: We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing. Accordingly board members are requested to highlight a board member from their organisation to [Meril.Morgan@wiltshire.gov.uk](mailto:Meril.Morgan@wiltshire.gov.uk), Arts Lead for Wiltshire Council. The Cabinet Lead for Wiltshire Council is Cllr Richard Clewer. This will enable closer working on arts and health to take place including where appropriate collaboration on funding applications and relevant events. The report also highlights the value of arts through social prescribing, the importance of consideration within Sustainability and Transformation Partnerships and Healthwatch Wiltshire advocating for arts within health and care programmes. Acute hospitals serving Wiltshire already have some provision for arts in places, alongside a number of care homes and GP surgeries.

## 69 **Wiltshire Safeguarding Children's Board Annual Report**

Mark Gurrey presented a report on the areas highlighted in the Wiltshire Safeguarding Children's Board's (WSCB) annual report 2017/18 and early thoughts on future working relations following the removal of a statutory basis for the board in 2019.

Matters raised during the presentation and discussion included: the timescale for implementation of the proposed arrangements; a desire to narrow the gap between the work of the board and the day-to-day life of children; the importance of continuing to value the WSBC's key principles that were in place prior to the removal of its statutory basis; the opportunity to work collaboratively with practitioners and safeguarded children alike to explore the realities of its work.

In answer to a question from the Board, it was noted that both internal and external partners have been much more explicit about their performance than had previously been the case and the proposed arrangements, for example in Serious Case Reviews, would enable the WSCB to extract and apply the lessons learned much more quickly.

### **Resolved:**

- 1. To note the progress to date.**
- 2. To consider the early thoughts on future working arrangements following the removal of the statutory basis for the board in 2019.**

70 **Family and Children's Transformation Programme**

Theresa Leavy presented a report assessing progress against the Families and Children's Transformation Programme's (FACT) objectives to date.

Matters raised during the presentation and discussion included: improvement to the case management system; the timescale in which this would be rolled out to partners; the establishment of an early support hub that will work alongside the MASH service; the High Frequencies Contact Project and its emphasis on service integration at a community level; a desire to focus on attachment and a singular approach to this regarding Best Start in Life.

In response to an issue raised by the Chairman, it was noted that an output framework had been developed which will measure the experience of those who have been through the programme and provide it with a benchmark for success.

In answer to a question from the Board, it was noted that the programme had tried to avoid rigid categorisation of services or issues but assured the board that exploitation of all kinds was at the forefront of its mind.

**Resolved:**

1. **To note the progress to date.**
2. **To update progress in 6 months' time.**

71 **CAMHS Local Transformation Plan**

Ted Wilson presented the outline of the Local Transformation Plan for Child and Adolescent Mental Health Services in Wiltshire.

Matters raised during the presentation and discussion included: interaction with children and young people to gauge the success of the programme; an emphasis from children and young people on the need for early intervention and access to services; the recommissioning of services from a tier based to a more holistic approach; the development of a wellbeing team embedded in schools and colleges; the improvement of the transition of people from CAMHS to adult services; working alongside B&NES in establishing a mental health support team and reducing referral time.

It was noted that more complete hard and soft metrics need to be put in place to measure the success of the Plan, and that the board would want to see this implemented and brought before them at a later date.

In response to an issue raised by the Board, it was recognised that more work needs to be done to promote what already exists through schools, in particular Kooth online counselling.

**Resolved:**

1. To note the progress to date.
2. To endorse the expanded plan for the Programme.
3. To request a performance framework be developed and brought to the Board for consideration.

72 **Winter Preparedness**

Jo Cullen presented a report regarding the winter preparations underway in the health services, public health and social care.

Matters raised during the presentation and discussion included: working with partners to come together as a system to see what is driving demand in services; the specific feedback received including trusted assessment, choice policy and a clinically led external panel in regards to all long stay patients; Wiltshire LDB priorities in supporting reducing days Length of Stay (LOS) , in reducing Delayed Transfers of Care (DTC) and ambulance handovers and in supporting 7-day working; the success of both the Wiltshire Primary Care Plan and Out of Hours and 111; flu vaccinations for children and over 65s; publicising the availability of flu jabs; the protocols and policy around outbreaks and the Communication Strategy in place.

In answer to a question from the Board, it was noted that the biggest risk this winter is to carers and workforces in general, although there have been discussions in relation to ways that they can be encouraged to be vaccinated against flu.

**Resolved:**

**To note the progress to date.**

73 **Adult Social Care Transformation Programme**

It was decided by the Chairman to consider the Adult Social Care Transformation Programme report before that of the Better Care Plan to allow for a better flow at the meeting.

Emma Legg and Helen Jones presented a report assessing progress against the programme's objectives.

Matters raised during the presentation and discussion included: the redesign of services so that they are focused on advice, early intervention, reablement and signposting; an online referral system to be used by both colleagues and partners; the development of a multi agency safeguarding hub for adults; following the Swindon model in developing a new in-house enablement service; improving the programme's brokerage function; strengthening the partnership

with VCS and micro-enterprises; the new H2LAH alliance; commissioning block Domiciliary Care providers in the south to add capacity over the winter months.

In answer to an issue raised by the Board, it was noted that work is underway to produce a Domiciliary Care capacity map to be broken down by area and hours needed vs hours available from providers.

In response to an issue raised by the Board, it was noted that the programme's approach needs to be more focuses on the support that care leavers get throughout their lives and not just until they leave children's services.

**Resolved:**

- 1. To note the progress to date.**
- 2. To note the initial scoping of Phase 2.**

**74 Better Care Plan**

Carlton Brand presented a report assessing progress on the implementation of the Better Care Plan schemes and a snapshot of the latest performance information (including DTOC).

Matters raised during the presentation and discussion included: DTOC delayed days trends through and past 2018/19; the strengthening of the Home First model as new service models are commissioned throughout 2018/19; a new Wiltshire Health and Social Care framework; a single overarching strategy to provide more effective prevention, health and social care outcomes; strengthening Strategic Commissioning across the system; unifying and developing whole system governance; developing an integrated workforce strategy; implementing digital opportunities and information sharing.

**Resolved:**

- 1. To note the progress to date.**
- 2. To note the performance levels contained in the Integration and Better Care Fun dashboard.**

**75 CQC System Review and Action Plan**

Carlton Brand presented a report assessing progress in delivering the action plan developed in response to the CQC system review of health and wellbeing in Wiltshire.

Matters raised during the presentation and discussion included: the incorporation of the high impact model for delayed transfers of care and initiatives surrounding length of stay into the action plan structure; a new Wiltshire Health and Social Care framework; a single overarching strategy to provide more effective prevention, health and social care outcomes;

strengthening Strategic Commissioning across the system; unifying and developing whole system governance; developing an integrated workforce strategy; implementing digital opportunities and information sharing.

**Resolved:**

1. **To note the progress to date.**
2. **To note and comment on the content of the programme delivery plan.**

76 **Acute Mental Health Services**

Ted Wilson, Nicola Hazel and Linda Prosser gave an update on the performance on s136 detentions the Adult Mental Health Transformation plans in BSW.

Matters raised during the presentation and discussion included: the Crisis Care Concordat; the Control Room Triage; the context of and centralisation plans for the East Place of Safety Pilot; the Wiltshire Resident's Place of Calm and the collaborative bid that is being submitted through the Department of Health; the #makesomeonewelcome movement and the Tidworth Men's Shed; plans for the future of the BSW Mental Health Transformation including adapting of programme structure and realigning resources.

In answer to an issue raised by the Board, it was noted that the means of conveyance should be a collaborative effort between police and ambulance services, although this is not the reality due to operational issues.

It was noted that the police would like to be more engaged with the Adult Mental Health Transformation plans going forward, and that discussions regarding this would take place at a later date.

**Resolved:**

**To note the progress to date.**

77 **Date of Next Meeting**

To note that the next meeting is due to be held on Friday 14 December 2018, starting at 2.30pm.

78 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.00 am - 12.35 pm)

The Officer who has produced these minutes is Craig Player, of Democratic & Members' Services, direct line 01225 713191, e-mail [craig.player@wiltshire.gov.uk](mailto:craig.player@wiltshire.gov.uk)

Press enquiries to Communications, direct line (01225) 713114/713115

This page is intentionally left blank



# BSW STP Mental Health Strategic Transformation

**Bath and North East Somerset, Swindon and Wiltshire (BSW)  
Sustainability and Transformation Partnership (STP)**

# Strategic Drivers

## National

- *Five Year Forward View for Mental Health*
- *Transforming Care Programme*
- *Stepping Forward*
- New Care Models
- Integrated Care Systems development

## STP

- Focus on prevention and early access
- Providing more community based models, close to home
- Reducing inpatient admissions
- Increasing quality of care and outcomes
- BSW and BNSSG Mental Health transformation
- Mental health workforce plan
- Demographics

## AWP

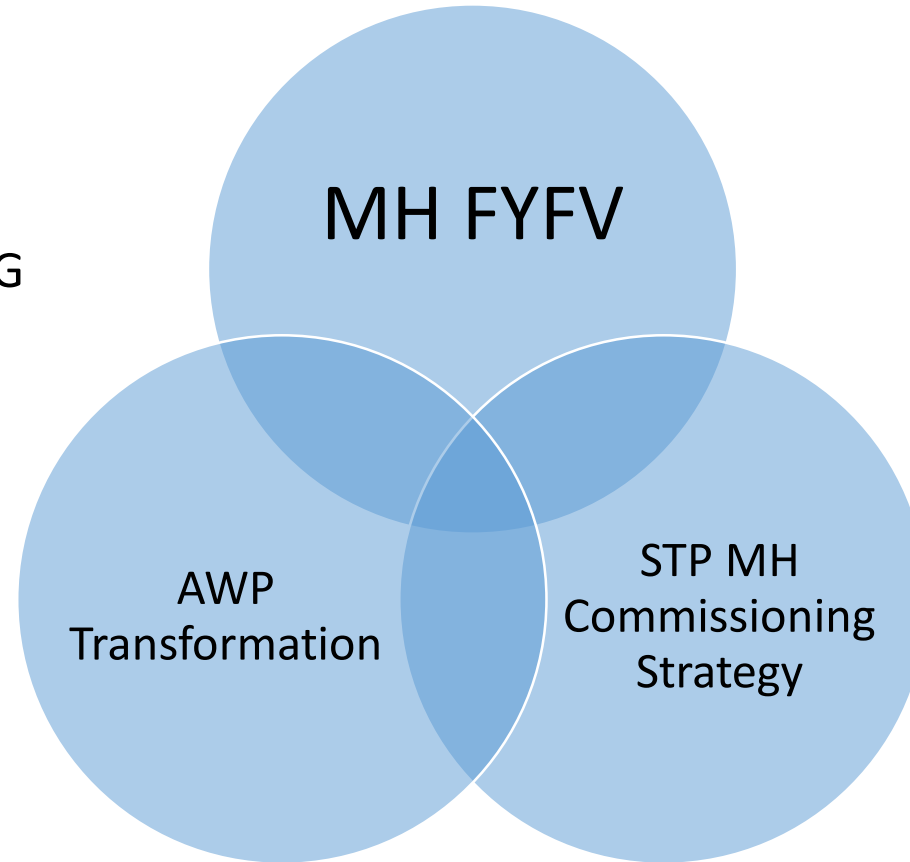
- Clinical Strategy: Community care close to home; Inpatient campus/ no standalone wards (max 18 beds)
- Increased demand and acuity
- Recruitment and retention of staff
- Effective deployment of staff
- Estate not fit for purpose
- Financial sustainability of core and new mental health services



# BSW Mental Health Transformation – Case for Change

Need to consider:

- Interdependencies with BNSSG
- Specialist Commissioning
- Banes MH Strategy



# BSW Case for Change

- Enhanced community service with additional investment (ACU established in Swindon; PCLS roll out commenced; Perinatal Community Service)
- Consolidation of inpatient beds for enhanced therapeutic offer
- Re-location from poor estate to purpose built estate and to respond to referral patterns and future demand
- Opportunity for integration of physical and mental health (e.g. older adults; co-location opportunities)
- Consolidation of inpatient services complex, no 'natural' BSW solution, likely to represent 'significant' service change

# BSW Mental Health Transformation – CCGs commitment

## **We are committed to ensuring that the people of BSW can:**

- Access the services and support they need
- Have a choice over how they receive services and support
- Have control over the services and support they receive
- Expect the commissioning and delivery of those services to be integrated
- Demand that commissioners seek to improve and develop services in line with best practice and need
- Be involved in planning and delivering treatment and support
- Have the opportunity to influence how services are commissioned and provided

# Clinical Models and Operational Redesign

| Transformation plan  | Impact  |
|--|---|
| Develop a standardised model for <b>Primary Care Liaison Services (PCLS)</b>                                       | Improved interface between AWP and primary care, with better signposting to other support services for service users and referring clinicians, clear standards for access to mental health services and brief interventions |
| Creation of new <b>Acute Community Units (ACU)</b> to enable more service users to be treated closer to home       | Providing an alternative to hospital admission, enabling more service users to be supported in the community  |
| Providing a centralised <b>Bed Management Hub</b> for all inpatient services                                       | Admission to the most appropriate setting when required, resulting in reduced transfers and shorter lengths of stay for service users, supporting a continued reduction in out of Trust placements                          |
| Deploy <b>standardised care packages and interventions</b> at stages of the care pathway for selected diagnoses    | Consistent, seamless care delivering better outcomes for service users  |
| <b>Standardising inpatient care</b> and offering <b>inpatient services</b> in fit for purpose, campus environments | Service users have the right length of stay for their needs, shorter admissions and improved experience   |

# BSW STP Mental Health Commissioning Strategy

- Promote MH&WB;
- Access to support and treatment;
- Access to accommodation and housing support;
- Promote recovery;
- Support for employment;
- Promote community-based provision;
- Ensure integrated MH services

# #MAKE SOME NE WELCOME

## .The story so far

- Started life as a twitter campaign and a way to engage local groups to encourage them to be inclusive
- Has signed up over 80 groups in Wiltshire
- Works with these groups to identify ways in which they can engage with people in their community
- Asks groups to nominate a 'buddy'
- Mainstream groups incredibly willing to be inclusive





# The Real World

A word cloud centered on the globe contains various terms related to daily life and community. The most prominent words include 'Home', 'Friends', 'Money', 'Work', 'Me', 'Parties', 'Family', 'Hobbies', 'Pets', 'Colleagues', 'Neighbours', 'Relationships', and 'Work'.

# Service Land

Special Bus  
 Special homes  
 Care Agency  
 Special activities  
 Day Centre  
 Special Courses

ME!

# A LIFE, NOT A SERVICE!

# Group Work: Tidworth Men's shed

- Man with PTSD and history of Alcohol misuse
- Unable to maintain fence, dog taken away
- 'Men's Shed' rebuilt fence, neighbour paid
- Man got his dog back and given up alcohol.

'It appears that as soon as he realised that there were people on his side he was able to take the next step.'



# Process - BSW MH Transformation

- Adapt programme structure and re-align resources
- Modelling and Metrics
- Analysis and Impact Assessment
- Commissioning Strategy and Plan
- Business Case – Options Appraisal and Benefits Realisation
- Stakeholder Engagement & Public Consultation

STP  
Mental Health  
Workstream

High level  
Commissioning Timeline

AWP Milestones

Thrive

LGI – Nov 18

|                                 |   |                     |     |
|---------------------------------|---|---------------------|-----|
| Programme Management            | ➡ | September - October |     |
| Modelling/Metrics data analysis | ➡ | October-November    | SOC |
| Commissioning Strategy And Plan | ➡ | November-January 19 |     |
| AWP Case for Change             | ➡ | November-January 19 |     |
| Business Case                   | ➡ | February-April 19   | OBC |
| Clinical Senate Gateway 1       | ➡ | May-July 19         |     |
| Clinical Senate Gateway 2       | ➡ | August-October 19   |     |
| Public Consultation             | ➡ | November-January 20 | FBC |

## *Next Steps*

- Further analysis underway:
  - Modelling to evaluate number and type of beds required
  - Value for money and affordability
  - Interdependency between BNSSG and BSW
  - Transport impact
- Agree criteria against which to assess options
- Scoring of options

This page is intentionally left blank