

Health and Wellbeing Board Supplementary Information



Date: Wednesday, 13 December 2017

Time: 2.00 pm

Venue: The Writing Room, Floor 1, City Hall, BS1 5TR

Distribution:

Councillors: Mayor Marvin Rees, Rawlings J, Dr Martin Jones, Alison Comley, John Readman, Julia Ross, Asher Craig, Helen Godwin, Helen Holland, Anna Keen, Vicki Morris, Elaine Flint, Keith Sinclair, Steve Davies, Justine Mansfield and Pippa Stables

Copies to: Terry Dafter (Service Director - Care and Support - Adults), Claudette Campbell (Democratic Services Officer), Nancy Rollason (Service Manager Legal) and Sarah Sharland (Legal Officer)

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Date: Tuesday, 5 December 2017



Supplementary Agenda

5. Minutes of Previous Meeting

To agree the minutes of the previous meeting as a correct record.

(Pages 3 - 7)

7. CAMHS CQC Thematic Review Update - Rebecca Cross

(Pages 8 - 11)



Bristol City Council
Minutes of the Health and Wellbeing Board

25 October 2017 at 2.30 pm



Board Members Present: Marvin Rees, Dr Martin Jones (Chair), Alison Comley, John Readman, Asher Craig, Helen Holland, Elaine Flint, Steve Davies and Pippa Stables

Officers in Attendance:-

Claudette Campbell (Democratic Services Officer) and Nancy Rollason (Service Manager Legal)

1. Welcome, Introductions and Safety Information

Dr Martin Jones took the Chair and welcomed those present.

2. Apologies for Absence and Substitutions

Apologies were noted from;

- Keith Sinclair
- Cllr Helen Godwin
- Vicki Morris Substitute Morgan Daly
- Julia Ross Substitute Justine Rawlings
- Cllr Claire Hiscott

3. Declarations of Interest

None

4. Minutes of Previous Meeting

That the minutes of the meetings held on the 16th August and 14th September 2017 be confirmed as a correct record and signed by the Chair.

5. Public Forum



Cllr Brenda Massey spoke on behalf of the Bristol Members of the Joint Health Overview and Scrutiny Committee. The Statement was noted by the Board.

6. Key Decision - Healthy Weight Strategic Plan - Wendy Parker

This item was withdrawn from the agenda

7. Welcoming Refugees and Asylum Seekers Strategy and Needs Assessment - Anne James, Commissioning Manager Refugees

The Board received a report on Bristol A City of Sanctuary and the draft strategy to welcomes asylum seekers and refugees.

Anne James, Commissioning Manager –Refugees addressed the Board highlighting:

The Strategy 4 priorities as stated in the report:

- Making Bristol a safe place for people seeking sanctuary, and to create an environment in which they can feel welcomed and are able to integrate
- Ensure a wide range of city partners (businesses, voluntary sector groups, universities, health and other agencies) work together to make Bristol a City of Sanctuary.
- Promote mutual understanding between Bristolians and support an inclusive culture in which longer-standing communities feel able to understand and welcome refugees
- Strengthen the capacity of refugees and asylum seekers to develop the skills and access opportunities to support themselves and their families to lead fulfilling lives which contribute to the social and economic wealth of the city.

The following was noted from the discussion that followed:

- a. Dr Martin Jones welcomed the report and the opportunity it provided for all partners to look to an authority to lead on co-ordinating the many approaches taken by partners across the sector.
- b. John Readman noted that the structure described the governing body as a board suggesting that the term should be 'steering' The Refugee and Asylum Seeker Partnership Steering Group. He suggested the membership of the steering group should include representatives from as many as possible of the leading partnership Boards that operate across the city.
- c. Steve Davies shared that the improvements made in patient registration for primary care now enabled refugees and asylum seekers to obtain support locally and this had had a positive impact on A&E departments.
- d. Members agreed that the issue covered the wider sector and not just those who deliver services to refugees. The coordination of approaches would allow for the sharing of lesson learnt and best practices to be adopted going forward. The city wide Boards should be consulted on the contribution they are able to provide.

Resolved:



To Note the report and the information set out above.

8. Thrive Bristol - Victoria Bleazard, Mental Health and Social Inclusion Programme Manager

The Board received the Report and a presentation from Victoria Bleazard, Mental Health and Social Inclusion Programme Manager.

The Board were asked to note the revised 10 year programme to improve the Mental Health and Wellbeing of Bristol residents with the focus on those with the greatest needs. The report outlined the proposed activities for year one 2018.

The following was noted from the discussion that followed:

- a. The Mayor suggested that the steering group must be driven by an authority able to influence and that should include AWP and others.
- b. John Readman reminded all that with shrinking funding the Board should enable services and programmes to connect. The focus of the communication about this programme should be the sharing of ideas and branding across all areas encouraging all to adopt the principles of the Thrive brand. Every effort should be made to ensure the steering group properly represents members of authorities/services that can absorb the Thrive programme.
- c. Elaine Flint, reminded all about the work already progressed by the Bristol Anti Stigma Alliance who had made great strides in this area.
- d. The Thrive programme was seen as an opportunity to align the different strands of work presently undertaken using the model to ensure all deliver parallel services.
- e. Morgan Daly, shared that Healthwatch were currently focusing on the mental health of University Students and would report outcomes of their activities to Victoria Bleazard.
- f. Dr Stables, advised that GP's were aware of the needs in this area, had already noted the gaps that service user's encounter. Work would continue with AWP and with this programme.

Resolved:

- i. To note the report and the information set out above.

9. Health Protection Annual Report - Thara Raj Consultant in Public Health

The Board received the annual report from Thara Raj, Consultant in Public Health. The following was highlighted to the Board:

- The impact of diseases on the most vulnerable groups in the community who are often subject to multiple infections.
- The progress in the work with the homeless whose lifestyle results in an increase in infections; TB, hepatitis and those co-infected with HIV.



- Shared that a comprehensive audit was proposed with the aim of understanding the many communities in the city. How these communities are constituted; what support they are currently receiving; what would be the right support; to consider the support required to halt the progress of infection; then to move into considering and implementing actions.

The following comments were noted from the discussion;

- a. Dr Martin Jones confirmed that the report is presented to the governing body and used to inform actions and outputs.
- b. Dr Stables welcomed the opportunity to receive guidance on how to encourage those who refuse the flu jab.
- c. All were encouraged to contribute to the report by providing individual case studies to form a body of evidence for review and to aid progression of improved outcomes for service users.
- d. Elaine Flint, commented that support was required by health visitors, who continue to press the message about the benefits of child immunisation. This is an opportunity to share information practices and messages that work.

Resolved:

- i. To note the report and the information set out above.

10 Better Lives, Adult Social Care Transformation Programme

The Board received a report of Stephen Best, Head of Service providing an introduction to the Better Lives programme. Due to time pressure an outline was provided and comments were limited.

- The programme has been developed to bring together the work in adult social care and partners across the wider health and social care system to achieve the following vision:
 - People can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence.

The following comments were noted:

- a. Dr Stables requested details of the commencement of the pilot as the general view was that the current links were not working effectively.
- b. Justine Rawlings, requested that information was shared on the development on establishing the right alignments into the programme as it progresses.

Meeting ended at Time Not Specified

CHAIR _____







Bristol Health & Wellbeing Board

Children and Young People’s Mental Health Services CQC Thematic Review	
Author, including organisation	Rebecca Cross Bristol City Council/ NHS BNSSG CCG
Date of meeting	13/12/17
Report for Information	

1. Purpose of this Paper

To brief Health and Wellbeing Board on outcome of CQC Thematic Review of children and young people’s mental health services and recently published DOH/DOE Green Paper – Transforming Children and Young People’s Mental Health Provision.

2. Executive Summary

Formal CQC Thematic Review response was brief as in 4.

Green Paper published on Dec 3rd.

3. Context

In January 2017 the Prime Minister announced that there would be a thematic review, led by the CQC with input from Ofsted, looking at mental health services for children and young people across the country to find out what is working and what is not.

Bristol was one of ten areas chosen, the findings of which will feed into a new Green Paper on children and young people’s mental health, expected later this year. The central question for the review is as follows:

“How can we ensure that all partners make their unique contribution and work together so that children and young people, and their families and carers, have access to high quality mental health care?”

Policy Background

Whole System Transformation of Emotional Health & Wellbeing Support

Future in Mind (2015) sets out the vision for a five-year transformation programme for children and young people’s emotional health. The focus for transformation is whole-system, emphasising our joint responsibility to support positive mental health:

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

National Transformation Priorities

In 2015-16, all NHS Clinical Commissioning Groups (CCGs) in England were required to produce a five-year Transformation Plan in relation to children and young people's emotional health & wellbeing. The Bristol Plan, produced in association with key stakeholders, was assured by NHS England and funding released to support Transformation. The initial national focus for Transformation was to improve Eating Disorders and Crisis Outreach provision.

Transforming Children and Young People's Mental Health Provision: a Green Paper. <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

The consultation will be open for 13 weeks closing at noon on Friday 2nd March. <https://engage.dh.gov.uk/youngmentalhealth/>

Proposals include

1. More than £300m funding

The government is proposing to commit £310 million in new funding to supporting mental health in young people.

2. Senior mental health leads

£95 million of the funding will train "senior mental health leads" to work in schools from 2019. These people will be responsible for developing a "whole-school approach" to mental health and wellbeing.

Their roles will also include pastoral support and ensuring strong policies are in place for dealing with issues including bullying.

3. Mental health support teams

The remaining £215 million will pay for new support teams. These will be expected to improve the link between schools and local health services.

The teams will also work to improve early intervention on mental health, by providing a range of support and treatments in or near schools and colleges.

The government hopes to recruit "several thousand people" over the next five years to fill the teams, which will be supervised by clinicians.

4. Mental health discussions and CBT in classrooms

Pupils will be taught about mental health and wellbeing in classrooms through the new relationships education and PHSE curriculum.

Mental health support teams will also be trained to offer “evidence-based treatments” in the classroom, including cognitive behaviour therapy.

5. New research

New research will be commissioned to fill “evidence gaps” across children’s mental health, including a focus on how best to support vulnerable families.

There will also be a new working group to look at mental health support for 16- to 25-year-olds.

6. Quicker access to health services for pupils

A pilot scheme will attempt to cap the waiting time for child and adolescent mental health services at four weeks.

7. Training for teachers

Mental health awareness training for teachers will be offered to every primary and secondary school in the country.

Local Transformation Priorities

As well as the national priorities outlined above, Bristol identified local priorities. In the last two years, commissioning has been undertaken to increase capacity and capability across the wider system, increasing our collective ability to spot the early signs of poor mental health and intervene early.

4. Main body of the report

Feedback letter stated:

There was a clear vision for children and young people’s mental health services across partners. There was an aspiration to be innovative joined up and person centred in the approach and delivery of care and treatment.

The shared vision was across health, social care, education and third sector. This included system leaders such as the mayor. Staff within services were also adopting the vision.

When children and young people were able to access services they report a very high degree of satisfaction with the quality of care, services, involvement and treatment that they received.

However, children and young people told us they sometimes felt unable to access the care they needed in a timely manner or close to home. They also said that there could be too high a threshold for receiving specialised support.

Despite strong communication between individuals who head up and run differing services across the sector, services sometimes felt fragmented from each other with difficulties in communication. There were not ALWAYS clear pathways for early intervention before children and young people accessed specialist CAMHS.

5. Key risks and Opportunities

There is an opportunity to reflect on the feedback and take action to improve.

6. Implications (Financial and Legal if appropriate)

Some aspects identified require changes to provision that requires investment. A business case relating to securing this year's Emotional Health Transformation funding is in the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group process.

7. Evidence informing this report.

CQC Thematic Review feedback letter.

9. Recommendations

Health and Wellbeing Board to

- note CQC Thematic Review feedback that will be reviewed and plans will be made to address identified issues.
- Note DOH / DOE Transforming Children and Young People's Mental Health Provision: a Green Paper