Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Bath and North East Somerset Health & Wellbeing Board

Democratic Services Riverside, Temple Street, Keynsham, BS31 1LA	Direct Line:	01225 394452
	Ask For:	Jack Latkovic
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	Date:	18 March 2014

To: All Members of the Health & Wellbeing Board

Members: Dr. Ian Orpen (Member of the Clinical Commissioning Group), Councillor Katie Hall (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Councillor Simon Allen (Bath & North East Somerset Council), Bruce Laurence (Bath & North East Somerset Council), Dr Simon Douglass (Member of the Clinical Commissioning Group), Councillor Dine Romero (Bath & North East Somerset Council), Jo Farrar (Bath & North East Somerset Council), Pat Foster (Healthwatch representative), Diana Hall Hall (Healthwatch representative) and John Holden (Clinical Commissioning Group lay member)

Non-voting member Douglas Blair (NHS England - Bath, Gloucestershire, Swindon and Wiltshire Area Team)

Observers: Councillor John Bull and Councillor Vic Pritchard

Other appropriate officers
Press and Public

Dear Member

Health & Wellbeing Board

You are invited to attend a meeting of the Board, to be held on **Wednesday, 26th March, 2014** at **10.00 am** in the **Brunswick Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic
Senior Democratic Services Officer

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:**
   Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. **Public Speaking at Meetings:**
   The Partnership Board encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. **Webcasting at Meetings**:-
   This meeting is being filmed for live and archived broadcast via the Council's website: www.bathnes.gov.uk/webcast

   At the start of the meeting, the chair will confirm if all or part of the meeting is to be filmed.

   The Council will broadcast the images and sound live via the internet. An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

   To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

4. **Details of Decisions taken at this meeting** can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Jack Latkovic as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Riverside, Keynsham;
   - The Hollies, Midsomer Norton;
   - Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

5. **Substitutions**
   Members of the Board are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. **Declarations of Interest**

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.
   (b) The nature of their interest.
   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register:

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Health & Wellbeing Board

Wednesday, 26th March, 2014
Brunswick Room - Guildhall, Bath
10.00 am - 12.00 pm

Agenda

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING

   To confirm the minutes of the above meeting as a correct record.

8. 10.05AM THE ROYAL UNITED HOSPITAL BATH PRESENTATION ON THE LATEST CARE QUALITY COMMISSION INSPECTION (15 MINUTES)

   The Board will receive a presentation from the RUH Bath representatives on the latest Care Quality Commission (CQC) inspection.

9. 10.20AM FEEDBACK FROM THE LOCAL GOVERNMENT ASSOCIATION HEALTH AND WELLBEING PEER CHALLENGE (20 MINUTES)

   The Board is asked to:

1) Thank stakeholders from across the health and wellbeing sector for the participation in and contribution to the peer challenge.

2) Note the key feedback from the Health and Wellbeing Peer Challenge.

3) Agree next steps for learning from and responding to this feedback.

10. 10.40AM 'WHAT WORKS' MENTAL HEALTH CONFERENCE (20 MINUTES)

The Mental Health and Wellbeing Forum members wish to present a video and report from the 'What Works' Mental Health conference held in October 2013.

The Board is asked to note:

1) The work of the service users, carers and associated organisations to design and deliver the conference, video and report.
2) The contents of the report.

11. 11.00AM NHS B&NES CLINICAL COMMISSIONING GROUP 5 YEAR PLAN AND BETTER CARE FUND (50 MINUTES)

Report to follow.

12. 11.50AM TWITTER QUESTIONS (10 MINUTES)

The Committee Administrator for this meeting is Jack Latkovic who can be contacted by telephoning Bath 01225 394452

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 29th January, 2014, 2.00 pm

Dr. Ian Orpen	Member of the Clinical Commissioning Group
Councillor Katie Hall	Bath & North East Somerset Council
Ashley Ayre	Bath & North East Somerset Council
Councillor Simon Allen	Bath & North East Somerset Council
Councillor Dine Romero	Bath & North East Somerset Council
Jo Farrar	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch representative
John Holden	Clinical Commissioning Group lay member
Tracey Cox (In place of Dr Simon Douglass)	Clinical Commissioning Group
Paul Scott (In place of Bruce Laurence)	Bath & North East Somerset Council
Ronnie Wright (In place of Pat Foster)	The Care Forum
Douglas Blair	NHS England

30 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

31 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

32 **APOLOGIES FOR ABSENCE**

Dr Simon Douglass, Pat Foster and Bruce Laurence sent their apologies.

Tracey Cox, Ronnie Wright and Paul Scott were their substitutes for this meeting only.

33 **DECLARATIONS OF INTEREST**

Councillor Katie Hall declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

34 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

35 **PUBLIC QUESTIONS/COMMENTS**

There were none.

36 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

37 **BETTER CARE FUND (15 MINUTES)**

The Chair invited Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) to introduce the report.

The Chair commented that the Better Care Fund (BCF) was a great idea as it would bring all health and social care funds together, in one pot, and deliver better outcomes. The delivery timescale were quite tight, in particular for the Clinical Commissioning Group (CCG) and the Council.

The Chair also supported local metrics as it met the Health and Wellbeing Strategy requirements.

Tracey Cox commented that some proprietary work had been done around baseline understanding against some of the outcomes and metrics. One particular work had been undertaken around dementia diagnosis, something that the CCG was required to set in its own plan, which could be presented to the Panel in near future.

Jo Farrar acknowledged that this was a significant change and a lot of hard work had been put in this area. The Council recognised that this would be new money, and the Council would be keen to work with health bodies on this issue, in the smoothest possible way.

John Holden expressed slight concern that the proposal of the local BCF plan would have to be submitted by 4th April 2014, and considering that the NHS and the CCG would have to produce their two year and five year plans, there could be too much pressure put on small teams. John Holden also said that short timescale would leave little time for innovative thinking.

Dr Ian Orpen commented that two year and five year plans were discussed with

neighbouring CCGs, and one of the issues discussed at that meeting was the BCF. From the discussion with other CCGs it was evident that B&NES CCG had had quite cohesive and collaborative partnership work with the Council when compared with other CCGs in the area.

Councillor Dine Romero expressed her concern that the BCF was aimed to adults only and not to children and young people. Councillor Romero asked if it would be possible to be more explicit by saying that the BCF would be for adults' health and wellbeing and specify direction where children and young people's health might be addressed.

The Chair welcomed the comment from Councillor Romero and said that there was no explicit suggestion that the BCF was for adults only.

Jane Shayler added that there was nothing indicated that funding for children's health and social care was precluded in use of this funding.

Councillor Katie Hall reassured John Holden that the work around the BCF was not sudden. The Council and the CCG had known for some time about the BCF.

Douglas Blair commented that the NHS England had been encouraging people to think that this was a mechanism for support strategies.

Paul Scott asked if there would be one metric, one indicator, or a range of metrics. Paul Scott suggested that domestic violence could be another issue to consider, whether as new metric or to be funded directly from the BCF.

Jane Shayler responded that it would be one local metric, though there would be a series of national metrics.

Ashley Ayre commented that a discussion at the CCG Board meeting generated an idea on the local indicator around children and young people. Ashley Ayre welcomed a suggestion from Paul Scott about domestic violence metric. Ashley Ayre highlighted a need for a right vehicle for tough discussions on how resources would be recycled into preventative services.

It was **RESOLVED** to:

1) Note the national planning guidance set out in this report, including the key requirement for the Board to formally sign off the local Better Care Fund plan in March 2014 for submission by 4th April 2014.
2) Select 'Child and adolescent mental health' as local metric for the time being, subject to further assessment of local data.
3) Support intent to host or undertake joint stakeholder engagement on the local Better Care Fund plan alongside the CCG's engagement on its wider strategic and operational plans in line with the requirements of Everyone Counts: Planning for Patients 2014/15 to 2018/19.
4) Receive a further report, including the draft local Better Care Fund Plan, at its next meeting on 26th March 2014, with the aim of signing off the plan for submission by 4th April 2014.

38 **IMPLICATIONS OF SPECIAL EDUCATIONAL NEEDS & DISABILITY REFORM (10 MINUTES)**

The Chair invited Charlie Moat (Child and Families Group Manager) to introduce the report.

The Chair said it was important that the Health and Wellbeing Board took a role into introduction of the Special Educational Needs & Disability (SEND) reform.

Councillor Katie Hall asked about plans for School Action and School Action Plus, and where would those children go. Councillor Hall also asked how the EBD (Emotional & Behavioural Difficulties) children would fit in the reform.

Charlie Moat replied that majority of children with Special Educational Needs (SEN) did not have, or need, a statement. The Council had proposed an introduction of a single support plan. The child would be covered by the plan and would receive every possible help and support along the way. Charlie Moat also said that there have been amendments in the House of Lords and the disability had been put back into the framework, so the disabled children, who were not under the SEN, would be looked after. In case of the children with the EBD – this would be something that schools would need to manage.

Councillor Dine Romero asked if separate piece of work on children with the EBD would happen.

Charlie Moat commented that there was a need for a piece of work on the EBD children, which could be considered separately.

Ashley Ayre said that the EBD review had been conducted around five years ago. The Council would have another look into that review, in part driven by the SEND reform and in part driven by some other issues. Ashley Ayre also said that there was a growing awareness around children with attachment disorder.

Dr Ian Orpen supported the reform and highlighted importance of the support for children with mental health issues.

Tracey Cox commented that there was a potential to have an innovative approach.

Charlie Moat agreed with Tracey Cox by saying that there was a radical re-think from the operational aspect. Charlie Moat also said that he was keen to involve parents and carers of young people into this programme as trainers, and also as participants in those trainings.

The Chair welcomed the involvement of parents and carers in the programme.

It was **RESOLVED** to:

1) Note the issues implications of SEND reform for Bath & North East Somerset.
2) Agree to work with the SEND reform project manager to ensure B&NES

Council and Clinical Commissioning Group meet their statutory duties in respect of SEND reform including the identification of designated officers for education, health and social care and establishment of suitable strategic governance arrangements by September 2014.

3) Agree to take a lead in ensuring all necessary consultation on the Local Offer.

39 **COMMISSIONING INTENTIONS (55 MINUTES)**

The Chair informed the meeting that the Health and Wellbeing Board were asked to consider presentations (attached to these minutes) and verbal updates from the Council, Public Health, the CCG and NHS England on their commissioning intentions.

The Chair invited Jane Shayler to give presentations named 'Integrated Commissioning Intentions – Children and Young People' and 'Integrated Commissioning Intentions – Adult Care & Health'.

The following points were highlighted in those presentations:

'Integrated Commissioning Intentions – Children and Young People'

- Needs Assessment informing the integrated commissioning intentions
- Emerging Priorities for the CYPP 2014/7 to influence commissioning intentions
- Specialist commissioning Intentions (Health) 2014/5
- Specialist commissioning Intentions 2012/3 : recommissioning in process, contracts to be awarded in 2014
- Preventative Commissioning Intentions 2012/3 : recommissioning in process, contracts to be awarded in 2014
- Opportunities for integrated commissioning in 2015/6

'Integrated Commissioning Intentions – Adult Care & Health'

- Needs Assessment informing commissioning intentions:
- Emerging priorities influencing current and future commissioning intentions (in addition to those set out in current strategies including the Health & Wellbeing Strategy)
- Re-commissioning in process, contract award (if relevant) and/or service in place in 2014/15
- Re-commissioning in 2014/15, contract award (if relevant) and/or service in place in 2015/16- 2016/17

Councillor Dine Romero asked if children from Gypsy and travellers group, and also from armed service, were considered under emerging priorities.

Ashley Ayre responded that the Council, together with the CCG and Public Health, has been commissioning special services for children with Gypsy and travellers background, as well as for people who live on river and canals. Also, the Council

had been working with education personnel for armed forces, in order to track any children from that group.

The Chair invited Paul Scott to give a presentation named ‘Integrated Commissioning Intentions – Public Health’.

The following points were highlighted in the presentation:

- Needs assessment and issues informing commissioning intentions
- Emerging priorities for commissioning and strategy in 2014/15
- New strategy, pathways, services or programmes expected to be in place in 2014/15

The Chair commented that there was a real shift to prevention, which was helpful. Public Health was having an impact in the Council, such as their role in the development of the Economic Strategy, Placemaking Plan and similar.

The Board welcomed the Director of Public Health (DPH) awards scheme.

Paul Scott said that the DPH awards scheme was on-going scheme. The scheme had been working with schools and early years services, in order to promote the health and wellbeing of children.

The Chair requested a report on the Director of Public Health award for one of the future meetings of the Board.

The Chair invited Dr Ian Orpen and Tracey Cox to give a presentation named 'The Road ahead - Plan for 2014-15 & 5 year plan development'.
The following points were highlighted in the presentation:

- CCG's refreshed strategic objectives
- Commissioning intentions for 2014/15 (available on the CCG's website)
- New Urgent Care Service Arrangements
- New Maternity Service Arrangements
- Embed Community Cluster Model
- Future of the Royal National Hospital for Rheumatic Diseases
- New and continuing service arrangements
- Other developments
- Other potential service developments
- Procurements
- A call to Action

- Everyone Counts 2014/15 to 2018/19
- CCG Development of its 5 year plan

The Chair welcomed the level of detail received in presentations so far and acknowledged the scale and pace of the work that would have to be completed in a very short timescale.

The Chair invited Douglas Blair to give a verbal update on behalf of the NHS England.

Douglas Blair highlighted primary care responsibilities for the NHS England. Primary care role would expand in near future. The GP contract would be revised for the next year, with expectations of having an accountable GP for over 75s. Commissioning of the primary care would need to link on local requirements, local needs.

Douglas Blair also informed the Board about arrangements around the future delivery of primary care, especially in terms of the funding stream, buildings, electronic prescriptions, IT systems and similar.

The NHS England would also continue to commission some elements of public health screening and immunisation, and for some elements of specialised services.

The Chair asked what would be the HWB's role in terms of the local GPs, and how would they fit in local strategies.

Douglas Blair responded that the Board, and the NHS England, would need to be a part of the local Health and Wellbeing Strategy, rather than picking up on particular parts of the NHS England commissioning.

Councillor Dine Romero asked about the impact of growing number of children and young people on Call to Action. Councillor Romero commented about possible health visitor need for growing number of military personnel and whether that was something to think of. Councillor Romero also asked if health visitor for over 75s would be a different health visitor.

Tracey Cox responded that health visitor for elderly would have a different job description. The CCG had been monitoring the Joint Strategic Needs Assessment figures on regular basis, and increase in number of children and young people in the area was not an issue.

Douglas Blair said that armed forces commissioning was responsibility of the NHS England.

John Holden welcomed to 5 year Strategy from the CCG and said he would be looking forward for its delivery. John Holden felt that the current dispensation of the primary care, where an area team commission primary care, would not be sustainable.

It was **RESOLVED** to note presentations and verbal updates.

It was also **RESOLVED** to receive a report on the Director of Public Health award for one of the future meetings.

40 **HEALTH AND WELLBEING CONSEQUENCES OF DOMESTIC ABUSE - A MULTI-AGENCY CONVERSATION (35 MINUTES)**

The Chairman invited Andy Thomas to give a presentation to the Board.

The following points were highlighted in the presentation:

- Definition of domestic abuse
- Graph showing types of alleged abuse experienced by domestic abuse related referrals to Adult Safeguarding in B&NES (March 2011-2013)
- Health and vulnerability issues of the domestic abuse referrals to Adult Safeguarding in B&NES (March 2011-2013)**#**
- Domestic abuse and health
- Focus groups findings 2013-14
- An Opportunity - Public Service transformation
- Links with other projects and initiatives
- IRIS - Identification & Referral to Improve Safety
- IRIS - Bristol
- IRIS GP surgeries and the number of referrals received by different GPs in each practice (Jan-Jun 2013)

A full copy of the presentation is attached to these minutes.

The Chair invited Ronnie Wright to update the Board on the Health and Wellbeing Network meeting held earlier in the day.

Ronnie Wright said that discussions held earlier in the day were quite productive and involved representatives from over 30 organisations.

Ronnie Wright commented that three key areas had been highlighted at the meeting:

- Raising Awareness
    - Best Practice

- Training
- Domestic Abuse Champions
- Co-ordination
- Information
- Networking

- Knowledge and understanding
  - Research
  - Vulnerability to abuse
    - Mental Health
    - Disability and Learning Difficulties
    - Child victims of sexual abuse
  - Building a profile of potential victims
- Isolation
  - Geographical
  - Culture
    - Communities
    - BME
    - Armed Forces

The Chair thanked Andy Thomas for the presentation and Ronnie Wright for a feedback from the session held this morning. The Chair highlighted a need for collaboration between organisations in order to prevent people fall through the gap.

The Chair invited Sue Mountstevens (Police and Crime Commissioner) to comment on the subject of domestic abuse.

Sue Mountstevens said that Domestic Abuse was one of the priorities for the Police and Crime Plan. Sue Mountstevens valued what had been discussed today but one of the key points was to prevent people fall through the gap, and that there was far too much work in silos. Sue Mountstevens felt that all partners and organisations would need to work together and share their findings.

Sue Mountstevens was slightly concerned that victims of domestic abuse were not coming forward in expected numbers. Health and wellbeing had been a key player on this matter considering that victims were far more confident talking to their GPs.

Sue Mountstevens was also supportive of IDVAs (Independent Domestic Violence Advisors) in A&E, who were, in particularly, helping young people which were victims of domestic abuse. Early intervention was a key in preventing people being abused and re-victimised.

Robin Cowen (Local Safeguarding Adults Board) said that there was a slight overlap between the agendas in Adult Safeguarding and what had been discussed at networking meeting today about Domestic Abuse. Robin Cowen welcomed that this subject had been on more than one agenda though the language and culture were different and people had not been looking into this matter enough and in a right way. The level of awareness was low in some instances and there was quite a lot of work to be done. People should not lose a momentum on this matter.

Robin Cowen suggested that Chairs of the Health and Wellbeing Board, Local Safeguarding Adults Board, Local Safeguarding Children Board and Responsible Authorities Group should meet annually to make sure that the agenda was lined up and that there were no duplications.

The Chair welcomed a suggestion from Robin Cowen for annual meeting between various Chairs. The Chair also said that one of the HWB's top priorities was reduction of health and wellbeing consequences of domestic abuse.

Dr Ian Orpen recognised that GPs had pivotal role in recognising domestic abuse. Dr Orpen welcomed the IRIS project and recognised the need of raising the awareness for domestic abuse. The domestic abuse had been regularly debated at monthly GPs' forums.

Ashley Ayre commented that networking session held this morning had been interesting. One of the things that could be looked at was whether or not incidents that had happened could be mapped and then discussed with the CCG on how this might link with GP, i.e. to compare one practice where there were a lot of incidents against a practice with fewer incidents.

Councillor Katie Hall also welcomed the networking session held earlier today. Councillor Hall highlighted part that GPs could play in terms of awareness. IRIS project in Bristol was something that should be looked at closely.

Tracey Cox commented that all agencies should maximise their opportunities to raise a profile and awareness on this matter. For instance, supermarket shelves could be excellent places to profile an awareness of domestic abuse and provide the public with useful information, contact, etc.

The Chair welcomed a point from Tracey Cox.

It was **RESOLVED** to:

1) Restate the cross-partner importance of addressing domestic violence and abuse as priorities of the Health and Wellbeing Board and the Community Safety Partnership.

2) Note that the Board is particularly committed on the need to focus on early intervention.

3) Note the referral mechanisms relating to domestic violence and health services, in particular the IRIS scheme, and to consider the PCC's Community Fund as one of potential resources for future applications.

4) Agree with a suggestion that Chairs of the Health and Wellbeing Board, Local Safeguarding Adults Board, Local Safeguarding Children Board and Responsible Authorities Group should meet annually to make sure that the agenda was lined up and that there were no duplications.

41 BATH AND NORTH EAST SOMERSET AUTISM STRATEGY AND SELF EVALUATION 2013 (10 MINUTES)

The Chair invited Jane Shayler to introduce the report.

The Chair thanked Andrea Morland and Mike MacCallam for leading on this work and to all who contributed to this work. The Chair said that the work on autism had involved people with autism, carers and social workers and that he was really pleased with the outcome.

Ashley Ayre said that the training had been marked as red, although there were two special schools with beacons for autistic spectrum disorder (Fosseway School and Three Ways School) which could be involved in future provision of training.

Paul Scott asked about the waiting period following the completion of the self-evaluation assessment.

Andrea Morland (Commissioning Manager for Mental Health) responded that waiting period would be up to 18 weeks from completion of the self-evaluation assessment.

It was **RESOLVED** to note the report.

42 BATH AND NORTH EAST SOMERSET CHILDREN AND YOUNG PEOPLE'S PLAN (10 MINUTES)

The Chair invited Ashley Ayre to introduce the report.

It was **RESOLVED** to note the draft Children and Young People's Plan (CYPP) 2014-2017.

The meeting ended at 4.45 pm

Chair .....

Date Confirmed and Signed .....

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	26th March 2014
TITLE:	LGA Health and Wellbeing Peer Challenge
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix One – LGA HWB Peer Challenge Feedback Report	

1 THE ISSUE

1.1 Bath and North East Somerset took part in an LGA Health and Wellbeing Peer Challenge from 27th January – 30th January 2014. This report sets out the key feedback from the Health and Wellbeing Peer Challenge team and proposed next steps.

2 RECOMMENDATION

The Board is asked to:

2.1 Thank stakeholders from across the health and wellbeing sector for the participation in and contribution to the peer challenge.

2.2 Note the key feedback from the Health and Wellbeing Peer Challenge

2.3 Agree next steps for learning from and responding to this feedback

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 There are no direct resource implications arising from this report. However, the findings from the report may influence future work planning.

3.2 Costs of the Peer Challenge were met by the Local Government Association.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 The Health and Wellbeing Peer Challenge is designed to support councils in implementing new health statutory responsibilities. It is intended that the feedback from the challenge will support the future development and planning of the local health and wellbeing system.

5 THE REPORT

5.1 Bath and North East Somerset took part in an LGA Health and Wellbeing Peer Challenge from 27th January – 30th January 2014. Through a busy programme of discussions, observation and focus groups over 4 days, the peer team explored how the council and its partners are working together to deliver health and wellbeing outcomes for local communities

5.2 The Health and Wellbeing Board worked in partnership with the LGA to agree the scope of the peer challenge. The framework for the peer challenge was based on 5 headline questions:

1) Is there a clear and appropriate approach to improving the health and wellbeing of local residents?
2) Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?
3) Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4) Are there effective arrangements for evaluating impacts of the Joint Health and Wellbeing Strategy?
5) Are there effective arrangements for underpinning accountability of the public?

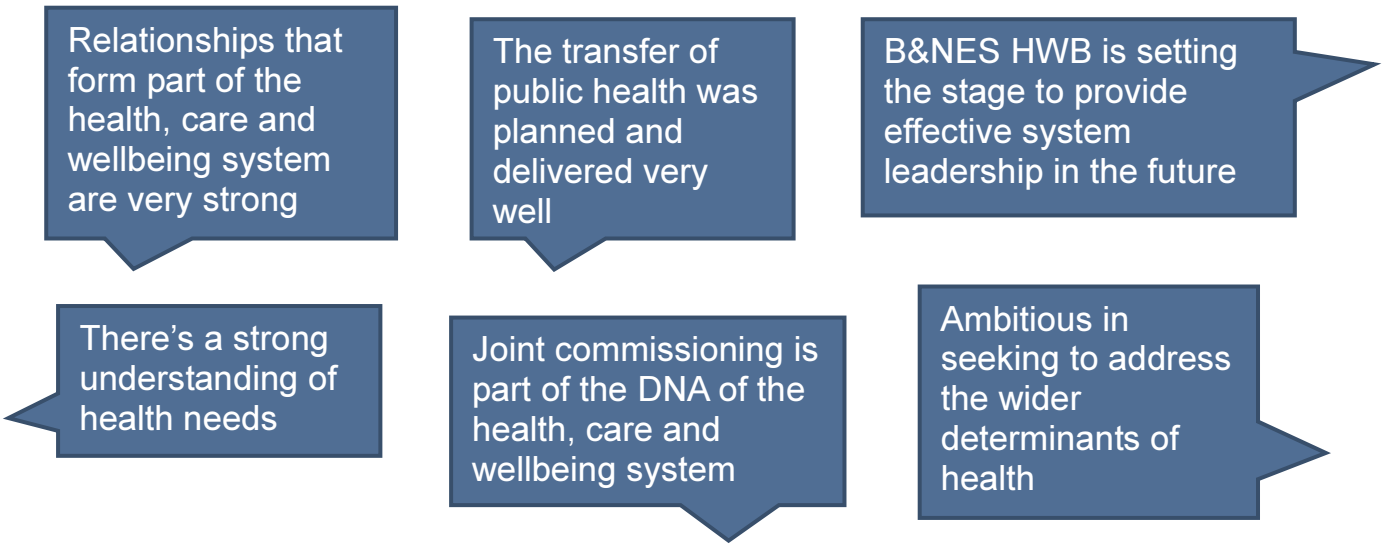
The peer team also looked at 2 local Joint Health and Wellbeing Strategy priority areas and explored how effectively the system tackles these issues:

- Helping children to be a healthy weight
- Reducing rates of alcohol misuse

5.3 As part of the challenge the peer team met with a range of services, local Councillors, health and social care providers and partners. The peer team considered relationships, leadership, integration, strategy and delivery.

Health and Wellbeing Peer Challenge feedback report

5.4 Following the 4 day visit, the peer team presented their reflections and recommendations in a report. The report presents many positive aspects to our health and wellbeing system including our commitment to improve health outcomes and reduce inequality. Comments within the report include:



Key suggestions for the health and wellbeing system to consider

5.5 The report also outlined some areas for consideration in future development and work planning:

Next steps

5.6 There are already a number of activities underway in relation to the recommendations and challenges made by the peer team. For example our new Strategic Advisory Group, which provides a forum for engaging with larger health and social care providers.

5.7 The Health and Wellbeing Board will be holding a development session in April to consider the key peer challenge recommendations in more detail and next steps.

6 RATIONALE

6.1 The peer challenge process has provided a valuable external review of our health and wellbeing system in Bath and North East Somerset. It has enabled us to reflect on our strengths, explore how we can maximise our effectiveness and drive forward our potential to be at the forefront of innovation and transformation. The peer challenge feedback sets out a number of recommendations which are intended to further support the Health and Wellbeing Board as it develops.

7 OTHER OPTIONS CONSIDERED

7.1 None.

8 CONSULTATION

8.1 Representatives from a range of parties participated in the Health and Wellbeing Peer Challenge including Council, NHS B&NES Clinical Commissioning Group, Wellbeing Policy Development and Scrutiny, partner agencies, local providers and voluntary sector organisations.

8.2 Consultation on this report has taken place with the Health and Wellbeing Board Chair and Strategic Director, People and Communities. The Council's Monitoring Officer (Divisional Director - Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	Helen Edelstyn, Strategy and Plan Manager (01225 477951)
Background papers	Local Government Association (LGA) Health and Wellbeing Peer Challenge webpages - http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511124/ARTICLE
Please contact the report author if you need to access this report in an alternative format	

Cllr Simon Allen, Chair of the Health and Wellbeing Board
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10 February 2014

Dear Simon and Jo

Health and wellbeing peer challenge, 27-30 January 2014

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Bath and North East Somerset (B&NES) to deliver the health and wellbeing peer challenge as part of the LGA's health and wellbeing system improvement programme. This programme is based on the principles of sector led improvement, i.e. that health and wellbeing boards will be confident in their system wide strategic leadership role, have the capability to deliver transformational change, through the development of effective strategies to drive the successful commissioning and provision of services, to create improvements in the health and wellbeing of the local community.

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and were agreed with you. The peers who delivered the peer challenge at B&NES and its Health and Wellbeing Board (HWB) were:

- David Hill, Chief Executive, Milton Keynes Council
- Cllr Sir David Williams, Deputy Leader of the Opposition, Richmond upon Thames Council
- Frances Cunning, Director of Public Health, North Lincolnshire Council
- Sharon Liggins, Chief Officer (Partnerships), Sandwell and West Birmingham Clinical Commissioning Group
- Mark Browne, Local Government Policy Lead, Department of Health
- Jon Sutcliffe, Senior Advisor (Workforce, Policy & Strategy), Local Government Association
- Anne Brinkhoff, Programme Manager, Local Government Association

Scope and focus of the peer challenge

The purpose of the health peer challenge is to support Councils in implementing their new statutory responsibilities in health from 1st April 2013, by way of a systematic challenge through sector peers in order to improve local practice. In this context, the peer challenge has focused on three elements in particular: the establishment and operation of effective Health and Wellbeing Boards (HWB), the operation of the public health function, and the establishment of a local Healthwatch

The framework for our challenge was five headline questions:

1. Is there a clear and appropriate approach to improving the health and wellbeing of local residents?
2. Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy
5. Are there effective are arrangements for underpinning accountability of the public?

You also asked us to comment on the following issues:

- The effectiveness of your arrangements for the HWB, in particular:
    - How good is the Board in initiating change?
    - The position of the HWB versus the broader partnership landscape in B&NES
    - Relationships with the general public
    - Effectiveness of provider engagement
- How well is Healthwatch supported by the system to fulfil its role?
- How well does the PH team work across the Council?
- How good are relationships with Public Health England and NHS England
- How effectively does the system tackle Helping children to maintain a healthy weight?
- How effectively does the system tackle alcohol misuse?

It is important to stress that this was not an inspection. Peer Challenges are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material that they read.

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the Peer Challenge Team acted as fellow local

government and health officers and members, not professional consultants or inspectors. We hope this recognises the progress B&NES Council and its Health and Wellbeing Board have made during the last year whilst stimulating debate and thinking about future challenges.

1. Headline messages

Bath and North East Somerset demonstrates strong commitment to improving health outcomes for its communities. The peer challenge team saw a strong understanding of health needs, including health inequalities, which is informed by a thorough process of review and is based on data and intelligence from the council and partners. This thorough approach has led partners in B&NES to identify and agree clear priorities under three key themes.

Relationships between organisations that form part of the health, care and wellbeing system are very strong and the HWB is setting the stage to provide effective system leadership in the future.

The transfer of public health into the Council was planned and delivered very well. The history of joint working between the former PCT and the Council was a key enabler to support NHS staff moving into the Council. We experienced strong political and managerial leadership to put health and wellbeing at the heart of everything the council does. The Council is ambitious in seeking to address the wider determinants of health through its plans for economic development and regeneration, including through schemes that are in or adjacent to the most deprived wards in B&NES, to deliver a healthier environment and to promote skills and employment opportunities.

Joint commissioning is part of the DNA of the health, care and wellbeing system in B&NES. The established arrangements for integrated commissioning and indeed the integration of delivery for Community Health and Adult Social Care (Sirona) is an example of national best practice and a significant advantage in planning the further integration of services to achieve better outcomes for residents.

It is now timely for you to articulate and communicate what your health, care and wellbeing system will look like in the next five years and how to make the transition. Some of the key questions you are already discussing are:

- How much money is in the system? What can you afford as a system and place? Do you understand the finances across all partners, including providers?
- What are the assets in your community that you can build on?
- How can you shift to better prevention, early intervention, non-medical solutions?

- How can you work with your communities to build resilience, better self-management and personal responsibility?
- What is the right balance for B&NES between primary, community and acute services?
- How will you use financial modelling to understand and decide how you will spend your resource in the future to provide the best care and the best outcomes?
- How can you pool and align resources amongst organisations and with the voluntary sector?
- How can you raise your ambition to deliver better outcomes based on the assets you have but also in leveraging the HWB and associated leverage to make a transformative change?

In the shorter term there is a need for greater focus and wider engagement to turn the Joint Health and Wellbeing Strategy (JHWS) into real measurable impact on the ground.

In summary, given your assets locally the peer challenge team consider that you should be more ambitious and take the opportunity to address health inequalities even more vigorously and quickly – placing yourselves at the forefront of innovation and transformation. To achieve this there is a need to develop better performance management arrangements, a stronger geographic focus, closer work with providers. Building on strong relationships and firm foundations, the HWB has an opportunity to provide system leadership in raising ambition and delivering better outcomes through a period of change.

2. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?

The health and wellbeing system in B&NES has a comprehensive and convincing analysis of the health and wellbeing of its population. The Joint Strategic Needs Assessment is at the heart of this. It acts as a single vehicle for all strategic intelligence of the place, including health and wellbeing, the built environment, economy and society, and also includes information about carer and patient experiences. In 2013 the format was changed to a continually evolving on-line ‘wiki’ resource which is updated by partners with the Council providing oversight, quality assurance and managing the system overall. The system was regarded as a ‘beacon of excellence’ by partners and council officers. It is well known, understood and valued as a tool to inform the preparation of strategies, service plans or funding bids. In moving forward, attention needs to be paid to ensuring quality assurance in order not to jeopardise the credibility of the JSNA.

Building on the data and intelligence and using an inclusive process has enabled the HWB to deliver a strong narrative and effective framework for its work. The

Joint Health and Wellbeing Strategy (JHWS) stipulates the system's overall vision *'to reduce health inequalities and improve health and wellbeing in Bath and North East Somerset'* through three themes and eleven priorities. Themes and priorities are appropriate and well understood by partners. The strategy acknowledges the need for a shift from acute care to primary care and prevention as well as self-care as a means to ensure that priorities can be met within a challenging financial climate for the Council, CCG and partners. This provides a good strategic foundation for better health outcomes.

There is a widespread understanding of the health and wellbeing priorities among stakeholders in the system and a willingness to help deliver these. Conversations with councillors, senior managers and officers across the Council, CCG, Healthwatch and the voluntary and community sector highlighted a good understanding and commitment to action. Each of the eleven priorities has a lead commissioner who is responsible for co-ordinating activity and for ensuring that action is delivered. Given the complexity of partnership working which relies on trust and good will as opposed to direct accountability, the understanding, appreciation and commitment to delivery across the system is crucial for its success. Also, lead commissioners will require strong endorsement and support from their managers to be able to co-ordinate and lead delivery for their priority, particularly in an environment of shrinking resource and reducing capacity.

Partnership working between commissioners and providers is strong. They are working together well to design processes and patient pathways to reduce demand for urgent care, which has had a positive impact on 'winter pressures' this year. Another example is the redesign of community and adult social care provision with a stronger focus on re-ablement as an up-front package but introducing a six week care package for everyone (not means tested), resulting in above average numbers of people being restored to their previous state of health.

Arrangements for joint commissioning between the Council and the CCG (and previously the PCT) are very strong and are creating the capacity to implement the strategic direction for health and wellbeing. Following the establishment of the CCG, a new Joint Working Framework has been agreed between the Council and the CCG, setting out mechanisms to support integrated commissioning of services across health, public health, adults and children's services. Joint arrangements work at all levels, from a joint commissioning leadership team (involving chief officers), the oversight of joint working (involving elected members and CCG Board members), the use of section 113 arrangements for staff from either organisation to commission on behalf of the other, pooled budgets, an emerging joint commissioning programme as well as a joint leadership programme and co-location of staff. These arrangements are forming a 'golden thread' at all levels of the commissioning process and address not only systems and processes but also leadership and governance.

Building on strong relationships, a history of integration and the relative financial stability of the health economy at present, but with future challenges to come, our key challenge is whether the local system can be more ambitious and deliver even better outcomes with more pace? For example could the system set itself more stretching targets to address health inequalities in between deprived wards such as Twerton or in Radstock, or tackling specific conditions such as childhood obesity or alcohol, with more urgency and greater ambition? In particular the Council's focus on economic growth and regeneration, and their geographic locations should provide opportunities to tackle health inequalities faster. The challenge team believe that you could be at the forefront of national efforts to tackle health inequalities through service transformation and redesign.

Given the system's progress with health and social care integration, the peer challenge team feel that there appears to be a too comfortable a reliance on the current integrated model. The advent (and deadlines) of the Better Care Fund provide an opportunity to challenge the current model of integration and go further and faster, putting you at the forefront of innovation. This requires a better articulation of how your health and social care system will look like over the next five years, how and by whom services will be provided and how you can change the system to ensure more self-care and preventive actions. There is a need to seek dialogue with providers such as the Acute Trust and Sirona as well as GPs and the Voluntary and Community Sector to co-create services that are better and more cost effective. The HWB needs to drive these conversations about transformation with ambition.

While health inequalities are well understood at data and intellectual level through the JSNA and strategies, the challenge team found an absence of 'user stories'. By this we mean for decision makers to have rich and realistic understanding of what it is like for families or individuals to live in the diverse areas within B&NES, the day-to-day issues they deal with, and why they make the choices them make. It is often the exposure to human stories that will create the passion, motivation and drive in people to make a difference. Elected members as well as Healthwatch have a key role in representing the needs of specific communities and creating a rich source of stories and experiences that will drive action through compassion.

While the challenge team found a clear strategic focus on health inequalities, we question whether there is a sufficiently strong focus on specific wards or communities which can be clearly identified as needing effort and resources. Similarly whether there is a sufficiently nuanced understanding of the background to some (very) local patterns of deprivation and inequality that are not apparent from quantitative analysis alone. The JSNA will provide you with detailed data and information at ward (and below) level that can be used to target projects or initiatives with precision. In our discussions with councillors, staff and partners we felt, however, that that there was limited geographic or community focus.

Implementation and performance management arrangements for the JHWS now need to be agreed so that lead commissioners understand what is required of them. We welcome the approach of establishing priority leads for each of the eleven priorities and requiring them to provide assurance to the HWB on a bi-annual basis, together with an annual progress report (Joint Annual Account) of the work of the HWB as a whole. The challenge team consider that a process needs to be agreed quickly to develop performance indicators and milestones so that the priority leads can measure/demonstrate progress and the HWB can have a grip on delivery and progress. Care needs to be taken to develop strong links with the council's work on Connecting Communities and the Community Organisers in particular, to maximise opportunities for delivery and outcome monitoring at local community level. Of course, the system will need to balance the need for structured performance feedback against the risk that approaches that become unwieldy and cumbersome.

3. Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?

The composition of the wider partnership system plays in favour of the work of the HWB. Co-terminosity between the Council and the CCG is a real strength, as is the integrated provider of community services (Sirona) and the Royal United Hospital NHS Trust (RUH) as the main acute provider. It is good that RUH has made strong efforts to improve the quality of data that it provides to the whole system, for example on alcohol related submissions.

There is a good line of sight from the HWB to the Public Service Board and three other thematic partnerships, i.e. the Safer Partnership, the Environmental Sustainability Partnership and the Economic Partnership, the latter feeding into the sub-regional Local Enterprise Partnership (LEP). These strategic partnerships form the pillars of partnership working within B&NES, with the Public Service Board providing leadership and co-ordination across the entire partnership landscape. Connectivity between partnerships tends to be informal and via members as opposed to formalised accountability. So far, this has been effective and has enabled stakeholders to have good sight of each others' purpose and work streams and making connections where required.

The HWB has been established in a thoughtful and effective way, respecting the formal decision-making and accountabilities of the Council and the CCG. It has purposefully been kept to a small membership based on the statutory minimum, making it a commissioner forum. To date, this approach has worked well, enabling the HWB to refresh its JSNA, agree its JHWS and strengthen joint working around alcohol misuse and unhealthy weight, ensuring active engagement in the Council's place making plan and focusing on complex multi-agency issues such as Domestic Violence. HWB members are ambitious and excited about the potential of the Board, in particular to have oversight of the

wider health and wellbeing agenda and to influence the ambitious growth programme within B&NES, and to put a clear focus on upstream investment and development of services that will help communities to become more self-resilient.

The HWB operates within a cordial and collaborative partnership culture and relationships between HWB members are trusting. Meetings are chaired well and in an open and inclusive manner and Board members feel that they are able to influence across and beyond their own organisations. This is a key requirement for system leadership, where individual members and the HWB as a whole work without positional power but through influencing.

Support to the HWB is strong with Board members being positive about the quality and timeliness of papers and internal communication. The focus on using web-casting and social media to promote openness and accountability is seen as a real strength by some members. Partners feel well supported overall but the council needs to check back regularly whether the support it gives is appropriate for the needs of all partners, in particular those who have less corporate capacity, for example Healthwatch, or those who are not used to the institutional context and practice of a council.

The location of HWB support and overall management within the strategy and performance team is beneficial in that it ties it into the wider corporate and partnership structure. This is particularly relevant given the Council's ambition to use the regeneration programme in a proactive way to deliver healthy places and communities. At the same time, the peer challenge team experienced effective input from the public health team and the Director of Public Health (DPH) into agenda setting and planning for the HWB.

Culturally, the strong focus on a 'One Council' approach and - with the establishment of the Public Service Board a 'One Place' approach - provides a critical building block to achieve whole system change and works in favour of the health and wellbeing agenda. Members, managers and staff within the Council highlighted positively the cultural change introduced by the new Chief Executive to ensure better communication and alignment of work streams within services to serve the purpose of the Council as a whole as opposed to individual Directorates or services. This cultural shift will benefit the integration of public health and a focus on tackling health inequalities and the social determinants in health. On a B&NES system level, the introduction of a Public Service Board with its broad vision of *'Bath and North East Somerset will be internationally renowned as a beautifully inventive and entrepreneurial 21st century place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big – a 'connected' area ready to create an extraordinary legacy for future generations*' will provide a framework for partners to tackle wider health inequalities and to ensure that local assets are used to best effect.

However, providers currently feel ‘out of the loop’ and unable to contribute to service innovation now and over the longer term. Discussions with a range of providers confirmed that they are unclear where and how to engage in a wider debate about what the health and social care system will look like over the long-term and how they can contribute to designing this. Providers acknowledge that they will have self-interests but are prepared (and keen) to adopt a system wide perspective. The planned Strategic Advisory Group, a forum for large providers in the health and wellbeing field is seen as a very positive development. Its terms of reference would benefit from greater clarity about the purpose of the group, not only ‘what’ it will discuss but also ‘why’ it is being established.

Partners and staff are not clear about the partnership landscape in B&NES and the positioning of the HWB, particularly in relation to the Children’s Trust and the Safeguarding Boards for Adults and Children. The diagrammatic representation of circles of influence is useful but does not show any formalised links or accountabilities. The peer challenge team understand that this is deliberate in that the intention is for the system to work based on trust, influence and recognition of a joint purpose. This is a valid approach but must be communicated to partners and staff to clarify expectations. Over time the HWB may consider introducing some more formal links to partnerships or groups where accountabilities might be appropriate to ensure that delivery can be monitored. This is likely to be important where the HWB may wish to tackle a particular well-being issue which requires more formalised leadership or where it needs to focus on a particular issue that only it can tackle.

Roles and responsibilities of Health Scrutiny in relation to the HWB could be strengthened to ensure maximum impact and best use of resource. Given the broad remit of Health Scrutiny, which includes policy development, there is potential to duplicate work. Similarly there is a need for Health Scrutiny to distinguish between scrutinising health outcomes and scrutinising the work of the HWB. The challenge team would recommend for the Chairs of both committees to consider their Forward Plans jointly and to establish synergy and appropriate challenge as opposed to duplication.

The Voluntary and Community Sector is not sufficiently structured to make a strategic input. At present, there is no organisation with the remit (and resource) to co-ordinate the voluntary and community sector and speak on its behalf. This means that while strategic partnerships will have representation from individual Voluntary and Community Sector bodies, they will bring a particular organisational perspective and knowledge.

The Council’s planned ‘Connecting Communities’ programme seeks to strengthen community engagement and build social capital and community resilience across ten geographical clusters but it is not clear whether the clusters will be brought together to deliver a strategic voice for B&NES as a whole.

Building on the strengths of relationships, assets and integrated commissioning arrangements our principal challenge, as outlined above, is whether you could by now be further on your path to designing an integrated health and social care landscape, and whether you are making best use of the BCF and the commissioning plan for the CCG to articulate this at pace. The comparatively stable financial environment within the Council and CCG mean that you don't currently face the pressures and urgency many other areas will have. This creates a role for the HWB to challenge the system to accelerate because it will be beneficial for everyone in your communities. Your sound and trusted relationships provide a strong platform from which to challenge; but it is important that the system does not become complacent or too comfortable.

4. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?

There is strong leadership and commitment to health and wellbeing across the Council and the CCG. Within the Council, the peer challenge team was impressed by the clarity of vision and focus among councillors and chief officers to incorporate health and wellbeing into everything the Council does. One partner told us that *'B&NES has the best political leadership around health and wellbeing I have ever experienced'.* The place-making agenda in particular is regarded as a significant opportunity to deliver wellbeing through healthy spaces, employment and training to the more deprived communities. Similarly we heard strong voices in the leadership of the CCG about focusing on prevention, up-streaming and influencing GPs to become more engaged in prevention and self-reliance.

Staff we met with were motivated, skilful and enjoyed working for the Council. The workforce is stable, ensuring continuity and strong organisational memory. Many staff have worked across the Council and the NHS and appreciate the different cultures, norms and values. Such understanding and appreciation will be invaluable in driving further service integration.

Relationships with NHS England and the Public Health England Area Centre are good. The PHE Centre Director confirmed that B&NES was not on her 'worry list' and seemed to be demonstrating sound good practice. She was pleased that the transition of Public Health responsibilities had gone so well, despite the absence of a substantive DPH at that time – she felt that was a tribute to both the interim Director and to the political and managerial leadership of the Council. She queried, however, whether B&NES could not do even better: she felt they had the potential to be at the forefront of innovation and transformation of health and wellbeing.

The transfer of public health responsibilities into the Council has been welcomed and is widely regarded as successful. Given the existing shared arrangements and co-location of public health staff with CCG, Sirona and Children's Services,

many told us that '*very little changed'*. The Director of Public Health is seen as pragmatic and very able to work across the Council influencing agendas and providing challenge and 'grit' in the system. He has regular and direct access to the Chief Executive and is able to link effectively with the Strategic Directors. There is a strong focus on mainstreaming the use of public health specialist skills into other services and Public Health continue to fund staff who are located in other teams, for example in the research team and the public protection team.

Embracing the importance of the wider determinants of health and wellbeing in addition to lifestyle factors, Public Health staff are confident and impactful networkers across the Council. They have created a good mix of informal and formal arrangements for integrated working across the Council. These include an informal 'working group' with colleagues that have shared health and wellbeing objectives as well as a more formal Development Coordination Group, led by the regeneration team, to ensure that public health can contribute to key strategies and plans and can provide operational input, for example into the evidence base on how major development can be health promoting places, the development of planning guidance or health impact assessments. These are key initiatives to ensure that the Council's vision can be delivered over the longer term.

Similarly, we heard that Council officers are increasingly receptive to and seeking specialist public health staff engagement with their service issues, for example place making, regeneration, parks, play or transport infrastructure. Council staff appreciate the additional technical skills, expertise and networks the public health team bring, particularly around the robustness of evaluation and construction of a convincing evidence base.

We heard of many examples of joined up projects. For example, the council provided information about its fuel poverty programme as part of health promotion campaign on winter flue jabs organised by GP surgeries, leading to an increase of take up of advice and 'warm and well' investments.

While relationships between incoming NHS and council staff are strong and growing, there is recognition that the joint working needs to continue and ultimately should result in a shift of thinking from '*non-health partners helping out the public health team to deliver their stuff'* towards a genuine joint ownership of outcomes for residents across all aspects of life. This calls for an on-going message that public health is not an 'add on'. Operationally it requires on-going dialogue and the sharing of information and knowledge to ensure all staff 'get' the concept of wider social determinants of health. However, there is also a need to acknowledge the importance and make best use of the specialist skills set of public health staff. In this context there is also a need to ensure that professional staff continue have access to appropriate Continuous Professional Development to maintain their skills. This will be particularly important for consultants and aspiring consultants going through the registration process with the Faculty. At a

national level there is a strong focus on building a highly skilled flexible public health workforce and B&NES is in an excellent position to embrace this agenda and make a real contribution to it through being a centre of excellence on public health skills linked to the whole wellbeing agenda.

The Voluntary and Community Sector consider that their potential contribution to delivery as providers is not well understood and potentially underutilised. We heard from several groups that they are keen to contribute to the discussion around service changes and the need to focus on prevention. The new Strategic Advisory Group will provide such a forum for large providers. The peer challenge team would recommend to the Council to consider how Connecting Communities can develop links with smaller providers, often focusing on specific neighbourhoods, as well as the building social capital and community resilience locally.

The Council and the HWB need to encourage the maximum involvement of the local community, local organisations and the thousands of potential volunteers to deliver the best health outcomes. The Community Coordinators, as key employees in Connecting Communities, should have this as a priority. Community engagement and empowerment should involve ward councillors, parish councils, parish clusters and neighbourhood forums. The prize is not only better health outcomes but better community outcomes. Similar emphasis is also needed in Bath itself. This will cost money, but the savings to the public sector and the benefits to the residents make this an 'invest to save' strategy.

More strategically the peer challenge team question whether the HWB is maximising every opportunity to use levers in the system to drive better health and wellbeing outcomes? For example, the 'Call to Action' which calls for CCGs, LAs and their partners to redirect resources towards prevention; the NHS operational and strategic planning process, and the Better Care Fund.

5. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?

Led by the HWB, the health and wellbeing system has a good awareness of the importance of monitoring and evaluation of its work and the implementation of the JHWS in particular. This is a necessary condition to ensure deliver and continuous learning and improvement.

Mechanisms for monitoring are being put in place and are led by the policy and performance team and the Deputy Director of Public Health, ensuring broad ownership. There is a devolved responsibility framework which envisages the appointment of a priority lead (normally the lead commissioner) for each of the eleven priorities in the JHWS. The framework proposes that priority leads will provide assurance to the HWB on a six monthly basis through a simple and short

performance report which focuses on activity, investment and outcomes. Given the complexity and lack of direct causality between input and output/outcome, as well as the need to vary approaches, there is a need for flexibility within a clear desire to address specific measures. The HWB will also issue an annual performance report (the Joint Annual Account) that will report progress on the implementation of the JHWS as a whole. This will enable the HWB and the wider community to understand progress and impact.

The Council's emerging Connecting Communities project provides an opportunity to involve the wider community in monitoring outcomes and success. Our discussions with stakeholders and officers highlighted the scope to use the Forum and Conference mechanisms envisage in the Connecting Communities project to monitor and evaluate the delivery of priorities locally and compare the impact of different approaches across the ten community areas. This is a good opportunity to conduct local evaluation of impact and to share learning across localities.

While the proposals for monitoring and evaluating the impact of interventions are being developed, it is too early to comment on their effectiveness. The peer challenge team welcome the proposed 'light touch' approach based on trust in principle but care needs to be taken that this system is applied with rigor and that data and intelligence is used to reflect on performance and is used to reflect on whether interventions are working. We heard about good links with the Universities of Bath and Sheffield to learn from current academic practice which is a strength. The team also heard about the use of systems approaches (such as Outcome Based Accountability) that are used to challenge existing practice and drive new thinking and innovation. Given the complexity of issues such as helping children to achieve and maintain a healthy weight it is crucial that practice remains flexible to meet local variation. Within this experimental context, the use of performance monitoring and evaluation is however crucial to understand the impact of specific interventions, and to provide continuous challenge to drive improvement.

There is scope to use Connecting Communities to undertake evaluation of impact at local level, particularly in communities with greater health inequalities, in order to evaluate whether specific strategies work or not and why. The proposed Terms of Reference for the Connecting Communities programme identify the scope of the Forum as being to listen, prioritise, join up, work with you and share ideas, and could usefully include '*to monitor impact'*

Building on the 'wiki' format of the JSNA, there is considerable scope to develop locality based data as well as data on patients from CCG and the RUH to strengthen the shared open data community in order to monitor and evaluate outcomes. While data is key to understanding outcomes and impact, data sharing and use is complex and subject to many regulations and restrictions. Oversight

of the development of the data sharing through the HWB would ensure a clear strategic focus.

6. Are there effective arrangements for ensuring accountability to the public?

The JSNA is a strong tool for the public to hold service providers to account. It is accessible and easy to use and enables partners and individuals to get an understanding of issues in their communities, and to use this information to challenge the status quo.

Using a variety of communication channels, the HWB is opening itself to the public. Meetings are required to be held in public but are now also webcast, with a report that the November meeting had some 800 hits. The HWB is using social media (twitter) to engage with the public the public can submit questions to the Board in person or by twitter. The health and wellbeing network is a forum for stakeholders and meets on a monthly basis. Members of the HWB embrace openness and public accountability. Given the future challenges of system reconfiguration and the importance of promoting health and wellbeing, this open and accountable approach will stand the HWB in good stead.

Healthwatch are a valued partner on the HWB and feel welcome and engaged. The Council allocated two voting seats to Healthwatch, one voting member is required for quoracy, to ensure a strong community voice. Partners recognise that Healthwatch continues to develop and there is good support from partners in helping them to establish themselves. Healthwatch is run by the Care Forum who also provides the service to Bristol, Somerset and South Gloucestershire. It manages the Health and Wellbeing network, a forum for small providers, which attracts high numbers of stakeholders. Network meetings are held prior to HWB meetings and their content is linked to the agenda items of the HWB, with the intention of enabling stakeholders to influence content of the HWB meetings. Healthwatch are using social media to engage with users and small providers prior the HWB meetings.

While many people the peer challenge team spoke with regarded communication as a strength, particularly within the HWB and externally, we also heard that stakeholders as well as council officers were confused and at times baffled by the richness of partners and stakeholders all trying to improve the health and wellbeing of people in B&NES. Some felt comfortable operating within this environment and engaging with agencies and partners as needed, while others felt uncomfortable with this approach and asked for more structure and oversight. There is a call for the Council and HWB to articulate and communicate better the key partnerships within the system and how they relate to each other as well as how people and organisations can and should operate within a complex system. This is likely to involve clear reference points about what to do and with whom to

work but also encouragement to engage with different people or projects as long as activity contributes towards delivery of the JHWS.

One of the purposes of communication on health and wellbeing is to change the culture over the years about alcohol, obesity, smoking, drugs, and so on. A higher profile for communication would help the charities and the VCS and coordinate the regular campaigns. Good news stories about individual successes are newsworthy and effective, and highlight the outcomes. If parts of the local media can sign up to specific campaigns, this will give health and wellbeing issues a higher profile

HWB meetings need to be seen by the community as forums for public debate. The commitment of the HWB to public engagement was evident in the HWB we observed. The room layout was inclusive (a semi-circle facing the public) and the meeting was chaired in an open and inclusive manner. There were some 35 representative from the public and stakeholders. We also heard the next day that the webcast had some 350 hits. However, the level of debate observed by the peer challenge team could have been more robust given the significance of agenda items such as system integration (the Better Care Fund) and commissioning intentions. We understand and appreciate that challenge happens earlier in the system but these are critical items for the future of the health and wellbeing landscape in B&NES and there is a risk to the credibility of the HWB in the eyes of the public if they are not seen to debate such issues with rigor.

Healthwatch requires on-going support to become an effective organisation. In line with many places nationally, Healthwatch has established itself as an institution with a good web-presence, a firm focus on social media and good networks. The set up in B&NES where the Care Forum provides Healthwatch services for four unitary authorities will undoubtedly create efficiencies and economies of scale. However, we heard concerns about the capacity of Healthwatch to deliver the contracted functions within the resource envelope. The peer challenge team understand that the Care Forum are working with all four commissioners and an external partners to re-consider how contracted functions can be delivered.

7. Helping children and families to have a healthy weight

Over 26% of B&NES' year 6 children are of an unhealthy weight and 14% are obese. At the same time 23% of reception aged children are either overweight or obese, higher than the national average.

Leadership and prioritisation of healthy weight in children is strong. 'Helping children to be a healthy weight' is one of eleven priorities in the JHWS, elevating it to a key priority for the health and wellbeing system as a whole. Within the Council, there is a good understanding of the complexity of childhood obesity and

the need for a multi-faceted approach. This sits alongside the Council's focus on 'healthy places' as an important platform for creating healthy communities.

There is a strong strategy framework underpinning delivery. The challenge team found explicit links and shared language between the JHWS and key strategies such as the Children and Young People Plan, 'Shaping UP' and 'Get Active'. 'Shaping up' is the strategic framework for healthy weight; it has a clear and succinct vision and five cross-cutting themes. They are multi-facetted and recognise the need for whole system change: promoting and providing a healthy environment, promoting self-care, prevention and early intervention, treatment, using intelligence and building an effective workforce. The strategy focuses on three key cohorts across the life course (new and expectant mothers; early years and school aged children; middle aged adults). This provides a clear and focused framework to guide service delivery.

Data is used effectively. The council is using data and intelligence from a range of sources to understand needs and inequalities at a very granular level. (for example: secondary analysis of NCMP (national child measurement programme) data by the University of Bath; data from schools; surveys with children themselves; built environment audit). This enables it to unpick assumptions about links between prevalence and determinants (chiefly deprivation) and use this to target interventions. This means that interventions can be designed and delivered in a targeted (and cost effective way) and are based on evidence as opposed to assumptions.

Partnerships and networks are strong, ensuring joint working and formal accountabilities. Overall leadership comes though the HWB and, in line with the new performance management arrangements, the requirement to feedback on progress bi-annually. In addition there is a good degree of influence across other partnerships, including the Environmental Sustainability Partnership as well as good links to primary and secondary schools (via school nurses), and commissioners of key services such as breastfeeding. On a day-to-day basis, progress is reported via the Children's Trust Board. This multi-pronged approach ensures clear lines of accountabilities for the work as well as scope to influence across the wider partnership arena.

There is a strong sense of commitment and shared purpose among staff and providers to tackle this complex issue. Our discussions highlighted that council staff and providers have a very clear and strong understanding of the complexity of issues impacting on childhood obesity and a high sense of dedication and commitment.

Good progress has been made in drawing some 'non-health' partners (i.e. those who might not initially think of themselves as 'health partners') into the debate and securing a growing contribution. Examples are Leisure Services and Transport who are developing a better understanding about the 'why' and 'how'

they may design their services or provision to help to the identified target groups lead more active and healthy lives.

The peer challenge team was impressed with the range of service currently provided and the variety of settings and access points in particular. Examples are targeted breastfeeding support for new mothers, personalised engagement with parents whose children have been identified as having an unhealthy weight, work with the Canal and River Trust to create active spaces and work with public health protection to reduce the number of fast food outlets. The breadth of services is significant and a result of effective engagement with partners and council colleagues.

Our key points of challenge dovetail with some of the points we made earlier in the letter. In particular we consider that now is the time for B&NES to develop, together with stakeholders, a clear narrative about what a healthy weight environment would look and feel like for residents: where do we want to be in 5, 10 or 20 years' time. While partners recognise that tackling child overweight is a long term challenge, we have observed in other places that this can cause a sense of "not knowing where to start" which undermines action. In this context it is helpful to have a clear sense of direction over a shorter period of time, and an understanding of how partners can be confident that the environment is beginning to shift to make healthier choices easier.

Importantly, this needs to people centred and be imagined around the particular environment and communities of B&NES. For example, how does the environment for a 10 year child in Keynsham need to look like to make healthy and active choices? How does she travel to school? What parenting does she experience? How does she spend her leisure time? … etc. This person centred approach will create a more convincing narrative for the place and will engage citizens, commissioners and providers alike.

A clearer and more person centred narrative can then be used to:

- Embed a shared sense of the problem, its challenges and the healthy environment among 'non-health' providers, leaders and the community

- Accelerate the process of embedding the promotion of healthy weight throughout the council – so that strategic links and prioritisation are translated into a real change of practice. For example, transport planners will regard the introduction of cycling paths as more than just a matter of providing infrastructure and will understand and consider how to facilitate and promote its usage

- Build community engagement and community capacity, using Connecting Communities, to nurture a shared ambition and galvanize community action locally

More can be done to determine the unique contribution the HWB can make. The Board in its entirety but also as a collective of chief officers and decision makers across a range of organisations will have significant scope to influence. Is there scope for different leadership, leverage or brokerage that might achieve a step-change in the progress made to-date? For example, how do HWB members in their role as employers use their own policies and practices to target parents and middle aged adults to maintain a healthy weight?

8. Tackling alcohol misuse

Since 2002, alcohol related hospital admissions in B&NES have risen by 12%. Approximately 800 11-15 year olds are thought to be drinking to get drunk every week and over 29,000 people are considered 'risky' drinkers and are threatening their health because they are drinking too much. The majority of the alcohol related admissions are aged 60+ which is consistent with the demographics of B&NES

There is a strong focus and robust strategic framework for tackling alcohol abuse. It is one of the 11 priorities in the JHWS and the peer challenge team sensed strong commitment and ownership among councillors and senior decision makers to tackle this issue. The work is guided through the Alcohol Harm Reduction Steering Group which provides a clear outcome focus on reducing the rates of alcohol misuse. A series of outcome measures are being developed to ensure effective monitoring and reporting.

Partnership arrangements are very solid and this has resulted in a good understanding of the complexities around alcohol misuse and ambiguities around Alcohol use. Operationally, the work is overseen through the Alcohol Harm Reduction Steering Group and the Joint Commissioning Group for Substance Misuse and local structures such as the Midsomer Norton Community Alcohol Partnership which links to the Safer Partnership and is in sight of the Public Service Board and other thematic partnerships. A recent 'scrutiny inquiry day' which resulted in a report and recommendations has been helpful in discussing the issue and approaches with a wider range of councillors and partners and raising the profile of the issue.

The quality of data is improving. For example, the partnership is receiving better admissions data from the RUH, enabling them to better target interventions. This will enable activity to be better targeted.

There is a deep understanding of the need to engage with services across the Council, including community safety and Children & Young People as well as Licensing, to tackle not only consumption but the problems caused by drinking irresponsibly. Public Health, as the lead Commissioner is engaging effectively

with ‘non-health’ staff from other council services, in particular ensuring front-line staff increase awareness and understanding through the training programme.

There are many good examples of initiatives and projects to tackle alcohol abuse. For instance the Purple Flag Award for recognising excellence in the management of town and city centres between 5pm and 6am for Bath City and the adaption of these standards to support other parts of the area. Other examples are work with schools, the investment into an alcohol liaison service at the RUH and work with the Council’s housing provider on supported detox.

Building on the clarity of strategic direction and strong partnership arrangements our key points of challenge is similar to the one we made on helping children to a healthy weight. We consider that now is the time for B&NES to develop, together with stakeholders, a clear narrative about what a healthy drinking environment would look and feel like for residents: where do we want to be in 5, 10 or 20 years’ time, and for this to be person centred, geographically specific and not generic.

Other points of challenge to consider are:

- To develop a more holistic approach and to maximise the links between alcohol abuse and other risk taking behaviours or issues which might be typical for this target group, for example smoking, domestic abuse, poor parenting or social isolation, which may lead to alcohol misuse may hidden, for example taking place in peoples’ homes. This will enable more considered and people centred responses that are likely to have greater impact

- Maximise the opportunities for making every contact count, for example working more systematically with GPs, ensuring Brief advice, support, and appropriate care pathways are in place in custody suites. Similar to our challenge above, we would question whether the HWB as a collective and as individual partners could play a greater role in leading the work back in their own organisations

- How to better invest in prevention, for example embedding screening and advice on alcohol misuse across the health, social care and wellbeing system.

9. Moving forward - recommendations

Based on what we saw, heard and read we suggest the Council and HWB consider the following actions. These are things we think will build on your main strengths and maximise your effectiveness and capacity to deliver future ambitions and plans and to drive integration across health and social care.

1. With all your advantages you should be setting more ambitious objectives for health and wellbeing and to reduce health inequalities

2. Develop a compelling picture of what the health and wellbeing system will look like in 5 years' time, taking the opportunity of the BCF and the CCG commissioning plan to start this process

3. Test the assumption that your current performance management reporting mechanisms will secure the effective implementation of the JHWS and achieve the desired priority outcomes

4. Exploit the willingness of providers to co-create and design solutions

5. Articulate and communicate more clearly the role and ambition of the HWB and how it relates to the rest of the partnership structure

6. Use Connecting Communities to develop a clear understanding of the distinctive needs of specific communities and to develop community capacity and resilience

7. Work with and continue to build the capacity and capability of Healthwatch

8. Encourage better coordination across the voluntary and community sector to enable them to make a strategic input into the work of the HWB and other partnerships

9. Ensure good links and coordination between the HWB and Health Scrutiny

10. Make the most of the communication opportunities

11. Further develop your JSNA as a public repository of data, intelligence and patient experiences with HWB providing strategic guidance

12. Develop with stakeholders a clear narrative about what the environment in B&NES looks like for your key health and wellbeing priorities, in particular healthy weight and safe and sociable drinking.

Unlike many areas you have the luxury of time to plan and deliver a coherent longer term vision for health and wellbeing; but this work needs to start now and the conversations need to be more challenging.

10. Next steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before

determining how the Council wishes to take things forward. As part of the Peer Challenge process, there is an offer of continued activity to support this. We made some suggestions about how this might be utilised. I look forward to finalising the detail of that activity as soon as possible.

We are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Andy Bates, Principal Adviser, South West is the main contact between your authority and the Local Government Association. Andy can be contacted at Andy.Bates@local.gov.uk and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer challenge would like to wish you every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely

Anne Brinkhoff
Programme Manager – Local Government Support
Local Government Association

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Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	26th March 2014
TITLE:	What Works Mental Health Conference - video and report
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix 1 – What Works Conference - Report	

1. THE ISSUE

1.1 The Mental Health And Wellbeing Forum members wish to present a video and report from the What Works Mental Health conference held in October 2013

2. RECOMMENDATION

The Board is asked to note:

- The work of the service users, carers and associated organisations to design and deliver the conference, video and report.
- The contents of the report.

3. RESOURCE IMPLICATIONS (FINANCE, PROPERTY)

- A great deal of time and effort has been given by people in a voluntary capacity in order to make the “What Works” Mental Health Conference, video and report a reality that informs the planning and practice all sectors and organisations within them.

4. STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- Improving the Health and Wellbeing of people who experience mental health problems (1 in 4 of the population), including parity of esteem for mental health and physical health problems, is a key national priority for local councils' public health and social care teams and the NHS.

5. THE REPORT

- The conference and associated report took place on World Mental Health Day with the aim of bringing local services users, carers and stakeholders together

to discuss what works about existing strategies and services and what could be done to build upon these local strengths.

6. RATIONALE

- The video and report are evidence of service users, carers, organisations and commissioners working in partnership to shape services and drive up standards and quality

7. OTHER OPTIONS CONSIDERED

- NONE

8. CONSULTATION

- Director of non-acute health and social care services
- Mental Health and Wellbeing Forum members

9. RISK MANAGEMENT

- A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	Andrea Morland on behalf of the Mental Health What Works Conference organisers and Mental Health and Wellbeing Forum members
Background papers	
Please contact the report author if you need to access this report in an alternative format	

Enabling great conversations between people affected by, and involved with, mental health issues

A report from the WHAT WORKS CONFERENCE

PEER PEOPLE BUILDING ASPIRATION WELL STEP BETTER SHAPING RECOVERY MAKE SERVICES

A WORLD MENTAL HEALTH DAY EVENT

This B&NES event was run by and for people with lived experience, carers and professionals. It was an opportunity to consider how support and services work for people affected by mental health issues in B&NES.

With exciting examples of client and carer involvement: the whys? and wheres?

Stories about what works for people in their mental health recovery/journey.

Good ideas and examples of practice that puts clients and supporters at its heart.

Also inside...

The Start Of A New Phase

Elvis Presley once said that "Ambition is a dream with a V8 engine". The Bath and North East Somerset World Mental Health Day "What Works" conference was a realisation of a shared dream, fuelled by an ambition to see service users and carers in B&NES genuinely at the heart of developing local mental health services. Our V8 engine are the service users and carers, supported by local organisations and funded by B&NES Council and CCG, who gave their time to pull this day together.

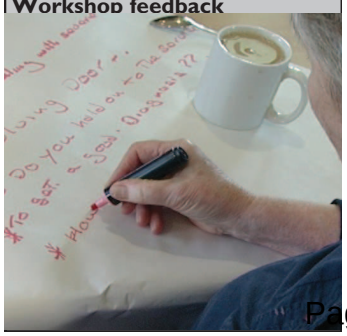
Partnership working, creativity and hopefulness are some of the driving forces of local mental health service improvements and the What Works conference (its title chosen specifically by its organisers) was both a culmination of those driving forces and the start of a new phase of development.

"...Ambition is a dream with a V8 engine"

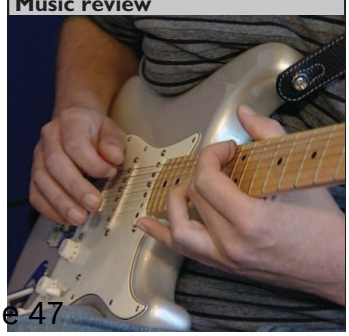
I would like to thank everyone who took part in the day, the magnificent organisers and the follow-up team producing the conference film and this report. I very much look forward to continuing to work together.

Andrea Morland

Workshop feedback



Music review



World Cafe

Andy Provides New Hope For People

"I became involved in New Hope and the conference organising group because I didn't want anyone else to go through what I did, when I suffered poor mental health and didn't get the support I needed. I wanted to help other service users to positively influence services and provided the best care for people in the community"

New Hope is a group made up of people affected by mental health issues (clients, carers and supporters). They aim to ensure people affected by mental health issues are well informed and have a voice that improves local groups and services; they are also passionate about reducing the stigma surrounding mental health. Andy was at the birth of new Hope in September 2012 and is its current chair.

The What Works Conference has given me more confidence and a sense of achievement, as I've achieved things that I've never done before. I've now been part of a group that's organised something big, and on the day I was interviewed for the great video and did the opening speech with a Commissioner. It was well worth the worry and hard work that went into the planning and running the event, as they say blood sweat and tears, to make such a successful day. I'm glad we were ambitious and set the bar very high in what we wanted to achieve too.

On the morning of the conference I was feeling nervous as it was all new to me, and I realised I kept checking to make sure we had everything we needed and that I was worrying about all the little things. I started to relax when Andrea and I went through our opening speech and then started to enjoy it as the conference took on an energy of its own. As the day progressed I became really happy, that I had been part of a great group of people that has pulled this event together.

One thing that stands out for me was the way the organising group all pulled together on the day. Even with all the planning there was still loads of things that needed doing, and we all just got on and did what was needed; at that moment it felt there was no difference between staff, clients, carers or commissioners. Another thing was the noise, it felt the same as when I DJ an event and this feeling was amplified by the feel good factor from everyone else.

The other reason I wanted to be involved with New Hope was to help my recovery and to help me live comfortably with my bi-polar. I find being involved in positive events, such as the What Works Conference, have a positive impact on my wellbeing.
*I*n the future I hope that we can go on and create even bigger and better events with others, that greater numbers of carers and clients become involved and the council helps by providing venues for community events to happen.

Andy Mcleod, New Hope Chair

Improving Available Services

"We want people's experiences of services to be central to making policy"

The Clinical Commissioning Group (CCG) is responsible for planning and buying local NHS services and covers a population of 192,000 people. There are 28 GP practices and these form five clusters for the CCG.

"Improving mental health and wellbeing is one of the six key objectives of the CCG," said Dr Ian Orpen, Chair of NHS B&NES Clinical Commissioning Group (CCG), speaking at the conference. That is alongside meeting the needs of older people, improving quality and patient safety, promoting healthy lifestyles, improving access to care and working to make services easier and fairer to access.

Ian spoke about increasing local targeted campaigns, increasing self -care so that people are able to take more responsibility for themselves and challenging stigma. The CCG would like to see more flexibility in Primary Care in relation to talking therapies. It is also looking at links into acute care and how acute care is provided and how mental health liaison works for people of all ages.

"People's experiences of services matter, said Ian. "We want to improve that experience and the quality of life for people with long term conditions. We want peoples experiences of services to be central to making policy."

Dr Ian Orpen, Chair, B&NES CCG

"I've Written Myself Better:" Andrew Voyce

Andrew described his life as being divided into three distinct 'eras'. 20 years within school and education, 20 years in and out of the asylum system and now 20 years living in the community.

While in the asylum system he felt it was like a revolving door of cycles of psychosis, asylum and vagrancy and criminal activity. His escape was provided by him getting medication through tablets rather than injection - something he achieved only through rebelling against the injections.

Andrew particularly referred to Gordon McManus' definition of recovery: "I am not free of the symptoms of schizophrenia but at least I am in the process of Recovery…Recovery for me means, coping with your illness and trying to have a meaningful life." He also talked about the importance of different individuals who had empowered him.

Using powerful images taken from his recent graphic novel "Side Effects", a graphic account of a life with schizophrenia http://sideeffectsbyandrewvoyce.wordpress.com/
Andrew took the conference with him on his extraordinary journey into psychosis and subsequent recovery.

Andrew was born in Bexhill, London in1951. A serious road accident at age 17 left him with a disability which, combined with other life events, led him to develop schizophrenia. Over the course of 20 years, Andrew received multiple admissions and discharges to asylums in East Sussex and Kent. He was admitted eight times, three of these under the Mental Health Act, and ordered to receive antipsychotic medication.

Administered by injection, the medication caused a debilitating side effect called akathisia, or constant restlessness, which lasted for seven days afterwards. Upon discharge Andrew would cease to turn up for injections, psychotic episodes would follow, together with contact with the criminal justice system, and Andrew would be returned to an asylum.

Andrew made us laugh as he shared the irony that it was Margaret Thatcher, of all people, who changed his life when she oversaw the closure of the asylums under the NHS and Community Acre Act 1990 and the introduction of community care.

Andrew is a believer in the power of narrative to be a therapeutic and cathartic activity. As well as being a creative process, narrative can lead to catharsis and can enable moving on from difficult times.

He has revived his academic career by obtaining an MA in social and public policy, has engaged with the mental health service user movement and has seen a quality of life with personal relationships.

He acknowledges the support and encouragement he has had from day care staff, from artists, and from local commissioners who have enabled the setting up of a social enterprise which Andrew is proud to say has now achieved two successful years.

Andrew adds:

"What works for me? I can say that some things do work to enable my mental health, and I set these against a contrast of what did not work for too long a time.

"I spent many years where my life was destroyed by mental illness and the asylum system. I am happy that the asylums are now closed.

"What works for me is effective medication and talking therapy, and a meaningful life. When I became ill when at university the first time, my brain just stopped working, and remained useless for years and years. I am now pleased that my brain has become a useful tool for me to take on a new and satisfactory identity.

"I can give hope – hope in the context of personally meaningful hope rather than everything being put right. I can give hope and say what works for me, for me there are positive events, positive outcomes, in our too often chaotic world of mental health."

"I find that writing my narrative is a powerful and cathartic process, and to have my story turned into Side Effects graphic book with its dramatic colour scheme is truly amazing.
It was so good to get such a welcoming reception for my talk and Side Effects book at BANES on World Mental Health Day."

Andrew Voyce

Side Effects: A Graphic Book

Workshop Feedback

Working Together to Meet People's Drug, Alcohol and Mental Health Needs

It was interesting in the workshop to hear case studies reviewed. People took part in discussions about what support is needed to meet drug/ alcohol and mental health needs and what services could be provided to meet drug/alcohol and mental health needs.

DHI explained current service provision around dual diagnosis and effective practice. They gave an overview of B&NES drug and alcohol service and an overview of how they work together with partner agencies.

There were a lot of excellent suggestions including the need for collaborative assessment. People felt that building relationships is more important than completing a full assessment within set timescales; matching this up with what is required and what can be provided. It was apparent there is frustration knowing about services available and entry requirements. Workshop feedback highlighted the need for an up to date guide and the importance of having a single point of contact or a care co-ordinator who can signpost clients to the relevant services. Events such as the 'What Works Conference' are useful as they provide the opportunity for people to come together, to engage in informative discussion and to find out what services are available.

Wellbeing College Workshop

The Wellbeing College aims to break down barriers between those who are well and unwell. It will be achieved by offering a wide range of courses empowering people to move away from statutory and medical services and to focus on developing their own wellbeing.

The College hopes to reach people from all sectors of the community and attract those who might feel isolated, such as single parents and others without support networks. This provides the opportunity for new friendships in a wider social context.

Discussions were held about the types of courses to deliver including holistic therapies, managing stress, mindfulness and learning more practical skills

such as managing debt and employability, with further support provided by advocacy services.

Peer tutoring will be led by those with lived experience of mental health and was seen as a positive approach for shared experience and real life examples of finding a way forward.

The College will initially run alongside GPs and other services with providers eventually making referrals. Acting as an information bank/resource centre, the College can offer people a choice on different approaches to health and wellbeing, rather than just the traditional models. Effective management will be key to ensure services complement each other within communities.

Volunteering and Employment

Delivered to 11 participants by Lisa Plummer the workshop started with an introduction to the Development Team, employment background and a discussion around the restructuring of welfare, housing and benefits giving unemployment and mental health statistics where relevant.

Workshop participants were asked the question, *"Why work?"* and examples of what work means to them included: the opportunity to learn, confidence, self esteem, respect, satisfaction, friendship/ meeting others, feeling supported, being part of a team and having structure.

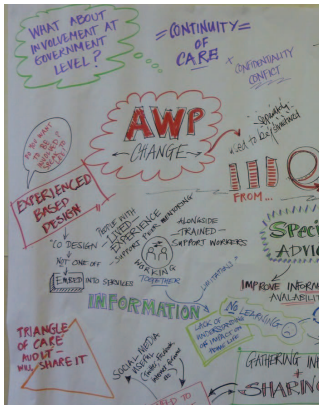
A current service user spoke about his own personal journey and the work he is doing now, which participants found interesting and useful.

One participant summed up the workshop by feeding back, *"Lots of good appropriate questions asked!"*

LIFT – Least Intervention First Time

LIFT provides a psychological service and are keen to talk to communities to see what they need and to meet their needs. They will be offering individualised programmes of care. The aim is that people will be able to access the best intervention very quickly and that this service will empower and encourage people to try other ways to change their lives first. LIFT is a prevention service and allows for spontaneous recovery.

Accessing the LIFT service is through GP or self-referral. There will be an initial 1-to-1 assessment and then the offer of pyscho-educational courses for stress and mood management, managing panic, anxiety and worry and principles and practice of relaxation. In 2014 LIFT hopes to run courses including: Beating Low self esteem; Wellbeing after Baby; Managing Long term pain; Managing type 2 diabetes; Moving on from separation and divorce; Bereavement and support; 1-to-1 Low intensity looking at specific goals, exposure work, encouraging people to build experience and confidence; High Intensity supporting depression, generalised anxiety, chronic stress etc. There will be an offer of CBT, applied relaxation, psychodynamic therapy, behavioural couples therapy, interpersonal psychotherapy; Books on Prescription – self-help books through libraries; Computerised CBT – Beating the Blues; Living Life to the Full; Mood Gym; Psycho-social interventions – Social Prescribing – encouraging non-clinical resources in local communities, exercise, training, adult education, support groups; Opportunities for Service User Involvement in courses.



Workshop Feedback

Peer Led Groups

Co-producing a group can have a significant impact on people's recovery journey. This workshop presented by Soundwell Music Therapy Trust, St. Mungo's and New Hope opened discussions around how groups help empower participants from the start of their recovery journey to build hope, motivation, and confident communication.

Feedback from the discussions centred around what would make groups even better. The advice included making more funding available for different types of groups, support and training to create new and different opportunities and tools for each person with lived experience of mental health issues. Collaboration and communication was seen as part of the solution and different ways of working, perhaps to improve time management. Some felt that there has been a power imbalance and recommended this be addressed putting clients at the centre and managing risk in a proactive way. Creativity was recognised as being important for people to express themselves uniquely and individually.

Soundwell Music Therapy gave a very interesting example of how the First Steps projects empower participants from the start of their recovery journey - using music to build hope, motivation, and confident communication. The music improvisation helps people develop group and leadership skills, to take initiative and gain self -esteem, motivation and make their voice heard in a group.

"Each person's music contributes to the whole and is of equal value. We are all musicians."

"I'm normally trapped in myself in conversation but with the music I'm totally set free"

"it gives you a sense of worth. I can actually participate! I can actually do that!"

Carer's Charter

Fifteen participants gathered to discuss the Carer's Charter with **Keep Safe Keep Sane**, the peer support group for carers of people for mental health issues. In small groups people discussed identifying carer's and their needs, communication, care pathways, clear information, clear sign posting and the balance between caring role and private life.

Participants talked about their aspirations which included the need for crisis planning for the onset of change and regular supervision. They felt that carers needed job descriptions and a probation period. They felt that the care plan needed to address confidentiality issues. A final question asked "What makes a professional a carer?"

Keep Safe Keep Sane, wrote a **Carer's Charter** that was written solely by carers. "When we heard that the AWP were writing a Trust Wide Carers Charter, we felt it was important that the voice of the carer was heard."

Keep Safe Keep Sane has used this information along with a workshop run with the AWP to produce the new AWP Carers Charter. Some of the charter points are:

- Early recognition of the carer
- Carers will be given information on what to do in a crisis, where to get support
- Carers will be offered a carers assessment
- Carers will not be expected to care or manage risk without sufficient support and information to do so
- The family will be offered support.
- The rules of confidentiality will be shared with carers

There are 10 points on the new charter from the AWP, all of which can be measured. "We feel that the "What Works Conference" helped us get evidence to help push through a charter that was more representative of carers views and needs."

Words Connecting People

The Tiny Monuments, a Bath based collective of artists, writers and creative, facilitated this thought provoking workshop. All the members have lived experience of mental health. Mental health is part of their story rather than being the total focus of their work. They use creativity to overcome the stigma of mental health issues and their workshop offered a reflective space in which the audience could explore their experiences of the day and the What Works conference through words and dialogue. A vibrant collection of words engaged everyone and inspired expression and poetry from all. Here are a few excerpts:

I see the changes that others have undergone and gain a perspective of their sense of journey. From this I gain inspiration and feel like I can overcome the obstacles around me.

I have chosen admiration because I have admiration for the people who have spoken and shared their experiences here today. I have chosen positive because that's how I feel the day has progressed and started.

"Sounds' – Clapping – acknowledgement, appreciation, validation. "Sight" – the amount of people who have come today despite busy work lives.

I woke to find a morning that overwhelmed me with its beauty. Bright sky, that dazzled the senses and the cool invigorating feel that signals at last the coming of Autumn.

You can read more of the words from this workshop on page 6.

Editorial

"The conference was a great model of joint working Everyone had been so closely involved in developing the conference and that made a big contribution to its smooth running and it was brilliant being a part of working together and seeing people easily fitting in." with whatever was needed because we had a shared understanding of what needed to happen."

When 40 people turned up to feedback on World Mental Health Day 2012 and plan for 2013, and then decide they want two events, a summer festival and a What Works Conference, we knew it would be a busy year, but also one that could make a real impact, and so it proved.

What we really loved about the Conference was the coproduction of clients, carers, staff and commissioners all working together in the planning, running and taking part. From the outside it would have been impossible to know who was and wasn't staff.

The conference itself was great, the buzz of participants as they walked into the World Cafe, was a high point, as was watching Andy a New Hope member opening the conference with Andrea, a B&NES commissioner.

We believe that the event will have a real impact, by pushing client and carer involvement higher up agencies agendas. My favourite comment same from Lee Rawlings AWP's B&NES client and carer involvement lead "I'm really jealous I want us to have events like this".

The warmth, integrity and focus of the committee members encouraged participation. This positive energy, collaboration and shared vision continued as a strong thread throughout the conference.

The day provided opportunities for both organisations and individuals to come together sharing experiences, skills and abilities. As a consequence of careful preparation the timetable and technology ran smoothly. This meant that speakers and facilitators of the groups presented their material confidently, enabling clearer communication with delegates. There were a variety of workshops. These workshops offered possibilities for expression, learning and evaluation of the day. I was encouraged and felt inspired by meeting and sharing with delegates. The day also made me more aware of the possibilities of reaching a wider audience.

For me the conference was about having a voice, being heard, being seen and the collective power of like - minded people.

With thanks to the following people for contributing to the What Works Steering Group: Ronnie - The Care Forum, Ralph - St. Mungo's, Andy, Simon and Nigel - New Hope, Lisa – Soundwell Music Therapy Trust, Beverley, Adam, Gilly – Tiny Monuments and Philippa and Sam – Creativity Works

Words From The Day

Chaos, disorganisation, random events
no control
no direction
a tiny boat jostled on a troubled sea.
a sense of tiredness
hopelessness.
A sense of being alone.
Good friends
a clear head,
a good nights sleep
and chaos can give way
to purpose
a sense of place
delight
and the joy of feeling
the sense of journey.

Today I have felt lightness and space inside and out, sunny and chilly autumn day, first I like it. I felt welcomed. I have enjoyed eye contact
seeing people. Listening to inspirational and moving stories about
people's experiences.
I smelled coffee as I arrived which cheered me up enormously as I needed it this morning. The feel of the warm mug in my hands as I saw a familiar face when I came in was comforting.

Clear, daydream, open space
Red, green blue in the corner of my eye

New steps, autumn colours
Lift psychology, SDAS, travel
didn't know, where has my middle gone?

I come along bothered by the odd illusion that pre-dates me.
Overwhelmed and anxious – where do I fit in?
Warm coffee in my hands
Let myself down, usual pattern, I sit with those I know, talk of things that
I know my small group know.
Grapple with should I wear my badge, shield ?
Finally settle and choose – *[Me]* the Human.

When I first started to feel unwell and realised that what I was suffering from was anxiety, there was nothing like this. It's taken 15 years for me to get to this point. I knew that creativity helped my mental health but all the doctors did was give me pills, never looking at the person that I was and what I needed. It is a sheer delight to see that things are changing. People do recognise 'what works.' Art, music, writing, being with like minded people, being creative expressing yourself and being in touch with your creative identity. I am constantly dazzled by all the inspirational people I meet on my journey back to myself.

Horoscopes

If it's your birthday today:

Your dreams are important, but you have commitments and people depending on you. Use your idealism today to inspire others in positive ways. Take up any opportunity for creative pursuits. This may open up possibilities for new friendships.

ARIES

Try to become more aware of others around you who may benefit from your optimism, generosity and confident leadership. Channel your innate Aries enthusiasm into a humanitarian cause. You may be surprised by the show of appreciation you receive.

TAURUS

Taurus is a sign for perseverance. Use your stubborn and determined streak today to encourage those you meet who might be feeling overwhelmed. If you have the chance to create a comfortable and homely setting take it!

GEMINI

The Gemini quick wits and mercurial vitality will be in demand today. You may find yourself in the spotlight with local dignitaries. Your adaptability and communication skills can be used today to bring strangers working together.

CANCER

Get away from your usual surroundings it will do you good. Take the opportunity to travel if it arises. It is favourable to stop daydreaming and take those new steps you have secretly been contemplating.

LEO

A combination of Venus and Neptune will bring your humanitarian instincts to the fore today. Don't let yourself be dazzled by promises of success though. This suits your need to be ambitious and you have the confidence to achieve your goals, but be wary of becoming domineering.

VIRGO

This could be the time to explore what you sense under the surface of those around you. If a friend has been feeling troubled recently "where has my middle gone?" then this is the day to find new ways to help others.

LIBRA

Life is for laughter and showing appreciation, don't be scared. Your idealism and diplomatic skills will be needed today. If you hear nervous sounds or rustling papers step in gracefully. Your aura of peacefulness will be like 'the comfort of the warm mug in my hands.

SCORPIO

If you have been experiencing tiredness lately, don't worry. You can't be dynamic all the time! It will be a cool start to the day but those Autumn clouds will lift and your passion and zest for life will return. Find creative ways to express your deepest feelings.

SAGITTARIUS

If there are too many open spaces in your life today then fill them with all the daydreams you have yet to share. You will get the greatest satisfaction from being with all those you feel a close connection with. Gather with like-minded people. Share those dreams.

CAPRICORN

Life will continue to be positive and inspirational. There is a link between creativity and mental health. If you need the privacy of a small red-lit room which reminds you of home before you can create, then today is the day to find it. Keep going forwards! Play!

AQUARIUS

Life is supposed to be fun – remember? Revel in the patterned red, green, blue in the corner of your eye. You are original and inventive. There will be opportunities abounding to use your wit and original views on life. Wear exotic perfume today.

PISCES

The more variety you have today the more fun you will attract. Allow others to help ground you if you suddenly feel overwhelmed by responsibilities. If asked to speak in public today, be accepting and adaptable. You might receive applause, people clapping to show their appreciation of your efforts.

Using words from delegates at the What Works Conference.

Word Search

S	E	C	I	V	R	E	S	F	M	I	N	V	O	L	V	E	D	I	R
E	G	E	V	I	T	I	S	O	P	U	N	Y	S	S	W	V	N	S	E
U	N	L	C	L	I	E	N	T	B	B	R	L	P	H	C	F	T	U	B
S	I	P	Y	R	E	V	O	C	E	R	A	O	F	A	O	G	R	P	O
S	T	O	O	I	N	V	I	T	E	N	U	X	F	R	R	P	A	P	T
I	I	E	K	P	D	W	T	S	O	G	N	U	M	E	Y	E	E	O	C
N	C	P	P	L	P	E	A	I	S	P	E	A	K	E	R	S	H	R	O
O	X	S	I	A	R	O	S	M	E	N	T	A	L	H	E	A	L	T	H
I	E	U	S	E	H	S	R	Y	T	I	V	I	T	A	E	R	C	E	T
T	B	P	K	H	E	I	E	T	O	N	N	E	K	A	S	Q	C	E	R
A	S	P	R	F	T	N	V	N	U	E	O	E	L	U	E	N	Y	X	O
V	H	O	O	I	H	V	N	E	W	N	Y	I	P	B	E	R	D	A	P
I	A	R	W	N	U	O	O	V	I	N	I	P	T	R	A	E	G	M	S
T	P	T	T	S	R	L	C	E	S	H	O	T	E	A	V	N	A	P	N
O	I	E	A	P	S	V	H	H	T	R	S	F	Y	I	R	G	E	L	A
M	N	R	H	I	D	E	A	L	T	I	N	C	L	U	S	I	V	E	R
U	G	S	W	R	A	M	A	E	J	O	U	R	N	E	Y	S	P	S	T
S	A	E	D	I	Y	E	D	B	C	L	L	E	W	D	N	U	O	S	B
I	O	E	W	N	H	N	E	X	P	E	R	I	E	N	C	E	H	Z	A
C	D	O	O	G	S	T	O	R	I	E	S	P	O	H	S	K	R	O	W

ASPIRATION
BETTER
BUILD
CAREFORUM
CLIENT
CONFERENCE
CONVERSATIONS
CREATIVITY
ENABLE
EVENT
EXAMPLES
EXCITING
EXPERIENCE
FRYS
INVOLVEMENT
ISSUES
GOOD
GREAT
HEAL
HEALTH
HEART
HOPE
IDEAS
INCLUSIVE
INFORMATION
INSPIRING
INVITE
INVOLVED
JOURNEY
KEYNSHAM
LIVED
MENTALHEALTH
MOTIVATION
MUNGOS
MUSIC
NEW
OCTOBER
OPPORTUNITY
PEOPLE
POSITIVE
PROFESSIONALS
RECOVERY
SERVICES
SHAPING
SHARE
SOUNDWELL
SPEAKERS
STEP
STORIES
SUPPORT
SUPPORTED
SUPPORTERS
THERAPY
THURSDAY
TRANSPORT
WHATWORKS
WORKSHOPS

Letters

Just to say how much I enjoyed meeting all the wonderful people at the BANES event for WMHD. There were so many interesting conversations I had, and I will come away with personal impressions of so many dedicated people. Lisa and Beverley, Ralph, Bob, Andrew, Ronnie, Simon and Adam, and all the others I spoke with came across as very purposeful people. Maybe it's because there is the urban concentration of so many people, that such a group as were at the Fry centre can emerge. In my limited experience, the work, attitude and projects around Bath are up there with other urban centres.

Thanks once again for engaging me, it was a terrific experience.

Best wishes, Andrew Voyce MA.

And on the Time to Change website, Andrew, who is a Time to change champion, wrote:

"I was fortunate enough to be asked to speak at the Bath and North-East Somerset event for WMHD….. I travelled there from where I live in Sussex and was very pleased with the reception for the 20-minute talk I gave on 'What Works', which was the theme of the day. I was very impressed by the talented and dedicated people I met and with the activities of the day, some of which I joined in with.

"A great day. It was empowering for me to tell my story to the 80 people at the event, and moves me on another stage towards independence and a meaningful life. I was delighted to sell a few copies of my graphic book, 'Side Effects', which seemed to go down well."

http://www.time-to-change.org.uk/champions/update-looking-back-world-

The best part of the conference for me was...

"***It was nice to work with a host of people from different organisations. All very well organised, interesting and interactive."***

"Sitting in the workshops, meeting different professionals and other group sectors, and having to learn their views on how mental health group in the local authority work and their effectiveness in the community."

"Hearing about the road to recovery and what works in different areas – creating narrative, music, writing and art. Having a say in improving services, meeting of service user/ carers, actioning and further consultation after discharge."

"Meeting new people, learning new things about different services, chatting and sharing information with like-minded people. The workshops were really interesting and I loved the questions at the end when people moved tables to discuss answers."

"Co-production of a B&NES event that will always have the effect of raising awareness, partnership working and collaboration as spin off benefits."

Feedback from some of the Conference participants

World Cafe

End. New. Well. Fear. Lack. Next. Service. Support. Chapter. Process. Revolving door. These were a few of the answers to the question: "What does the word 'discharge' mean to you and what would be the best way to describe it?" They help show the breadth of experiences of people at the conference in relation to discharge.

These answers were from the afternoon World Cafe workshop session at the conference. The idea behind World Cafe is about putting conversations to work, creating a space where people can all be part of talking productively and having positive ideas for action.

People were welcomed back into the conference hall with cafe style tables, French cafe music and conference organisers ushering customers to their seats with checked aprons. Key to the World Cafe idea is asking the 'questions that matter'. The workshop asked about people's experiences of discharge, to understand what discharge meant to people and identify good experiences, as well as poor ones and what had made them so. The aim was to learn from what worked for people in relation to discharge so this could be the experience for more people in mental health.

What we heard...

What emerged as absolutely critical was collaboration and communication: "Clients, service providers and others talk, talk, talk". Information, signposting, training and networking are fundamental to this. Also closely linked is that discharge needs to be properly managed, with people not just feeling 'kicked out'.

Good support planning is vital to a positive experience of discharge for clients and carers. This is a key message to providers.

Plans need to include information about where to go for support after discharge. Effective planning is empowering. **It turns discharge into an opportunity not a closed (or revolving!) door.**

Music Review

Lunchtime entertainment at the What Works Conference at Fry's was provided by Soundwell musicians Bamboozle - "A great up and coming band" Simon Payne, Somer Valley FM. Bamboozle are a local singer-songwriter duo and they performed songs from their new demo CD 'For all the tea in China' featuring Luke Thompson's original compositions, the lyrics of which have come out of his own personal experience of mental health issues.

One of the songs performed at Fry's, Empty Pockets, has been chosen to form part of the sound track of the What Works Film, ending the soundtrack with the fitting words inspiring action and hope "What are you waiting for?" As a spin-off from their What Works performance Bamboozle have been invited to be interviewed by BBC Radio Bristol.

Luke is generously donating all proceeds from the CD's sale to Soundwell Music Therapy Trust who use music to help people affected by mental health issues in B&NES and Wiltshire. Luke has been supported by Soundwell for several years and, in his own words:

"The CD would never have happened without Soundwell".

You can find out more at www.youtube.com/musicbamboozle 'For all the tea in China' is available from:

See the conference video at http://www.youtube.com/watch?v=rX7VHl-40YA or scan: