
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 12th July, 2017, 11.00 am

Dr Ian Orpen	Member of the Clinical Commissioning Group
Councillor Vic Pritchard	Bath & North East Somerset Council
Ashley Ayre	Bath & North East Somerset Council
Jayne Carroll	Virgin Care
Jocelyn Foster	Royal United Hospital (substitute for James Scott)
Diana Hall Hall	Healthwatch
Bruce Laurence	Bath & North East Somerset Council
Councillor Paul May	Bath & North East Somerset Council
Laurel Penrose	Bath College
Hayley Richards	Avon and Wiltshire Partnership Trust
Andrew Smith	BEMs+ (Primary Care)
Sarah Shatwell	(VCSE sector) – Developing Health and Independence
Jane Shayler	Bath & North East Somerset Council
Elaine Wainwright	Bath Spa University
Also present: Cllr Tim Ball	Bath & North East Somerset Council (Observer)

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the evacuation procedure as listed on the agenda.

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Mike Bowden – B&NES Council

Mark Coates – Knightstone Housing

Tracey Cox – Clinical Commissioning Group

Steve Imrie – Avon Fire and Rescue Service

Cllr Eleanor Jackson – B&NES Council (Observer)

Steve Kendall – Avon and Somerset Police

Bernie Morley – University of Bath

James Scott – Royal United Hospital NHS Trust – substitute Jocelyn Foster

4 DECLARATIONS OF INTEREST

Councillor Paul May declared a non-pecuniary interest as a Non-Executive Director on the Board of Sirona.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

6 PUBLIC QUESTIONS/COMMENTS

There were no public questions or comments.

7 MINUTES OF PREVIOUS MEETING - 17 MAY 2017

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

Diana Hall raised an issue regarding the May payroll run for Virgin Care staff. Jayne Carroll stated that there had been some problems relating to the payment of bank staff but that these had now been resolved.

Cllr Tim Ball also expressed concern that some Virgin Care staff had not received payment and had no access to their payslips. Jayne Carroll explained that an electronic system was now in operation for payslips and confirmed that, as far as she was aware, all staff had now been paid.

8 HEALTH INEQUALITIES ACTION PLAN

The Board considered a report which highlighted some of the good practice occurring for each of the priorities identified at the health inequalities inquiry day held in May 2016.

It was noted that the Your Care Your Way commissioning of community services and the emergence of Sustainability and Transformation Plans had absorbed a great deal of time and attention. This had resulted in a lack of space and resource to carry out other cross-cutting work.

Some work was currently being carried out to address health inequalities such as:

- The creation of a virtual employment hub.
- Provision of more joined up services.
- Programmes to work with “hard to reach” groups e.g. the local programme in the Foxhill/Mulberry Park area of Bath.
- Work to encourage healthy lifestyles e.g. increasing physical activity and reducing smoking and alcohol consumption.
- CCGs and GPs were also doing work within practices located in deprived areas e.g. safeguarding.
- The public health team had also met with Healthwatch to discuss priorities.

The following issues were then discussed:

- Cllr Vic Pritchard informed that Board that he had recently attended a seminar regarding mental health where Adverse Childhood Experiences (ACES) were discussed. He welcomed the inclusion of the use of routine enquiry around ACES and felt that this should be promoted. The trauma informed care approach was gaining interest in drug-treatment services and the police force.
- Cllr Paul May stressed the need to clarify outcomes and deadlines for the future actions to enable the Board to monitor this work more effectively.
- Sarah Shatwell welcomed the explanation regarding the context of this work and highlighted the impact of work pressures on the whole of the health and social care community. She suggested that work on Adverse Childhood Experiences could join up with the Making Every Contact Count project. It was important to work together with voluntary sector organisations to join up with work already underway such as the Better Opportunities Programme.
- Ashley Ayre advised Board members to read the recently published Ofsted inspection report which highlighted the strength of the early help and childcare service in B&NES.
- Diana Hall Hall pointed out that the Bath Area Playgroup deserved credit for the work it carries out to address inequalities.
- It was noted that service user information was well developed but that further work needed to be undertaken regarding workforce data.
- It was important to ensure that families received the help they needed at the correct time. Early intervention was vital, along with a needs based response.
- The STP and inequalities actions were not mutually exclusive and work could be carried out to identify where most value could be added for B&NES residents.
- Laurel Penrose stated that further education could assist with employability and that focus should be wider than purely compulsory education.

RESOLVED:

- (1) To note the existing work on health inequalities.
- (2) To ask the Sustainability and Transformation Partnership Board to discuss the issue of health inequalities and to consider ways in which it can assist with this work.
- (3) To receive an update on progress in 6 months' time.

9 MAKING EVERY CONTACT COUNT

The Board considered a report and received a presentation regarding Making Every Contact Count (MECC). This involved altering how staff interact with people through having healthy conversations and learning how to spot opportunities to talk to people about their wellbeing.

The presentation covered the following issues:

- Overview of MECC
- The local approach
- How implementation will be supported. MECC is a national initiative and is intended to be brief. It should be enabling and empowering and not forcing or telling.
- The aim is to provide a structure to help staff to undertake healthy conversations with their patients and support them in making healthy lifestyle choices.
- Training will be provided using a cascade model.
- Progress made – a co-ordinator has been appointed, a small grant application process has been set up, 12 trainers are in place and 88 staff have been trained.

The Board members were very supportive of this initiative and were happy to champion it. It was acknowledged that although older people are currently considered to be a higher priority, the programme will also aim to engage young people using a phased approach.

Elaine Wainwright stated that Bath Spa University would be keen to be involved with this project and noted that the training provided would be skills based rather than topic based.

Jayne Carroll stated that Virgin Care would welcome the opportunity to look at this from the perspective of the role of the Health Visitor.

Hayley Richards stated that a large proportion of the AWP workforce were practitioners. There was a small concern that people do not find it easy to talk about mental health issues. It was acknowledged that the evaluation of the project would not be straightforward but that the approach should become a natural part of a person's role.

A copy of the presentation slides is attached as *Appendix 1* to these minutes.

RESOLVED:

- (1) To note the approach for implementing Making Every Contact Count (MECC).
- (2) To agree the suggested key principles for local implementation:
 - A focus on MECC Level 1: very brief intervention/healthy conversations.
 - Delivering MECC Plus to include the wider determinants.
 - A phased approach with identified target audiences.
 - A model of cascading the training/learning.
- (3) To provide high level support and commitment to MECC.

10 MENTAL HEALTH AND WELLBEING CHARTER

The Board received a presentation from Caroline Mellors, Charter Lead, St Mungos Bridge to Wellbeing, regarding the Mental Health and Wellbeing Charter. The contact details for Caroline Mellors are 07525 594606 or email Caroline.Mellors@mungos.org. A copy of the slides is attached as *Appendix 2* to these minutes.

The Mental Health and Wellbeing Charter provides a clear set of principles to guide people who require mental health support. Alongside the “in practice” document it promotes a shared approach between those using services, their families, friends, groups and professionals to support each person’s unique mental health needs.

The presentation covered the following issues:

- Background and reasons for the Charter.
- Details of the collaborative work undertaken to create the Charter.
- How the Charter was created.
- The contents of the Charter.
- Details of the work being undertaken to embed the Charter and to provide training.
- The Charter was launched in May 2016 at an event opened by the Mayor.
- Future plans for the Charter.

The following issues were discussed:

- The Board members fully supported the Charter and thanked those involved for all the work they had undertaken to produce it.
- It was noted that the Charter could be helpful for an area wider than the B&NES boundaries and that it could be used across the whole STP area.
- There were 10 principles set out in the document and it was noted that when providing training, organisations were invited to look at the areas they particularly wished to address and to prioritise these.
- It was suggested that the Charter would be very useful to schools and could be included in the headteachers’ briefing pack.
- The Board felt that the way in which the Charter was derived was particularly valuable.

RESOLVED:

- (1) To endorse the Mental Health and Wellbeing Charter.
- (2) To recommend that Board members take the Charter back to their respective organisations and adopt the principles set out within it.

11 DATE OF NEXT MEETING

It was noted that the next meeting would take place on Wednesday 6 September 2017.

The meeting ended at 12.30 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services



Making Every Contact Count (MECC)

Zoe Clifford

Public Health Specialty Registrar



Overview

1. What is MECC?
2. How will we make this happen?
3. What progress have we made?
4. Next steps





1. What is MECC?

- National Initiative
- Large scale behaviour change programme
- Culture change towards prevention
- Starting a conversation
- Opportunistic
- Brief (30 seconds & 3 minutes)
- Enabling & empowering, NOT forcing or telling
- Self-care / self help



Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches
<https://www.nice.org.uk/Guidance/PH49>

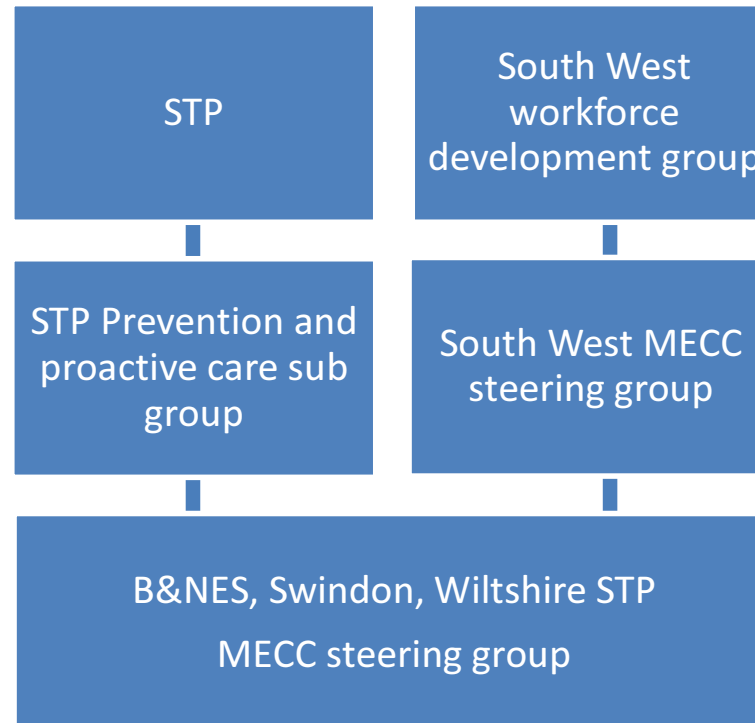


2. How will we make this happen?

- Provide a structure to help staff to undertake healthy conversations with their patients and support them in making healthy lifestyle choices
- Embed the principles of MECC into everyday practice
- Identify and address the challenges to implementation



Planning and reporting



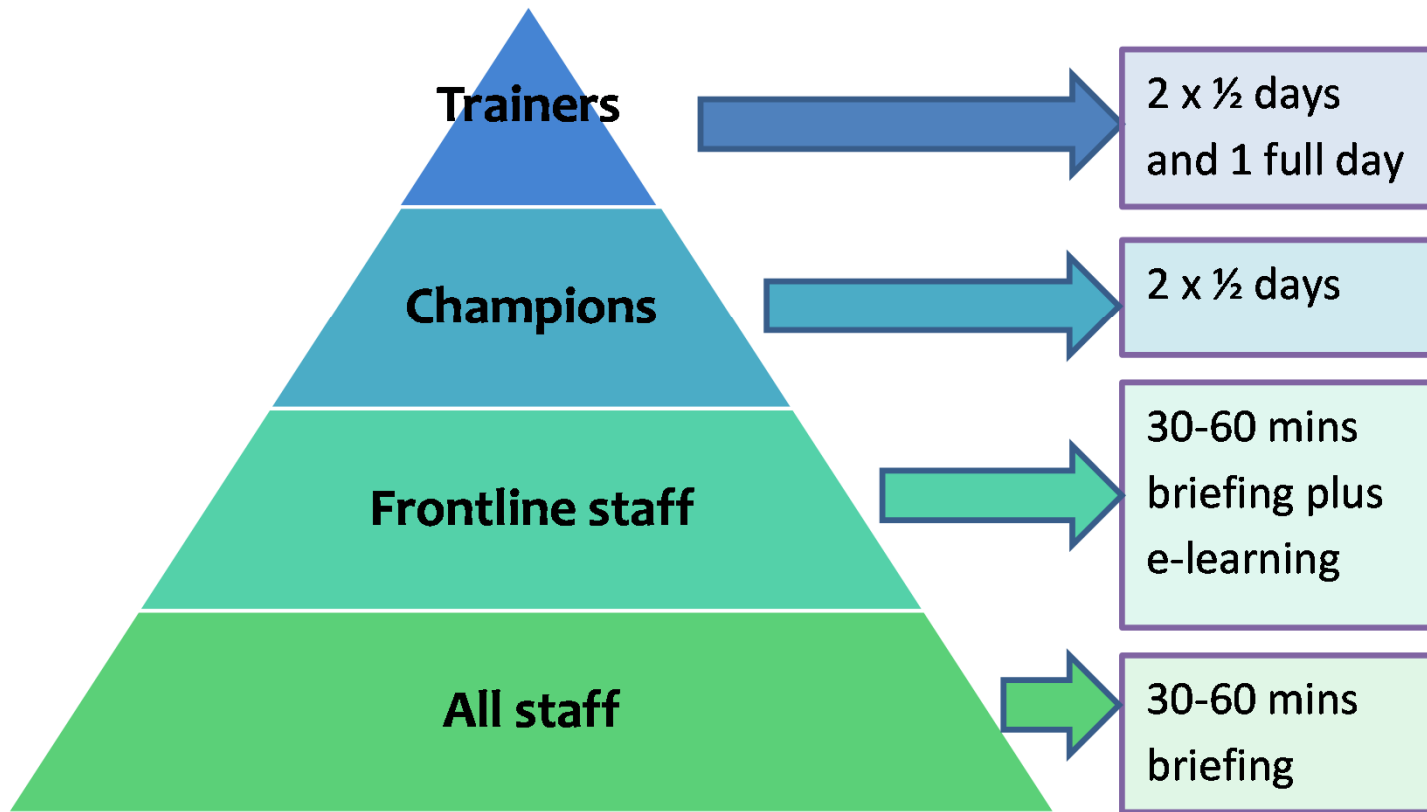


Local approach

- **MECC Level 1**: very brief intervention / healthy conversations.
- **MECC Plus** to include the wider determinants
- **Phased** approach with identified target audiences
- Model of **cascading** the training/learning



Cascade model of training





How is implementation supported?

- Health Education South West funding
- Wessex model
- STP MECC plan
- Train-the-trainers courses
- E-learning
- MECC Co-ordinator
- Small grant scheme



3. What progress have we made?

- Co-ordinator post
- Small grant application process
- 12 trainers
- 88 trained in 2 x 1/2 session (champions)



4. Next steps

- Feedback on approach
- Senior level commitment
- Identify trainers
- South West evaluation



Any questions?



new hope
leading the way to wellbeing

St Mungo's
Ending homelessness
Rebuilding lives

Mental Health & Wellbeing Charter

Bath and NE Somerset

Caroline Mellers – Charter Lead St Mungo's / New Hope
Ralph Lillywhite – St Mungo's Bridges to Wellbeing Manager



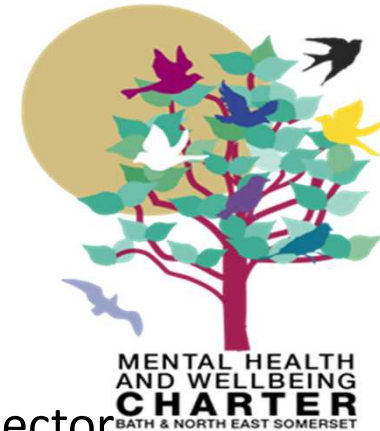
Background

Why the Charter

- ❖ Giving a voice to people using services.
- ❖ Highlighting what supports people's mental wellbeing.
- ❖ Caroline's professional and lived experience.
- ❖ Scope of the Charter, from wellbeing to crisis.
- ❖ Every counter can make a difference.
- ❖ Consistency of support across agencies.



St Mungo's Bridges to Wellbeing



St Mungo's Bridges to Wellbeing

- ❖ B&NES – working in collaboration with statutory and 3rd sector groups to enhance wellbeing.
- ❖ AWP – 2 key projects to improve the experience of those using services, ie Move On Worker and Peer Mentor Co-ordinator
- ❖ New Hope, KS2 and Hopespace – Group of people with lived experience of mental health. Establishing groups and influencing services.
- ❖ Multi-agency approach and shared events.
- ❖ Following on from the 'What Works Conference' and 'Bridging the Gap' report

Collaborative Working to create Charter



Joint working & context

- ❖ Developed following multi-agency collaboration with New Hope and local organisations
- ❖ Using 'Making it Real' as a framework
- ❖ Link to 'Your Care Your Way'
- ❖ Supported by Mental Health Commissioners

Creating the Charter

How it happened

- ❖ Led by people who have used services
- ❖ Steering group – local organisations
- ❖ Initial Charter design – Two Focus groups
- ❖ Consultation - Ten focus groups, over 100 people who had received support for their mental health
- ❖ Final Charter & 'In Practice' document



What is the Charter



- ❖ In 2 parts: i) 10 point Charter
ii) In Practice document
- ❖ Increases awareness of mental health, focusing on wellness, not illness
- ❖ Reduces stigma
- ❖ Integrates the views of people using services into service delivery
- ❖ Supports staff to understand and follow the philosophy of the Charter.
- ❖ Empowering a collaborative way of working within and between agencies

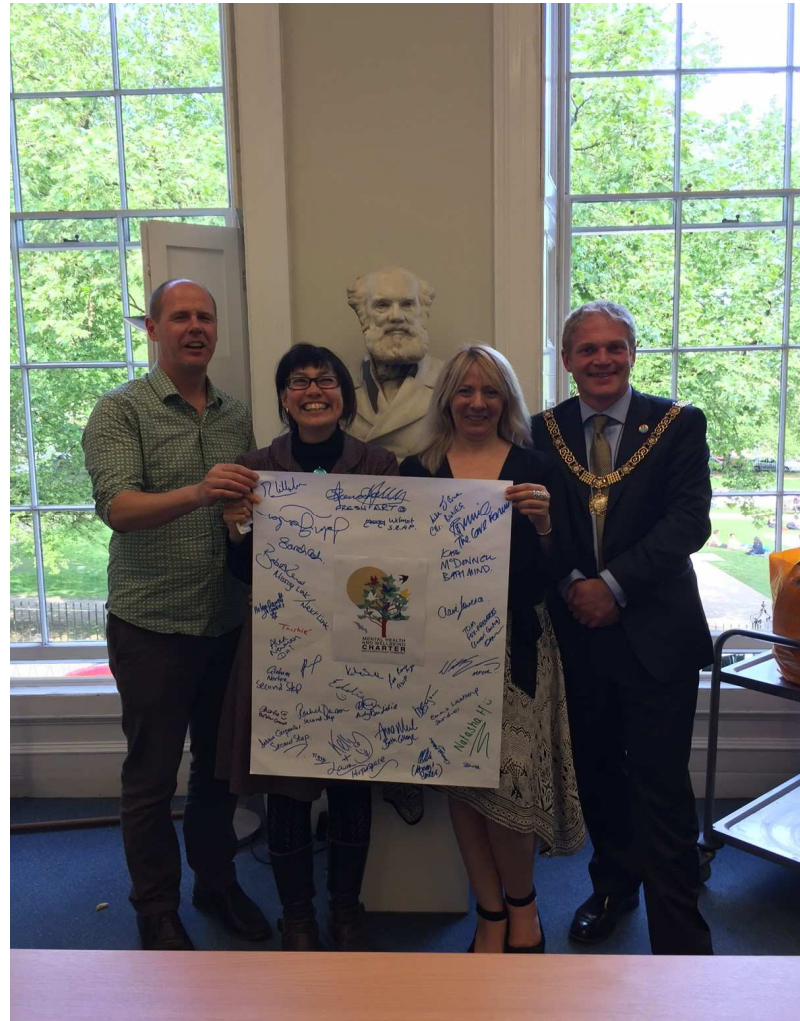
The Charter



Launch – May 2016

- ❖ Event opened by Mayor William Sandry
- ❖ Celebration with all those involved
- ❖ Over 20 organisations signed up to Charter Principles

Launch Event



What's happening now



What's happening now

- ❖ Charter has been written into the Mental Health and Wellbeing Pathways contracts.
- ❖ Currently delivering Charter Awareness Training to staff in local organisations.
- ❖ B&NES Council Select Committee resolved to support the Charter 'in all areas of work within the Council' – May 2017.
- ❖ Working with Virgin, linking with mental health managers and service user involvement lead.
- ❖ Working with AWP B&NES to embed the Charter.

The Charter - What next



- ❖ August 2017 – meeting with Commissioner and Council to establish effective ways of adopting the Charter in B&NES.
- ❖ Finish Training sessions
- ❖ Develop a report on training for Commissioners

Also developing a Pilot Peer Evaluation Tool

- ❖ Develop a framework to highlight the needs of people accessing services.
- ❖ A small funding grant has been secured from Quartet.
- ❖ Working with St Mungo's Quality and Audit to establish framework.
- ❖ 2 pilot schemes, one for statutory and one for a 3rd sector organisation
- ❖ Reporting back to Commissioners.

Dedication to Andrea



The Charter is dedicated to the memory of Andrea Morland, Senior Mental Health Commissioning Manager B&NES

“It’s not about competing it’s about working together, to serve people in the best way possible... not silos of organisations but a group of people with solid working relationships that give people the support they need”.

(Andrea Morland, 2014)

Health and Wellbeing Forum



Thank you for your time

**Opportunity for questions &
suggestions**