CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

2 December 2015

Time 2.00 pm **Public Meeting?** YES **Type of meeting** Oversight

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Information for the Public

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

1 **Apologies for absence (if any)**

2 **Notification of substitute members (if any)**

3 **Declarations of interest (if any)**

4 **Minutes of the previous meeting** (Pages 5 - 12)
[To approve the minutes of the previous meeting held on 7 October 2015 as a correct record]

5 **Matters arising**
[To consider any matters arising from the minutes of the meeting held on 7 October 2015]

6 **Summary of outstanding matters** (Pages 13 - 16)
[To consider and comment on the summary of outstanding matters]

7 **Health and Wellbeing Board Forward Plan 2014/15** (Pages 17 - 20)
[To consider and comment on the items listed on the Forward Plan]

8 **"Beat the Streets" initiative**
[To receive a presentation from Dr William Bird on the “Beat the Streets” initiative]
[Dr William Bird]

9 **Better Care Fund - Update**
[To receive a report on the development and progress of the Better Care Fund including progress with:

- Intermediate Care;
- Primary and Community Care]

[Viv Griffin and Steven Marshall]

(TO FOLLOW)

10 **Better Care Technology**
[To receive a presentation from Nathan Downing, NDI Consulting]
[Nathan Downing]

11 **Updated Health and Wellbeing Board Priorities** (Pages 21 - 26)
[To consider the updated priorities for the Board following the “Away Day” held on 7 October 2015]
[All]

12 **Wolverhampton City Clinical Commissioning Group roadmap and commissioning intentions** (Pages 27 - 30)

[To note the strategic roadmap of the Wolverhampton City Clinical Commissioning Group over the next three years and what it intends to commission]

[Stephen Marshall]

13 **City of Wolverhampton Council and Wolverhampton City Clinical Commissioning Group - Mental Health Strategy - Transformation Plan** (Pages 31 - 68)

[To receive a report on the City of Wolverhampton Council and Wolverhampton City Clinical Commissioning Group Children Adolescent Mental Health Service (CAMHS) Transformation Plan including key next steps]

[Sarah Fellows]

14 **Minutes from Sub Groups** (Pages 69 - 80)

[To receive feedback from the following Sub Groups]

(i) Children's Trust Board (Cllr Val Gibson)

(ii) Integrated Commissioning and Partnership Board (Linda Sanders)(TO FOLLOW)

(iii) Public Health Delivery Board (Ros Jervis)

15 **Exclusion of the Press and Public**

[To pass the following resolution:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information on the grounds shown below]

16 **NHS Capital Programme** (Pages 81 - 84)

[To receive a report on the current position of the NHS Capital Programme insofar as it relates to Wolverhampton]

Information relating to the financial or business affairs of any particular person (including the authority holding that information) Para (3)

[Dr Kiran Patel]

17 **National Transforming Care Policy** (Pages 85 - 96)

[To consider a report which provides an update and describes work to date to deliver the Transforming Care agenda in Wolverhampton following the abuse of adults with learning disabilities at an independent hospital, Winterbourne View]

Information relating to the financial or business affairs of any particular person (including the authority holding that information) Para (3)

[Kathy Roper]

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CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

Minutes - 7 October 2015

Attendance

Members of the Health and Wellbeing Board

Councillor Sandra Samuels	(Chair) Cabinet Member for Health and Wellbeing
Councillor Val Gibson	Cabinet Member for Children and Young People
Ros Jervis	Service Director - Public Health and Wellbeing
Councillor Paul Singh	Shadow Cabinet Member for Health and Wellbeing
Councillor Roger Lawrence	Leader of the Council
Linda Sanders	Strategic Director - People
Ian Darch	Third Sector Representative
Simon Hyde	Chief Superindendent West Midlands Police
Professor Linda Lang	University of Wolverhampton
Dr Arko Sen	Wolverhampton Healthwatch
Alan Coe	Chair Wolverhampton Safeguarding Board
Dr Helen Hibbs	Wolverhampton Clinical Commissioning Group

Employees

Carl Craney	Democratic Support Officer
Glenda Augustine	Consultant in Public Health, Community Directorate
Viv Griffin	Service Director - Disability and Mental Health
David Loughton	Chief Executive of Royal Wolverhampton Hospital NHS Trust

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Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence (if any)**
Apologies for absence had been received from Karen Downman (Black Country Partnership NHS Foundation Trust), David Johnson (NHS England Local Area Team),Tim Johnson (City of Wolverhampton Council), Donald McIntosh (Healthwatch Wolverhampton),Stephen Marshall (Wolverhampton City Clinical Commissioning Group), Cllr Elias Mattu (City of Wolverhampton Council), Dr Kiran Patel (NHS England, Local Area Team) and Jeremy Vanes (Royal Wolverhampton NHS Trust)

2 **Notification of substitute members (if any)**
No notifications of substitutes had been received.

3 **Declarations of interest (if any)**
No declarations of interest were made in relation to any matters under consideration at the meeting.

4 **Chair's remarks**

The Chair, Cllr Sandra Samuels, thanked Members and Officers for attending the "Away Day" development event held that morning.

On behalf of the Board she offered her thanks to David Loughton CBE, Chief Executive, Royal Wolverhampton NHS Trust, for hosting the "Away Day" and the Health and Wellbeing Board meeting.

She drew to the attention of the Board the "Beat the Street" initiative, an industrial scale physical activity behaviour change programme and gave details of the programme. The Service Director, Public Health and Wellbeing, Ros Jervis, reported that it was an innovative programme focussed on preventing obesity, was of interest to all age groups and involved a range of partner agencies. Activities included walking. The programme was led by Dr Bird, who was responsible for health initiatives nationally. The Strategic Director - People, Linda Sanders, suggested that he be invited to attend a meeting of the Board and/or the launch of the Wolverhampton programme. The Service Director, Public Health and Wellbeing reported that joint working on this initiative was taking place with the Black Country Consortium through the "Be Active" initiative. The Chair, Cllr Sandra Samuels, suggested that the other Health and Wellbeing Boards in the Black Country be invited to the launch of the Wolverhampton initiative.

The Chair, Cllr Sandra Samuels, welcomed Dr Arko Sen, the newly appointed Chair of Healthwatch Wolverhampton to the meeting.

5 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting held on 29 July 2015 be confirmed as a correct record and signed by the Chair.

6 **Matters arising**

With reference to Minute No. 5 (Matters arising) and following a question from the Chair, Cllr Sandra Samuels, the Service Director, Public Health and Wellbeing reported that she had had a telephone conversation with Professor Kevin Fenton, National Director Health and Wellbeing PHE, in connection with the plan to tackle obesity in the City.

With reference to Minute No. 8 (Primary Care Co-Commissioning) Dr Helen Hibbs reported that co-commissioning with NHS England would commence on 1 October 2015.

With reference to Minute No. 10 (Obesity Call to Action – Update and progress made towards developing an Action Plan to tackle obesity in Wolverhampton), the Service Director, Public Health and Wellbeing reported that the meeting of operational leads would be held in early November 2015.

7 **Summary of outstanding matters**

Resolved:

That the summary of outstanding matters be noted.

8 **Health and Wellbeing Board Forward Plan 2014/15**

The Service Director, Disability and Mental Health, Viv Griffin, presented a report on the Board's Forward Plan for 2015/16. She drew to the attention of the Board the revised format of the Plan and commented that the revised priorities would be considered later in the meeting.

Resolved:

That the report be received and noted.

9 **Infant Mortality Health Scrutiny Review**

The Service Director, Public Health and Wellbeing presented a report which detailed the recommendations of the Health Scrutiny Infant mortality Review which had been undertaken from July 2014 to March 2015 to gather evidence in relation to the issue of infant mortality in Wolverhampton.

Dr Arko Sen commented that the "Equalities Implications" paragraph indicated that there were no implications whilst the report identified the disproportionate risk to certain groups within the population. The Service Director, Public Health and Wellbeing explained that the equality implications were addressed in the report and actions proposed to address them. Alan Coe drew to the attention of the Board the overlap with the work of the Children's Safeguarding Board and enquired as to where the Board aspired to be in terms of making progress with this issue. The Consultant in Public Health, Glenda Augustine commented that the aims were detailed in the nine protected characteristics.

Resolved:

1. That the recommendations proposed within the Health Scrutiny Infant Mortality Review be approved;
2. That the close alignment of the proposed recommendations to the Wolverhampton Infant Mortality Action Plan 2015 – 2018 be noted.

10 **Review of the Wolverhampton Joint Strategic Needs Assessment (JSNA) process**

The Consultant in Public Health presented a report which included information obtained following a review of the local and national Joint Strategic Needs Assessment (JSNA) processes and which proposed an option for the development of an updated JSNA for Wolverhampton from 2016 onwards. The Strategic Director-People reminded the Board that the document needed to be "owned" by all members and partners. Dr Helen Hibbs commented that the document needed to be user friendly especially if it was to be used to assist with commissioning. The CONSULTANT IN Public Health suggested that the updated document be developed with the assistance of the Wolverhampton Observatory and that the final document could include links to partner organisation websites.

Resolved:

1. That the formal establishment of a representative Joint Strategic Needs Assessment Working Group be supported and that invitations to sit on the Working Group be extended shortly;
2. That the pulling together of a single compendium of demographic and population needs assessment information including health and social care need for Wolverhampton be supported;

3. that the development of an updated interactive, electronic Joint Strategic Needs Assessment to provide access to the compendium referred to in 2. above to support commissioning as well as the provision of information and the promotion of engagement for all be supported;
4. That examples of links from other Health and Wellbeing Board JSNA's be circulated to the Board.

11 **Better Care Fund - Update**

The Service Director, Disability and Mental Health presented a report which updated the Board on:

- The development and progress of the Better Care Fund;
- The financial risks relating to the Better Care Fund;
- The next steps proposed;
- The steps necessary to secure continuing support from the Health and Social Care Economy to facilitate the successful delivery of the Better Care Fund.

Dr Helen Hibbs reminded the Board that a number of workstreams had either only just commenced or were waiting to start and that it was too early in the programme to expect to identify improvements. Jeremy Vanes commented that this was a complex programme with the eventual aim of a shift in emphasis from residential care to prevention. He enquired as to whether the Third Sector was being used fully. Dr Helen Hibbs confirmed that the intention was to bring about such a shift and to empower people and work across agencies. The Strategic Director – People advised that the Better Care Fund was a new community way of working and that work with the Third Sector and re-connecting with communities was an integral part.

The Chair, Cllr Sandra Samuels referred to paragraph 3.2.3 inasmuch as it referred to permission being sought to undertake statutory consultation about a new recovery house and enquired where permission was being sought from. The Service Director, Disability and Mental Health reported that this matter would be the subject of a report to the Cabinet. The Strategic Director – People enquired when the Community Teams would be co-located. Dr Helen Hibbs advised that the Community Teams would be locality based and "wrapped around" GP practices. The Service Director, Disability and Mental Health reported that the model was currently being built. The Chair, Cllr Sandra Samuels commented on the new Health and Wellbeing building at the University of Wolverhampton and suggested that this was a resource that should be utilised. Professor Linda Lang added that many of the students using the building were also keen to volunteer to assist.

Resolved:

1. That the progress report on the Better Care Fund be noted;
2. That the draft out-turn position following the period 4 (end of July) monitoring and the forecast pressures in line with the risk sharing agreement for each organisation be noted;
3. That the position relating to current performance against the key Payment for Performance Indicator and relevant supporting indicators be noted.

12 **Royal Wolverhampton NHS Trust - Care Quality Commission (CQC) - Inspection Results**

The Chief Executive of the Royal Wolverhampton NHS Trust (RWT), David Loughton CBE presented the Care Quality Commission (CQC) Quality Report on the outcome of the inspection, conducted between 2 to 5 June 2015 into the New Cross Hospital and Cannock Chase Hospital (the latter being included as some services from the dissolved Mid Staffordshire NHS Trust having being taken over by the RWT). He advised that the RWT had lodged formally 294 challenges to the report of which 205 had been accepted immediately by the CQC. He advised the Board that the RWT Board was disappointed with the overall rating of "Requires Improvement" and that a formal appeal had now been lodged.

The Chief Executive of the RWT reported that the stance of the Trust Board was supported by the Trust Development Agency. The Trust was also in the process of recruiting 75 trained nurses, a skill mix review was to be conducted at the next Trust Board meeting when the requirements for a further 200 qualified nurses would be considered. He outlined the procedures and opportunities which had been explored for the recruitment of additional qualified nurses including the problems encountered with the recruited nurses obtaining the requisite numbers from the Nursing and Midwifery Council (NMC). He also referred to the potential difficulties to be encountered in retaining qualified nursing staff from abroad if minimum income levels were to be imposed by Central Government on employees so recruited after a period of seven years.

The Strategic Director – People commented that Wolverhampton should be in a position to be self- sufficient in nurses. Professor Linda Lang advised that if that was allowed with entry limits on training places not being limited the problem would not arise. The Chief Executive of the RWT outlined steps which could be taken to reduce expenditure on temporary or locum staff and reminded the Board that in 2005 he had taken steps to cease recruitment of Agency staff in order to ensure that the Trust had overall control of infection prevention.

The Chief Executive of the RWT reported that an Action Plan with some 400 actions had been developed in response to the CQC report albeit that implementation had been held in abeyance pending the outcome of the appeal against the findings. He reported that the Head of Radiation Protection from the University Hospital of Birmingham NHS Trust had been seconded to assist with the issues identified in respect of that particular area. He advised that he still had a number of concerns in relation to infection control within the Hospital given that capacity issues limited the steps which could be taken to address the issues involved..

Alan Coe commented that there were over 50 references in the CQC report in relation to Adult Safeguarding. The Chief Executive of the RWT advised that protocols and procedures with regard to Children's Safeguarding were well established but less so in respect of Adults. He opined that there appeared to be more of a concern in raising adult safeguarding issues. The Service Director, Public Health and Wellbeing commented that in terms of the safety domain the area was well led but that staffing levels were an issue. The Chief Executive of the RWT acknowledged the point made and accepted that some areas were better than others. He questioned why the incidences of C. Difficile were different between New Cross Hospital and Cannock Chase Hospital when the same Management Teams

were responsible. He drew to the attention of the Board that the opening times of the Minor Injuries Unit had been questioned in the CQC report but that this was outside of the control of the RWT as the opening times were determined by the Commissioners.

The Chair, Cllr Sandra Samuels, referred to the 75 vacancies mentioned earlier and asked how these positions were being covered prior to appointments being made. The Chief Executive of the RWT assured the Board that "Bank" staff were used and that every shift was sufficiently covered albeit that a difficulty was encountered in respect of night shift cover. He reminded the Board of the increase in admission rates and that nurses with particular specialities were being transferred across other specialisms to ensure adequate cover which could lead to a lowering of morale.

Resolved:

That the report be received and noted.

13 **Wolverhampton Safeguarding Children's Board - Annual Report and Executive Summary 2014-15**

The Independent Chair of the Wolverhampton Safeguarding Children's Board (WSCB), Alan Coe, presented the WSCB Annual Report and Executive Summary 2014 – 15 which informed the Board of safeguarding activity during 2014 – 15 and which detailed progress made against priorities for 2013 – 16. He advised that the Annual Report had been agreed by the WSCB and provided an overview of how partners had discharged their safeguarding responsibilities over the preceeding year. The Annual Report offered an assurance to the Board that the activities of the WSCB were in compliance with its statutory functions by the Children Act 2004 and provided a formal opportunity to ensure that practice operated accordingly. From the perspective of the WSCB it provided an arena for challenge and an opportunity to seek assurance that the Health and Wellbeing Board and constituent organisations discussed and reviewed safeguarding at their respective Boards and where applicable, scrutiny committees.

Cllr Val Gibson congratulated Alan Coe on the report and commented that the organisations involved had continued to work well together following organisational changes. The Chief Executive of the RWT echoed the comments now made. The Strategic Director – People welcomed the report which had been produced some four months earlier than the equivalent report in 2014. Dr Arko Sen advised that Healthwatch Wolverhampton was re-positioning its Board in order to respond to faith connectivity.

Resolved:

1. That the report be received and noted as a means of ensuring a clear understanding in relation to the work of the WSCB over the past year;
2. That the range of work that was taking place to safeguard children in Wolverhampton and the continued challenges, developments and achievements in this critical area of work be noted.

14 **Wolverhampton Adults Safeguarding Board - Annual Report**

The Independent Chair of the Wolverhampton Adults Safeguarding Board (WSAB),Alan Coe, presented the Annual Report of the WSAB Annual Report and Executive Summary for 2014 – 15 which informed the Board of safeguarding activity

in 2014 – 15 and which reminded the Board on progress against the priorities for 2013 – 16. The report also reminded the Board that Safeguarding Adults' Boards had become a statutory requirement for each Council area from 1 April 2015.

Resolved:

1. That the report be received and noted;
2. That the report be acknowledged as providing assurance to the WSAB that the respective agencies represented on the Health and Wellbeing Board report annually to their respective Boards on adult safeguarding;
3. That all agencies represented on the Health and Wellbeing Board ensure that they have current assurance mechanisms that they can demonstrate their role and performance in relation to safeguarding arrangements for adults at risk.

15 **Minutes from Sub Groups**
(i) Children's Trust Board

Cllr Val Gibson reported that information for the various data sets was still being collected and that priorities were being refined for the Children and Young People Plan. She undertook to ensure that the minutes of the last meeting of the Children's Trust Board were circulated to all Board members.

The Chair, Cllr Sandra Samuels, commented on the progress being made with the development of the Wolverhampton Youth Zone, "The Way". Cllr Val Gibson advised that a soft launch was planned and that visits to the building were being undertaken currently. The Strategic Director – People reported that the official opening was planned for January 2016, that any members interested in visiting the building should contact the Director of Education, Julien Kramer and suggested that the next meeting of the Board be held in the building. The Chair, Cllr Sandra Samuels welcomed the concept of meetings being held at different venues and invited suggestions for alternative venues for future meetings. Professor Linda Lang suggested that a meeting be held at the University of Wolverhampton.

Resolved:

1. That the report be received and noted;
2. That the suggested venues for future meetings of the Board be investigated further.

(ii) Integrated Commissioning and Partnership Board

The Service Director, Disability and Mental Health presented the minutes of the meeting of the Integrated Commissioning and Partnership Board held on 17 September 2015.

Resolved:

That the minutes of the meeting of the Integrated Commissioning and Partnership Board held on 17 September 2015 be received and noted.

(iii) Public Health Delivery Board

The Service Director, Public Health and Wellbeing presented the minutes of the meetings of the Public Health Delivery Board held on 28 July 29015 and 15 September 2015.

Resolved:

That the minutes of the meetings of the Public Health Delivery Board held on 28 July 2015 and 15 September 2015 be received and noted.

16 **Closure of West Midlands Police Stations**

Simon Hyde, West Midlands police reported that following an estates review 28 premises across the Force area would be closed with six of these being within the City area. He explained that the majority of the premises to be closed were not public facing and that the proposals had been endorsed by the West Midlands Police and Crime Commissioner. He assured the Board that the Bilston Street, Wolverhampton, Low Hill, Bilston and Wednesfield premises in Wolverhampton were not affected by the proposals.

Resolved:

That the report be received and noted.

17 **Exclusion of the Press and Public**

Resolved:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information as set out in Paragraphs 1 and 2 of the Act.

Part 2 – Matters not open to the public and press

18 **NHS Capital Programme**

The Chair, Cllr Sandra Samuels advised that given the absence of representatives from NHS England Local Area Team (LAT) any comments be notified to the Democratic Support Officer, Carl Craney, who would forward them to the LAT for response.

19 **Prime Minister's Challenge Fund**

Dr Helen Hibbs reported that the bid to the Prime Minister’s Challenge Fund had been unsuccessful.

Agenda Item No. 6

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

2 December 2015

Report Title	Summary of outstanding matters	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards Affected	All	
Accountable Director	Viv Griffin – Service Director – Disability and Mental Health	
Originating service	Governance	
Accountable officer(s)	Carl Craney Tel Email	Democratic Services Officer 01902 55(5046) carl.craney@wolverhampton.gov.uk

Recommendations for noting:
The Health and Wellbeing Board is asked to consider and comment on the summary of outstanding matters

1.0 Purpose

1.1 The purpose of this report is to appraise the Board of the current position with a variety of matters considered at previous meetings of the Health and Wellbeing Board.

2.0 Background

2.1 At previous meetings of the Board the following matters were considered and details of the current position is set out in the fourth column of the table.

DATE OF MEETING	SUBJECT	LEAD OFFICER	CURRENT POSITION
31 March 2014	Health and Well Being Strategy – Performance Monitoring	Helena Kucharczyk (WCC)	Quarterly reports (included with Better Care Fund updates)
31 March 2014	NHS Capital Programme – NHS England – GP practices in Wolverhampton	Les Williams / Dr Kiran Patel (NHS England)	Quarterly reports
7 January 2015	Implementation of Action Plans following Francis Inquiry – Update	Six monthly updates	Reports to July 2015 and January 2016 meetings and six monthly thereafter
4 March 2015	Scoping the JSNA and analysing best exemplars nationally	Ros Jervis (WCC)	Report to a future meeting
3 June 2015	Integrated Commissioning	Roles and responsibilities of the various partner agencies involved in Integrated Commissioning	Report to a future meeting as part of a Better Care Fund – Update report.
29 July 2015	Joint Strategy for Urgent Care	Update on steps taken by the WCCCG to implement the recommendations	Report to the February 2016 meeting.

in the equality
analysis document

3.0 Financial implications

3.1 None arising directly from this report. The financial implications of each matter will be detailed in the report submitted to the Board.

4.0 Legal implications

4.1 None arising directly from this report. The legal implications of each matter will be detailed in the report submitted to the Board.

5.0 Equalities implications

5.1 None arising directly from this report. The equalities implications of each matter will be detailed in the reports submitted to the Board

6.0 Environmental implications

6.1 None arising directly from this report. The environmental implications of each matter will be detailed in the report submitted to the Board.

7.0 Human resources implications

7.1 None arising directly from this report. The human resources implications of each matter will be detailed in the report submitted to the Board.

8.0 Corporate landlord implications

8.1 None arising directly from this report. The corporate landlord implications of each matter will be detailed in the report submitted to the Board.

9.0 Schedule of background papers

9.1 Minutes of previous meetings of the former Shadow Health and Well Being Board and associated reports and previous meetings of this Board and associated reports

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Agenda Item No. 7

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

2 December 2015

Report Title	Health And Wellbeing Board – Forward Plan 2015/16
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards Affected	All
Accountable Director	Viv Griffin – Service Director – Disability and Mental Health
Originating service	Disability and Mental Health
Accountable officer(s)	Viv Griffin Service Director Tel 01902 55(5370) Email Vivienne.Griffin@wolverhampton.gov.uk

Recommendation
That the Board considers and comments on the items listed in the Forward Plan

PRIORITIES OF THE HEALTH AND WELLBEING BOARD (To be updated 7 October 2015)

The priorities of the Board are outlined in Wolverhampton Joint Health and Wellbeing Strategy – 2013-2018

- Wider Determinants of Health
- Alcohol and Drugs
- Dementia
- Mental Health
- Urgent Care

MEETING	TOPIC	LEAD OFFICER
2 December 2015	Minutes from Sub Groups	Viv Griffin / Linda Sanders / Ros Jervis (CoWC)
	Better Care Fund Update • Intermediate Care • Primary and Community Care	Steven Marshall (WCCCG) / Viv Griffin (CoWC)
	Updated Health and Wellbeing Board priorities (following away day 7 October)	Viv Griffin (CoWC) / Steven Marshall (WCCCG) / Ros Jervis (CoWC)
	CCG Commissioning Intentions 2016/17	Steven Marshall (WCCCG)
	Better Care Technology	Linda Sanders (CofWC)
	"Beat the Streets" initiative	Richard Welch (CofWC)
	Wolverhampton City Clinical Commissioning Group – Children and Adolescent Mental Health Service (CAMHS) – Transformation Plan	Sarah Fellows (WCCCG)
	National Transforming Care Policy	Kathy Roper (CoWC)
	NHS Capital Programme	Dr Kiran Patel (NHS England – Local Area Team)
10 February 2016	Minutes from Sub Groups	Viv Griffin / Linda Sanders / Ros Jervis (CoWC)
	Better Care Fund Update • Dementia • Mental Health	Steven Marshall (WCCCG) / Viv Griffin (CoWC)

	NHS Capital Programme – Update	Dr Kiran Patel (NHS England – Local Area Team)
	Joint Strategy for Urgent Care – Equality Analysis –Update on implementation of recommendations	Steven Marshall (WCCCG)
	Public Health Commissioning Intentions 2016/17	Ros Jervis (CoWC)
	Update on progress with implementing recommendations from the Francis Inquiry	Dr Helen Hibbs (WCCCG)
	Update on Engagement / Consultation of Urgent Care Centre	Dee Harris (WCCCG)
	Update on the Children and Young People's Plan	Emma Bennett (WCC)
27 April 2016	Minutes from Sub Groups	Viv Griffin / Linda Sanders / Ros Jervis (WCC)

To be added at some appropriate point: Youth Offending Team input Joint Strategic Needs Assessment

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Agenda Item No. 11

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

2 December 2015

Report title	Updated Health and Wellbeing Board Priorities	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Linda Sanders, Community	
Originating service	Communities/Health, Wellbeing and Disability	
Accountable employee(s)	Viv Griffin	Service Director Disability and Mental Health
	Tel	01902 55(5370)
	Email	Vivienne.Griffin@wolverhampton.gov.uk

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Consider and comment on the updated priorities of the Wolverhampton Joint Health and Wellbeing Strategy – 2013-2018 developed at the Health and Wellbeing Board "Away Day" on 7 October 2015 (see paragraph 3.2).

2. Consider and comment on the need for an overarching mission statement.

1.0 Purpose

1.1 The purpose of this report is to review the priorities of the Wolverhampton Joint Health and Wellbeing Strategy – 2013-2018 and consider the need for changing these priorities.

2.0 Background

2.1 The Health and Wellbeing Board previously agreed the priorities for the Board and its sub-groups for 2013/14. The Health and Wellbeing Strategy is based on the following five key priorities:

- Wider Determinants of Health
- Alcohol and Drugs
- Dementia (early diagnosis)
- Mental Health (Diagnosis and Early Intervention)
- Urgent Care (Improving and Simplifying)

2.2 The progress on the above priorities has been reviewed and a summary was presented to the Board at its "Away Day", by the lead officers. In summary progress highlights are shown below:

Wider Determinants of Health and Alcohol and Drugs:

- A Multi-Agency City Wide Infant Mortality Steering Group has been established which developed a three year action plan to reduce the number of infant death with particular focus on reducing the number of woman who smoke during pregnancy; and supporting healthy maternal and infant nutrition and safe home environments for babies. There has been a large degree of progress for instance the use of carbon monoxide monitors by midwives and health visitors and the use of universal healthy start vitamins.
- The Obesity Call to Action launched in 2014 has many strands. The Health and Wellbeing Board endorsed the first obesity action plan for the city. There has been much media interest in some of the new programmes and campaigns such as the Million Miles, The Member Champions and 5 Star Families Programme. Some firm foundations have been laid for this crucial piece of work.
- The Wolverhampton Alcohol Strategy came to its natural conclusion this year and has achieved many positive outcomes. Particularly in relation to supporting a strong night time economy and reducing the crime and disorders associated with alcohol misuse. The strong partnership that is evolved over the past five years has formed the Wolverhampton Tobacco and Substance Misuse Alliance which is in the progress of setting fresh priorities for the coming 12 months.

Dementia:

- Dementia plans are currently being revised.
- Dementia Friends training sessions are being held – for all members of staff within the Science Park.
- Wolverhampton has achieved a diagnosis rate of Dementia above the set target.

Mental Health:

- Wolverhampton has included mental health in its Better Care Fund programme.
- The Mental Health Strategy and the National Crisis Concordat has been updated.
- A Street Triage Service has been established jointly by the Clinical Commissioning Group and Black Country Partnership Foundation Trust.
- The Psychiatric Outreach Service has been reviewed and enhanced.
- The Headstart Programme is progressing well.

Urgent Care:

- A Joint Urgent Care Strategy has been developed across stakeholders. Its implementation is being managed via the Health Economy wide Systems Resilience Group.
- A new primary care led Urgent Care Centre will be opened in April 2016 providing a 24/7 service for urgent but non-accident and emergency patients. It will incorporate the Walk In Centre currently housed at Showell Park, the GP Out of Hours service and will be integrated with NHS 111.

3.0 Progress, options, discussion, etc.

3.1 The progress on the identified priorities has been reviewed and an “Away Day” was held to reconsider the priorities in order to sustain progress.

3.2 The following key priorities have been identified as a result of the “Away Day”:

- Childhood Obesity
- Children and Adolescent Mental Health
- Integration
  - Care closer to home
  - Dementia

3.3 It should be noted that if these new priorities are adopted the following priorities would be dropped from the Health and Wellbeing Strategy:

- Infant mortality
- Urgent care
- Alcohol and Drugs

With regard to infant mortality a Health Scrutiny Review was undertaken from July 2014 to March 2015. A key element of the scrutiny review was the city-wide Infant Mortality Action Plan that was approved by the Health and Wellbeing Board on the 4 March 2015. The recommendations from the scrutiny review were also adopted at the meeting of the Health and Wellbeing Board on 7 October 2015. The Action Plan is driving a positive change in infant mortality.

The Health and Wellbeing Board is recommended to consider and comment on the priority for urgent care and whether it should be included in the refreshed

Wolverhampton Joint Health and Wellbeing Strategy – 2013-2018. Urgent care was not fully represented on the "Away Day".

3.4 The following chart represents the key principles, priorities and the related outcomes and long term goals.

Principles and Values • **Prevention** • **Health Inequalities**			
Theme and Priority	**Tools**	**Outcomes**	**Long-term Goals**

• Childhood Obesity
• Children and Adolescent Mental Health
• Integration
  ○ Care closer to home
  ○ Dementia
	Power of the Board
	Knowing who / where / what
	Prevention focus evidence-base experimental
	Work stream interventions
		Improved quality of life
		Improved school performance
		Improved access and community re-space
		Dementia friendly status
		Reduction in self-harm
			↓ Obesity
			↑ Life expectancy
			↑ Quality of life
			↑ School performance

Safeguarding (cross cutting theme)			

4.0 Financial implications

4.1 There are no anticipated financial implications related to this report. [GS/12112015/X]

5.0 Legal implications

5.1 There are no anticipated legal implications to this report. [TS/13112015/H]

6.0 Equalities implications

6.1 An equality analysis has been completed for the Joint Health and Well Being Strategy 2013-2018. An initial equality analysis has been undertaken related to this report. If the priorities are accepted a full equality analysis will be undertaken.

7.0 Environmental implications

7.1 There are no environmental implications related to this report.

8.0 Human resources implications

8.1 There are no anticipated human resource implications related to this report.

9.0 Corporate landlord implications

9.1 This report does not have any implications for the Council's property portfolio.

10.0 Schedule of background papers

10.1 Wolverhampton Joint Health and Wellbeing Strategy 2013-2018
Wolverhampton Joint Strategic Needs Assessment 2012

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Agenda Item No. 12

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

2 December 2015

Report title	CCG Roadmap and commissioning Intentions	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Ros Jervis, Wellbeing	
Originating service	Service area (not directorate)	
Accountable employee(s)	Steven Marshall Tel Email	Director of Strategy and Transformation Steven.marshall3@nhs.net

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. Note the CCG Commissioning Intentions.

1.0 Purpose

1.1 The attached overview lays out the strategic roadmap of the CCG over the next three years and what it intends to commission.

2.0 Background

2.1 As part of its annual cycle, the CCG has to advise health providers of its commissioning intentions and agree how these will effect current contracts. The attached provides an overview of how the CCG intends to do this, with a view on the longer term implications of its strategic roadmap.

3.0 Progress, options, discussion, etc.

3.1 This roadmap forms the basis of the detailed contractual discussions which will be taking place between he CCG and its proivders to agree how the contracts for FY16/17 will be affected.

4.0 Financial implications

4.1 N/A

5.0 Legal implications

5.1 N/A

6.0 Equalities implications

6.1 N/A

7.0 Environmental implications

7.1 N/A

8.0 Human resources implications

8.1 N/A.

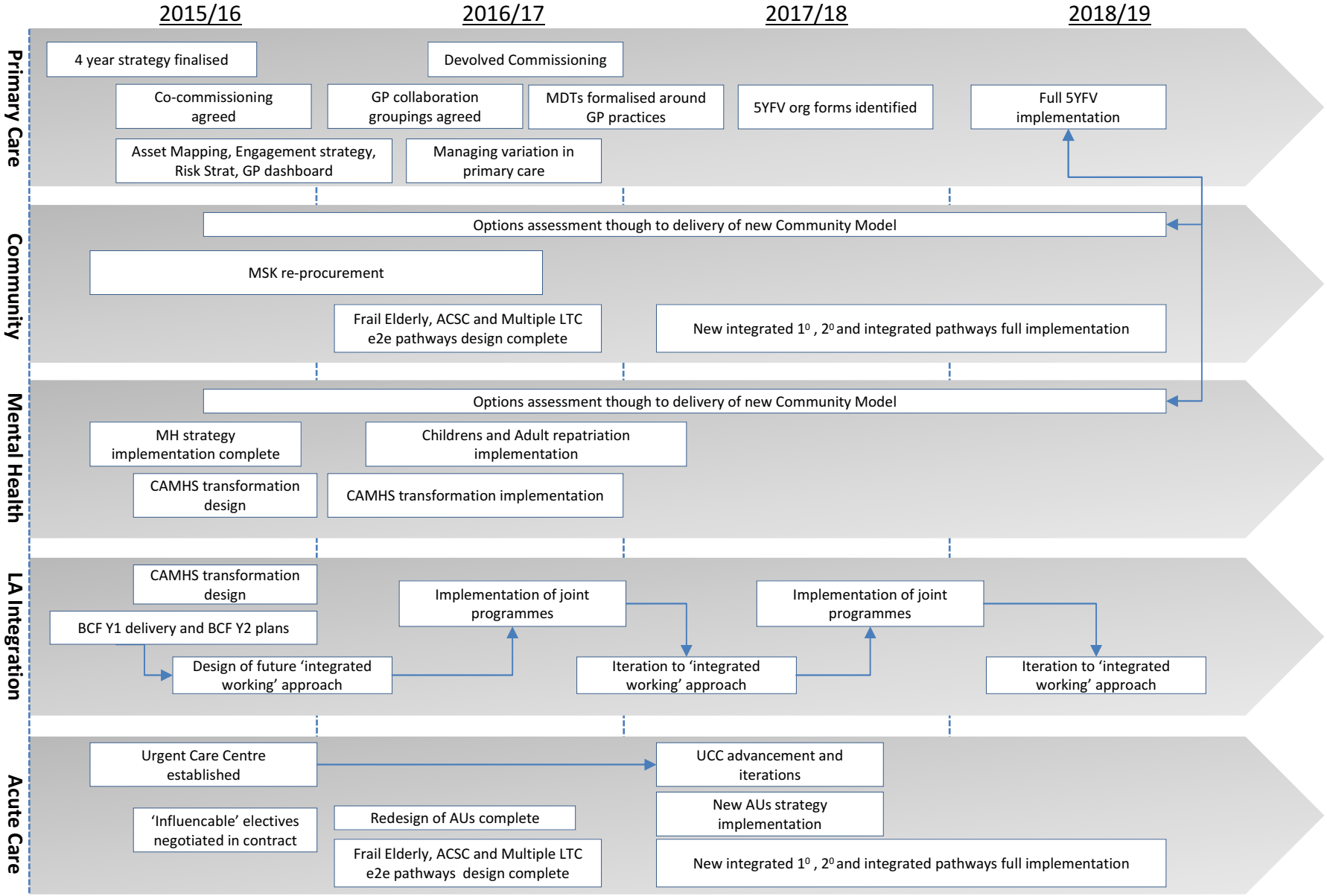
9.0 Corporate landlord implications

9.1 N/A

10.0 Schedule of background papers

10.1 N/A.

Strategic Roadmap 2015/16 – 2018/19



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Agenda Item No. 13

Health and Wellbeing Board

2 December 2015

Report title	City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group Mental Health Strategy 2014-2016
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards affected	All
Accountable director	StevenMarshall, Director, Strategy and Transformation, Wolverhgampton Clinical Commissioning Group.
Originating service	Commissioning – Wolverhampton CCG
Accountable employee(s)	Sarah Fellows Mental Health Commissioning Manager Tel 01902 444878 Email sarahfellows2@nhs.net
Report to be/has been considered by	

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. The development and implementation of the WOLVERHAMPTON CCG CAMHS TRANSFORMATION PLAN.

1.0 Purpose

1.1 The purpose of this report is to the Health and WellBeing Board with an update regarding the WOLVERHAMPTON CCG CAMHS TRANSFORMATION PLAN including key next steps.

2.0 Background

2.1 The Wolverhampton Clinical Commissioning Group CAMHS TRANSFORMATION PLAN is attached as Appendix 1. The CAMHS TRANSFORMATION PLAN has been developed following a period of review and describes hoe WOLVETRHAMPTON CCG will utilise the CAMHS TRANSFORMATION funds, which is recurrent funding.

2.2 Development of the CAMHS TRANSFORMATION PLAN responds to the recommendations of FUTURE IN MIND and key national and local drivers including the CCG's Operational and Strategic Plans, the Wolverhampton City Council and Wolverhampton Clinical Commissioning Group Emotional and Psychological Health and Well-Being Strategy (2013-2016) the Suicide Prevention Strategy for England (2013) and Closing the Gap (2013).

3.0 Progress, options, discussion, etc.

3.1 A number of key priorities are outlined in the CAMHS TRANSFORMATION PLAN . The priorities outlined as follows:

1. Increased capacity and capability within commissioning in 15/16 and 16/17 across health and social care to develop a transformational commissioning plan to deliver a 'Tierless Whole System' across education, health, criminal justice and social care with a single value base. This will focus upon pro-active and responsive support that meets the need of the child in a whole system context and that at every access and delivery point enables achievement and growth. The transformational commissioning plan will demonstrably use HeadStart and Future in Mind funds to pump prime a programme of change and transformation to deliver by 20/21. Increased commissioning capacity will include some dedicated project support to deliver Black Country wide solutions to TIER 3 PLUS, CARE PATHWAYS into TIER 4 and TIER 5 and Criminal Justice and Youth Offending Services where opportunities to co-commission across care pathways into regionally and nationally commissioned care pathways will be further developed as part of next steps to the Black Country NHS E funded co-commissioning TIER 3 PLUS and TIER 4 project. This will also build on the learning from our DAPA Pilot.
2. Development of a specified Children and Young People's Improving Access to Psychological Therapies programme in Wolverhampton (WOLVES CYPT IAPT), wherein it is estimated that talking therapy services can save £1.75 for the public sector for every £1spent. This will include interventions for very early years and linkage with the Adult IAPT programme in terms of parental IAPT programmes and a joined up approach with The Families in Focus (Troubled Families) Programme to target interventions at families and individuals with key vulnerabilities in a systemic approach. This will all be aligned with the deliverables outlined in the HEADSTART Wolverhampton Pilots in terms of

resilience building and awareness raising in schools, use of digital technology and social media and other local anti-stigma and resilience funded initiatives including the pilots funded under HEADSTART providing 'a place to go'. WOLVERHAMPTON will join the MIDLANDS AND EAST IAPT COLLABORATIVE; an application will be submitted to join this learning collaborative by December 2015, building on work undertaken as part of a scoping project in 2013/14. The lead/s will be the mental health commissioner within the CCG and the appointed project manager within the existing service within the Black Country Partnership NHS Foundation Trust (BCPFT). Outcomes for 15/16 will focus upon care pathways for delivery for Cognitive Behaviour Therapy, Dialectical Behaviour Therapy and Family Therapy along with other highly specialised psychological and psycho-therapeutic interventions at Step 2 and Step 3. This programme of work will articulated with timelines within the application to join the CYP IAPT collaborative. Locally key issues will include focus on alignment with HEADSTART WOLVERHAMPTON across schools and primary and universal care and a focus upon hard to reach groups, including dis-engaged and alternatively engaged children and children and young people from BME groups.

3. Increased capacity and capability in crisis and home treatment services, in line with the national and local Crisis Concordat/s, bridging the gap between hospital and community services and reducing the need for high cost CAMHS Tier 4 Services and providing child suitable Section 136 MHA and Place of Safety facilities. This will include substantive funding for the Single Point of Access (SPA).
4. Additional investment in Early Intervention in Psychosis Services for children and young people to achieve greater compliance / fidelity with the NICE guidance model, wherein it is estimated that if everyone who required Early Intervention in Psychosis services received a service the NHS could save £44 million annually by improving clinical outcomes for individuals, reducing relapse and re-hospitalisation rates, increasing numbers of patients achieving recovery and reducing the numbers of patients requiring high cost out of area placements and care packages. This will include a particular focus on improved joint working with substance misuse services for those with dual diagnosis needs and requirements. This model will be co-commissioned with Sandwell and West Birmingham CCG.
5. Investment in a local community Eating Disorder Service co-commissioned with Sandwell and West Birmingham CCG building on existing service provision which will deliver an assertive outreach community approach with better liaison with Acute, Paediatric, Primary Care and Tertiary Care services for children and young people as part of an all age model. This will also bridge the gap between hospital and community services, reducing the need for high cost Tier 4 Services and reduce the prevalence and impact of SEED (Severe and Enduring Eating Disorders). A draft service specification is attached as Appendix 14. This details how we will achieve the GUIDANCE ON THE ACCESS AND WAITING TIMES STANDARDS FOR CHILDREN AND YOUNG PEOPLE WITH AN EATING DISORDER.
6. Investment in CAMHS Link workers for schools, special schools and alternative provision providing targeted and specialist interventions within establishments and facilitating and supporting the HeadStart: WOLVERHAMPTON school peer support and mental health resilience training programmes and also facilitating speedy and responsive access to care pathways and services within generic and specialist CAMHS and primary care and universal services including GPs.

7. Re-specification of CAMHS Learning Disability services and Specialist and Generic CAMHS to support the needs of children with learning disabilities and / or physical disabilities who have the most complex requirements including children and young people with neurological conditions such as Attention Deficit Disorder and Autism. This will include a focus upon the local service developments required to deliver transforming care bed reductions at national regional level and local level and development of community based alternatives to In-patient provision, prevent and repatriate from tri-partite funded out of city placements wherever possible and ensure transition to adult services that is focussed upon and meets the needs of the individual young person. This will also include re-specified bespoke local support for children and young people with special educational needs, Looked After Children, adopted children, care leavers, those in contact with the Youth Justice System, children and young people who have been sexually abused and/or exploited or who display sexual risks to others and children and young people who require continuing care packages. This includes transition to and from secure settings to the community for children placed on both youth justice and welfare ground; robust care pathways from Liaison and Diversion schemes and from Sexual Assault Referral Centres. Co-commissioning options for repatriation, reviews and development of local services will be explored with neighbouring CCGs and Local Authorities. Re-specified services will include focus on compliance with most recent guidance regarding care and treatment reviews and step up and step down from TIER 4 services.
8. Develop a PERI NATAL Mental Health Service working across CAMHS AMHS and Child and Maternity, Primary Care and Specialised Services develop a local peri-natal mental health service which will deliver local care pathways across agencies and support improved maternal mental health as outlined in Future in Mind.

3.2 The CAMHS PLAN outlines the vision to develop a tierless system across health, education and social care. This will include significant system re-design within the Black Country Partnership NHS Foundation Trust and re-specification of existing services. Collaboratiive commissioning opportunities exist across the Black Country, for example regarding TIER 3 PLUS Servicers and Tri-Partire funded care packages for children placed out of city. Within Wolverhampton co-commissioning with Wolverhampton City Council will include ensuring alignment with HeadStart and the local offer for children and young people, including Early Help and initiatives delivered within schools such as counselling, pastoral and universal services.

3.3 Negotiations and discussions with Sandwell and West Birmingham CCG regarding an aligned health model and jointly developed service specifications continue. To date this has focussed potentially joint / aligned models in terms of:

- Eating Disorder Services / Care Pathways.
- Early Intervention in Psychosis Services.
- CAMHS Crisis Resolution andHome Treatment Services.
- Collaborative commissioning across TIER 4 with NHS England and other CCGs.
- Tri-partite funded care packages.

There are however many other opportunities for collaborative commissioning and these are being explored with Sandwell and West Birmingham CCG and will be developed as appropriate via the CAMHS PLAN Core Group. Collaborative commissioning approaches provide an opportunity for improved patient experience, improved and increased productivity and value for money cost efficiencies by increasing the capacity and capability of services through improved economies of scale and care closer to home.

4.0 Financial implications

4.1 An outline financial plan utilises funding to pump prime pilots in 15/16 and then substantive service model changes and transformation utilising learning and evaluation to transition to the new service/s in 16/17 and beyond. Key priorities for pump priming are to be utilised to increase capacity and capability develop the CAMHS Crisis and Early Intervention in Psychosis and Eating Disorder Services.

5.0 Legal implications

5.1 There are currently no outstanding legal implications that should be highlighted in relation to this report.

6.0 Equalities implications

6.1 Section 149 of the Equality Act 2010 outlines the Public Sector Equality Duty to engage with relevant individuals regarding key decisions. A period of consultation will be required regarding any proposed changes to mental health services locally, with a requirement to take the revised Strategy to Health Scrutiny Panel.

7.0 Environmental implications

7.1 There are currently no outstanding environmental implications that should be highlighted in relation to this report.

8.0 Human resources implications

8.1 There are currently no outstanding environmental implications that should be highlighted in relation to this report.

9.0 Corporate landlord implications

9.1 There are currently no corporate landlord implications that should be highlighted in relation to this report.

10.0 Schedule of background papers

10.1 The WOLVERHAMPTON CAMHS PLAN is attached as Appendix 1.

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WOLVERHAMPTON LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

NHS WOLVERHAMPTON CITY CLINICAL COMMISSIONING GROUP

WOLVERHAMPTON LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

REPORT PRESENTED BY:

Sarah Fellows, Mental Health Commissioning Manager

Title of Report:	WOLVERHAMPTON LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING
Purpose of Report:	• The purpose of this report is to outline the key out puts and deliverables of the WOLVERHAMPTON LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING • This is to deliver a dedicated whole systems project across CAMHS TIERS 1-4 that will deliver a sustainable model into 2020/21, deliver QIPP in the short, medium and longer term, deliver to the key strategic drivers and ambitions of Future in Mind and transform the lives of the children and young people of our city.
Author(s):	• Sarah Fellows, Mental Health Commissioning Manager
Key Points:	• HEADSTART: WOLVERHAMPTON pilots are delivering a range of resilience and self-efficacy building initiatives for children and young people aged 10-16 years to prevent common mental health conditions. • Future in mind Promoting, protecting and improving our children and young people's

	mental health and well-being (HM GOVT 2015) outlines the NHS England Children and Young People's Task Force vision for CAMHS TIERS 1-4. This report details how funding allocation/s will be spent in the short, medium and long term in line with local levels and patterns of need. • WOLVERHAMPTON Clinical Commissioning Group are leading the Black Country wide NHS England funded pilot regarding alternative models for CAMHS TIER 3 PLUS, CAMHS TIER 4 and Tri-partite funded placements. • WOLVERHAMPTON Clinical Commissioning Group and WOLVERHAMPTON City Council are currently reviewing all children placed tri-partite funded placements including looked after children to inform commissioning intentions and support plans to reduce numbers of looked after children. • All of the above provide an opportunity to develop and deliver a transformational plan with an aligned financial model into 2020/21that will recurrent and non-recurrent funds to deliver a service model across TIERS 1-4 realise sustainable benefits across the whole system, reduce numbers and levels of complex and enduring difficulties with regard to CAMHS presentations, deliver early intervention and prevention and deliver QIPP on a WOLVERHAMPTON and Black Country footprint.
Recommendation/s	Next Steps are proposed in the detail of the report.
Clinical view:	A wide range of clinicians are engaged in CAMHS Strategy implementation plans and HEADSTART.
View of patients, carers or the public and the extent of their involvement.	Service user and carer groups are engaged in both of the above projects.
Resource Implications and	• A financial plan is provided within the appendices section of the report.

Financial consequences:	
Risk / Legal implications:	• Section 149 of the Equality Act 2010 outlines the Public Sector Equality Duty to engage with relevant individuals regarding key decisions. • A period of consultation will be required regarding any proposed changes to mental health services locally, with a requirement to take revised service models to Health Scrutiny Panel/s.
Implications on Quality and Safety:	• The recommendations within the report are suggested to improve the quality of experience and outcomes across CAMHS TIERS 1-4 which includes universal, primary, secondary and tertiary care in health and social care and initiatives delivered in the range of the City's education establishments, including for engaged and not engaged and excluded children.
Equality Impact Assessment:	• Equality Impact Assessments will be conducted on any proposed service redesign prior as part of the revised service model/s.
Implications on Information Governance	• Enhanced information sharing protocols are required across health, education and social care organisations.
Relevance to National / Local Policy:	National service framework: children, young people and maternity services (2004). Joint Commissioning Panel for Mental Health Guidance for commissioners of child and adolescent mental health services (2013). Mental Health Policy Implementation Guide -Dual Diagnosis Good Practice Guide (HM Government 2002). The National Service Framework for Mental Health (HM Government, 1999, 2004). 'No health without mental health' (HM Government, 2011). Preventing suicide in England: One year on (HM Government 2014). 'Closing the Gap' (HM Government 2014). Achieving Better Access to Mental Health Services by 2020 (HM Government 2014). FIVE YEAR FORWARD VIEW (HM Government 2014). Future in Mind - Promoting, protecting and improving

	our children and young people's mental health and wellbeing (HM Government 2015). WOLVERHAMPTON CRISIS CONCORDAT ACTION PLAN (March 2015). Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England (HM Government March 2015) Looked-after children and young people NICE guidance PH28 (NICE and SCIE MAY 2015). The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review. National Framework for Children and Young People's Continuing Care (HM Government 2010). WINTERBOURNE VIEW – TIME FOR CHANGE Transforming the commissioning of services for people with learning disabilities and/or autism (HM GOVERNMENT 2014) Transforming Care for People with Learning Disabilities Next Steps (2015) NICE GUIDANCE INCLUDING BUT NOT EXCLUSIVELY: • Depression in children and young people: Identification and management in primary, community and secondary care • Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care • Self-harm: longer-term management • Autism diagnosis in children and young people: Recognition, referral and diagnosis of children and young people on the autism spectrum.

	• Autism NICE quality standard [QS51] • Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults. • Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges • NICE GUIDANCE UNDER DEVELOPMENT: • Children and Attachment – NOVEMBER 2015

1. PURPOSE OF THIS DOCUMENT

1.1 The purpose of this document is to detail the WOLVERHAMPTON LOCAL CAMHS TRANSFORMATION PLAN. This is to deliver the following key outputs:

- Delivery of an integrated whole systems transformation programme across CAMHS TIERS 1-4 that will deliver a sustainable model into 2020/21 with an aligned financial plan which utilises the Future in Mind funding from 2015/16 to 2020/21.
- Delivery of an aligned programme of QIPP in the short, medium and longer term.
- Delivery of the key strategic drivers and ambitions of Future in Mind across CAMHS TIERS 1-4 and therein transform the lives of the children and young people of our city by covering areas of recognised

provision weakness, increase numbers of children and young people in early treatment and support and therein reduce levels of need and complexity.

- Re-design and delivery of a model of prevention, resilience, early intervention and personalisation at local level, employing the resilience and self-efficacy building facets of HEADSTART across the whole system, involving schools and alternative provision as key stakeholders.

- Re-design and delivery of improved care pathways and services across CAMHS Tiers 1-4 on a Black Country wide footprint in collaborative and / or consortium commissioning arrangements which will potentially include co-procurement with Black Country wide health and social care commissioning partners. This will involve asset mapping across CAMHS TIERS 1-4 including financial, human and other resources such as buildings and location of services etc. with the core purpose of increasing local provision, providing care close to home and increasing access to early intervention and prevention services at scale and critically closing treatment gaps.

- Collaboration with specialised commissioning at the Birmingham, Solihull and Black Country NHS England Local Area Team regarding collaborative approaches to CAMHS TIER 4 commissioning and care pathways into and out of the local system into CAMHS TIER 4.

- Delivery to the national and local imperatives of the Transforming Care agenda for children and young people and their families and carers.

- Build on pilots commissioned using non-recurrent and development funding to deliver substantive service models and deliver change.

- Deliver effective early intervention and prevention for mental health difficulties including for groups of children and young people with

multiple and complex needs, such as adopted children, those not in education or training and children and young people in and leaving care.

- Develop appropriate and bespoke care pathways that incorporate models of effective, evidence based interventions for vulnerable children and young people, ensuring those with protected characteristics such as learning disabilities are not turned away in line with Transforming Care and ensuring care close to home wherever possible for all children with complex and challenging needs.

1.2 The WOLVERHAMPTON CAMHS TRANSFORMATION PLAN assurance process will be integrated within the mainstream planning framework from 2016/17 onwards and will require WOLVERHAMPTON CCG to work closely with our local Health and Wellbeing Board partners, NHS England Specialised Commissioning and other key agencies including our local schools and education providers for children and young people who are alternatively engaged to refresh our plans and to monitor and evaluate improvements, developments and outcomes.

This plan outlines the priorities and key actions for 2015/16 and should be regarded as a living document, subject to assurance and evaluation and monitoring processes and therefore subject to continued development and change.

The plan high level summary is attached as Appendix 1. The WOLVERHAMPTON CAMHS Plan self-assurance is attached as Appendix 2.

1.3 The WOLVERHAMPTON CAMHS TRANSFORMATION PLAN builds on and further develops the following key initiatives:

- Development and implementation of the WOLVERHAMPTON Emotional and Psychological Well-Being Strategy for Children and

Young People aged 0-25 Years. This living document should be regarded as a re-fresh of the Strategy.

- Development and implementation of HeadStart: Wolverhampton pilot schemes and initiatives, including peer support network, resilience training in schools, development of digital technology and resilience building community based clubs and initiatives.

- Learning from the pilot schemes and initiatives that have provided additional funding into CAMHS Crisis Services, the Single Point of Access and Early Intervention in Psychosis Services through use of Targeted Resilience Funds.

- Development and implementation of the WOLVERHAMPTON Mental Health Strategy including pilot initiatives such as Liaison Psychiatry and Street Triage and the over-arching work of the Black Country Partnership NHS Foundation Trust and Wolverhampton Cinical Commissioning Group Joint Efficiency Review Group.

- Development and Implementation of the Eating Disorder Services Action Plan and use of development funds.

1. 4 Promoting equality and addressing health inequalities are at the heart of NHS WOLVERHAMPTON'S values. Throughout the development of this transformation plan due regard has been given to eliminate discrimination, harassment, victimisation and stigma and to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it and to reduce inequalities in terms of access to and outcomes from healthcare services and to commission children and young people's mental health services in an integrated way to support the reduction of health inequalities.

1.5 An Equality Impact Assessment is included as Appendix 3. Issues of in-equality are also described in our high level summary needs assessment information which is detailed within Appendices 4 and 5. A high level summary of the qualitative and quantitative information obtained from our stakeholder engagement is attached as Appendices 6 and 7. Current benchmarking data is outlined in Appendix 8.

1.6 Waiting time and access standards in Generic and Specialist CAMHS, Early Intervention in Psychosis and Eating Disorder Services to drive out inequalities and deliver parity of esteem are outlined in the dashboard section in Appendix 8.

2. T HE STRATEGIC VISION FOR 20/21

2.1 The wide ranging mental health difficulties addressed by CAMHS include:

- Conduct disorder
- Anxiety and depression
- ADD
- Psychosis
- Learning Difficulties
- Co-morbid substance misuse
- Eating Disorders
- Self-harm and suicidal behaviour
- Bullying
- Challenging Behaviour

2.2 Mental health problems which begin in childhood and adolescence are common and can have multiple, wide-ranging and long-lasting effects. The

economic case for investment is strong. Recent studies have estimated that mental illness costs the United Kingdom economy as much as £100 billion per year. In addition mental health problems can also have a terrible impact on people's physical health. People with schizophrenia are almost twice as likely to die from heart disease as the general population and four times more likely to die from respiratory diseases.

2.3 75% of mental health problems in adult life (excluding dementia) start by the age of 18. For young people, mental illness is strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour. Mental health problems in children and young people are common and account for a significant proportion of the burden of ill health in this age range. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood

2.4 Most mental health difficulties can be effectively treated. Many people can recover completely, whilst for others the severity and impact of the condition, and the lifetime cost can be significantly reduced. In general terms, the treatments for mental health problems can be as effective as those for physical illness.

2.5 Despite the high costs to individuals and society and the range of NICE approved interventions however, it is estimated that only a quarter of children and young people with mental health difficulties receive treatment. Nationally a history of underinvestment in CAMHS means that services are not currently able to offer all of the timely evidenced-based interventions that could be delivered across CAMHS TIERS 1-4.

2.6 Nationally and within WOLVERHAMPTON there is a compelling moral, social and economic case for change and a growing evidence-base in terms of clinically effective and cost effective interventions. There is also growing

evidence regarding rising levels of need - for example referral rates to Tier 3 CAMHS have risen by more than 40% between 2003/04 and 2009/10.

2.7 It is important to note that the Wolverhampton needs analysis data for CAMHS describes under use of universal and targeted services at TIERS 1and 2, causing over use of services at TIER 4 with under use of services at TIER 3 Plus TIER 4 due to poor care pathways, lack of availability of local services and lack of parity of esteem with an impact upon high use of paediatric beds and tri-partite funded services.

2.8 Fundamentally therefore our Wolverhampton vision is to re-balance activity across TIERS 1-4 by closing gaps, pump priming safe sound and supportive services whilst also increasing capacity and capability in early intervention and prevention services to reduce numbers of children and young people requiring interventions at TIERS 3-4 in the short medium and longer term. This will involve increasing numbers of children and young people entering services across TIERS 1-2 in keeping with the national vision outlined in Future in Mind and preventing therefore the high numbers of children, young people and adults developing conditions that require high levels of support across their life span.

2.9 This fundamental alignment from pro-active to reactive commissioning and delivery involves culture and behaviour change in adults at all levels, i.e. home, family, community, education, health and social care. Key elements of this ethos are around:

- Developing the abilities and capabilities of adults to interact and respond to children and young people in the required child centred and supportive manner with i.e. unconditionally and with awareness, understanding and compassion that builds resilience, confidence and self-efficacy in the child, their family and wider system.

- Developing capacity and capability in the system to up skill adults and consequently children and young people in the ways described above.

- Responding in a targeted and strategic manner to risks, vulnerabilities threats and challenges within individuals, families and communities that mitigates negative consequences and delivers soft touch preventative and early response interventions for children and young people who are disadvantaged, have a disability and or illness, are in poverty or who are vulnerable to risks such as abuse and bullying, exploitation and substance misuse.

- Developing a dynamic and modern system that connects education health and social care and uses digital technology and the skills, knowledge and attributes of people flexibly and well and in an integrated and child centred fashion that facilitates and enables happiness and achievement and 'joins up the dots' in terms of self-efficacy building, mental health awareness raising and quality of life and the role and functionality of the system therein.

2.10 Our vision is to utilise the additional Future in Mind funding to transform mental health services for children and young people by building capacity and capability at critical points across the system so that by 2021 we can demonstrate measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes in WOLVERHAMPTON.

2.11 We will do this by investing in critical areas of need within the system and align these new developments with changes and re-specification to existing care pathways and services, including the key deliverables of HeadStart:Wolverhampton within schools and universal provision so that by 2020/21 we have a 'Tierless Whole System' without gaps or barriers which responds pro-actively and effectively reducing levels of morbidity and chronicity allowing us to dis-invest in high cost and reactive tertiary levels of care and invest more in community models with improved clinical and non-clinical outcomes.

2.12 There are clear opportunities for a greater multi-agency / collaborative and integrated approach to commissioning and delivery of CAMHS within WOLVERHAMPTON. This involves risks and interdependencies, but also opportunities to better meet the needs of the population that we serve, reduce the impact of mental health difficulties upon statutory services in the longer term both CAMHS and AMHS and achieve wider system efficiencies, including for example upon the criminal justice system.

2.13 Future in Mind describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:

- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
- deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;

- improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

2.14 A summary of our stakeholder feedback including that of children and young people and their families and carers is included in the appendices section however key facets or the children and young people's views are that they wish to see:

- Improved and enhanced crisis and home treatment services.
- Improved and enhanced Early Intervention in Psychosis Services.
- Improved response times across all services
- A single point of access
- Improved access to Eating Disorder Services
- Care as close to home as possible with fewer out of area education, health and social care placements outside Wolverhampton.
- Far greater connectivity across education, health and social care system with fewer barriers and gaps and far greater integration in terms of delivering help and support
- Help support and advice in school, including peer support, targeted support in school/s from CAMHS staff and resilience and mental health awareness building training for staff, children and parents
- Help support and advice at 'our finger tips', i.e. digital resources including web based and social media solutions that provide help support and guidance
- 'A place to go' which provides social interaction, support and positive role models and parental advice.

- Help and support with bullying.
- Help and support with self-harm.
- Services and care pathways that are discreet, confidential and anti-stigma.
- Help and information regarding substance misuse.

2.15 All of the above key principles are underpinning our service transformation at local level. The table below illustrates key facts from Future in Mind regarding the case for prevention and early intervention:

- 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder.
- 7.7% or nearly 340,000 children aged 5-10 years have a mental disorder.
- 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder.
- This means in an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder.
- 5.8% or just over 510,000 children and young people have a conduct disorder.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 0.9% or nearly 80,000 children and young people are seriously depressed.
- Hyperkinetic disorder (severe ADHD): 1.5% or just over 132,000 children and young people have severe ADHD.

- 12% of young people live with a long-term condition (LTC) (Sawyer et al 2007).

- The presence of a chronic condition increases the risk of mental health problems from two-six times.

- 12.5% of children and young people have medically unexplained symptoms, one third of whom have anxiety or depression (Campo 2012). There is a significant overlap between children with LTC and medically unexplained symptoms, many children with long term conditions have symptoms that cannot be fully explained by physical disease.

- Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults.

- People with mental health problems such as schizophrenia or bipolar disorder die on average 16–25 years sooner than the general population.

- Mental health problems not only cause distress, but can be associated with significant problems in other aspects of life and affect life chances.

- Despite this burden of distress, it is estimated that as many as 60-70% of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age.

- Evidence shows that, for all these conditions, there are interventions that are not only very effective in improving outcomes, but also good value for money, in some cases outstandingly so, as measured by tangible economic benefits such as savings in subsequent costs to public services.

2.16 Our local vision to transform the outcomes and experience for service users and carers in receipt of CAMHS across TIERS 1-4 responds to the need to provide early intervention and prevention services and ensure improved access to appropriate community and hospital treatment care pathways. Delivering parity of esteem in terms of quality of patient experience and outcomes within CAMHS is a key driver. A number of key focussed areas of work have informed our needs and gap analysis and will continue to do so over the next few months and these are:

- Wolverhampton CCG was one of 8 areas across the Country to be awarded a project grant by the Children and Young People's Task Force to scope potential to re-design / improve current CAMHS commissioning models, following an invitation to submit EOIs. The Wolverhampton project focused upon CAMHS Tier 4 and TIER 3 plus model/s across the Black Country and this includes a focus on tri-partite funded placements for children and young people that are 'out of area'. This work was delivered by Wolverhampton CCG on behalf of all of the four CCGs (Dudley, Walsall, Sandwell and Wolverhampton) across the Black Country covering a population of 1,152,500 (ONS 2013 mid-year population estimates). Details of the key out puts from the project are included in the Appendices section of the report. There are many commonalities however across the four Black Country CCG in terms of the need to improve care pathways and outcomes regarding CAMHS TIER 4 placements, TIER 3 PLUS Services and tri-partite funded placements with a number of areas of potential opportunity to develop local service models and improve patient experience and deliver QIPP through co-commissioning and alignment of models moving forward. From initial stakeholder findings there are initial clear messages regarding the need for whole systems change. It is the expectation of NHS England that the Black Country co-commissioning pilot continue via the four Black Country CCGs Future in Mind Transformation Plans.

- HEADSTART WOLVERHAMPTON is well established and currently funding pilots to deliver a range of resilience and self-efficacy building initiatives for children and young people aged 10-16 years to prevent common mental health conditions. The pilots include development and use of digital technology and social media apps and resources, resilience and self-efficacy training in schools and communities for parents, teachers and peer mentors and a variety of initiatives as part of 'a place to go', such as out of schools clubs and community groups with a focus on supporting children and young people to develop self-efficacy skills and attributes and receive support from strong and positive role models and peers whilst having fun. Learning from the HeadStart pilots informs every strategic decision for CAMHS as we develop our services across all tiers to support self-efficacy building amongst children and young people and their families and communities as a key part of transforming lives. This ethos involves a huge culture and behaviour change in staff across all services TIERS 1-4 in terms of creating an atmosphere wherein children and young people can thrive and develop.

- Wolverhampton Clinical Commissioning Group and Wolverhampton City Council are currently reviewing all children placed tri-partite funded placements including looked after children to inform commissioning intentions, and support plans to reduce numbers of looked after children placed in and out of city including those in high cost packages and placements. This will be addressed by delivering preventative, supportive and pro-active services locally and improving the outreach provision to and repatriation of children and young people placed out of City by ensuring far greater connectivity with CAMHS care pathways and services. Critically this will involve a special emphasis on children and young people with a Learning Disability, physical disabilities and / or autism to ensure full alignment with Transforming Care and SEND guidance and reforms.

- The WOLVERHAMPTON Crisis Concordat Declaration is attached as Appendix 9. The urgent care pathway development that has delivered a refreshed approach to the compassionate, pro-active and safe sound and supportive across the lifespan holds opportunities for further evaluation to develop greater connectivity across CAMHS and AMHS urgent care pathways, again across a Black Country wide footprint where possible and support and improve outcomes for the most vulnerable. In CAMHS this includes closing gaps concerning Section 136 MHA and Place of Safety facilities and developing new and dynamic 24/7 services, including Street Triage, Paediatric Liaison and Crisis Resolution and Home Treatment services for example.

- WOLVERHAMPTON CCG is developing a Primary Care Strategy which will inform the commissioning, modernisation and transformation of services and care pathways across primary, secondary care and tertiary care. Opportunities exist to increase connectivity across these tiers, to align this with the troubled families' agenda and to increase the capacity, capability and responsiveness of CAMHS at a primary care level.

2.17 There is a clear opportunity therefore for our Local Transformation Plan to use the impetus and learning of all of the above initiatives to redesign and re model local services to deliver a model for sustainable future provision across CAMHS TIERS 1-4 by using programme funds from both HEADSTART and Future in Mind and also the financial values within existing budgets and sources of revenue to re-commission transform and align the system across health, education and social care with a financial plan and QIPP deliverables for 2015/16 – 2020/21.

3.0 MAKING IT HAPPEN A PHASED APPROACH

3.1 In addition to the above local priorities Future in Mind identifies the following key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

3.2 In addition to the above key themes Future in Mind identifies the following key priorities:

- Place the emphasis on building resilience, promoting good mental health, prevention and early intervention.
- Simplify structures and improve access: by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service.
- Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable so people do not fall between gaps.
- Harness the power of information: to drive improvements in the delivery of care, and standards of performance, and ensure we have a much better understanding of how to get the best outcomes for children, young people and families/ carers and value from investment.
- Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience.

- Make the right investments: to be clear about how resources are being used in each area, what is being spent, and to equip all those who plan and pay for services for their local population with the evidence they need to make good investment decisions in partnerships with children and young people, their families and professionals.

3.3 In addition to the above key themes Future in Mind identifies the following key priorities for investment:

- Mental health awareness / resilience training in schools and support for schools.
- Support for parents.
- Harnessing digital technology.
- Reducing the impact of bullying.
- Improving the mental health and physical health interface.
- Getting more numbers of children and young people into treatment,
- Responding early to self-harm.
- Improving Crisis support.
- Developing CYP Integrated Access to Psychological Therapies.

3.4 Our WOLVERHAMPTON approach to delivering Future in Mind is to align the additional funding with HEADSTART Wolverhampton funds to commission, develop and deliver a sustainable and transformed whole system working across all partners and stakeholders and co-produced with children, young people and their families. The WOLVERHAMPTON vision outlined in the section above can be described as requiring the following key outputs /

key priorities for investment in service deliverables and care pathway development and re-alignment and re-specification across existing CAMHS Service provision in 15/16 and beyond until 20/21.

1. Increased capacity and capability within commissioning in 15/16 and 16/17 across health and social care to develop a transformational commissioning plan to deliver a 'Tierless Whole System' across education, health, criminal justice and social care with a single value base. This will focus upon pro-active and responsive support that meets the need of the child in a whole system context and that at every access and delivery point enables achievement and growth. The transformational commissioning plan will demonstrably use HeadStart and Future in Mind funds to pump prime a programme of change and transformation to deliver by 20/21. Increased commissioning capacity will include some dedicated project support to deliver Black Country wide solutions to TIER 3 PLUS, CARE PATHWAYS into TIER 4 and TIER 5 and Criminal Justice and Youth Offending Services where opportunities to co-commission across care pathways into regionally and nationally commissioned care pathways will be further developed as part of next steps to the Black Country NHS E funded co-commissioning TIER 3 PLUS and TIER 4 project. This will also build on the learning from our DAPA Pilot.

2. Development of a specified Children and Young People's Improving Access to Psychological Therapies programme in Wolverhampton (WOLVES CYPT IAPT), wherein it is estimated that talking therapy services can save £1.75 for the public sector for every £1spent. This will include interventions for very early years and linkage with the Adult IAPT programme in terms of parental IAPT programmes and a joined up approach with The Families in Focus (Troubled Families) Programme to target interventions at families and individuals with key vulnerabilities in a systemic approach. This will all be aligned with the deliverables outlined in the HEADSTART Wolverhampton Pilots in terms of resilience building and awareness raising in schools, use of digital technology and social media and other local anti-stigma and resilience

funded initiatives including the pilots funded under HEADSTART providing 'a place to go'. WOLVERHAMPTON will join the MIDLANDS AND EAST IAPT COLLABORATIVE; an application will be submitted to join this learning collaborative by December 2015, building on work undertaken as part of a scoping project in 2013/14. The lead/s will be the mental health commissioner within the CCG and the appointed project manager within the existing service within the Black Country Partnership NHS Foundation Trust (BCPFT). Outcomes for 15/16 will focus upon care pathways for delivery for Cognitive Behaviour Therapy, Dialectical Behaviour Therapy and Family Therapy along with other highly specialised psychological and psycho-therapeutic interventions at Step 2 and Step 3. This programme of work will articulated with timelines within the application to join the CYP IAPT collaborative. Locally key issues will include focus on alignment with HEADSTART WOLVERHAMPTON across schools and primary and universal care and a focus upon hard to reach groups, including dis-engaged and alternatively engaged children and children and young people from BME groups.

3. Increased *cap*acity and capability in crisis and home treatment services, in line with the national and local Crisis Concordat/s, bridging the gap between hospital and community services and reducing the need for high cost CAMHS Tier 4 Services and providing child suitable Section 136 MHA and Place of Safety facilities. This will include substantive funding for the Single Point of Access (SPA).

4. Additional investment in Early Intervention in Psychosis Services for children and young people to achieve greater compliance / fidelity with the NICE guidance model, wherein it is estimated that if everyone who required Early Intervention in Psychosis services received a service the NHS could save £44 million annually by improving clinical outcomes for individuals, reducing relapse and re-hospitalisation rates, increasing numbers of patients achieving recovery and reducing the numbers of patients requiring high cost out of area placements and care packages. This will include a particular focus on improved joint working with substance misuse services for those with dual

diagnosis needs and requirements. This model will be co-commissioned with Sandwell and West Birmingham CCG.

5. Investment in a local community Eating Disorder Service co-commissioned with Sandwell and West Birmingham CCG building on existing service provision which will deliver an assertive outreach community approach with better liaison with Acute, Paediatric, Primary Care and Tertiary Care services for children and young people as part of an all age model. This will also bridge the gap between hospital and community services, reducing the need for high cost Tier 4 Services and reduce the prevalence and impact of SEED (Severe and Enduring Eating Disorders). A draft service specification is attached as Appendix 14. This details how we will achieve the GUIDANCE ON THE ACCESS AND WAITING TIMES STANDARDS FOR CHILDREN AND YOUNG PEOPLE WITH AN EATING DISORDER.

6. Investment in CAMHS Link workers for schools, special schools and alternative provision providing targeted and specialist interventions within establishments and facilitating and supporting the HeadStart: WOLVERHAMPTON school peer support and mental health resilience training programmes and also facilitating speedy and responsive access to care pathways and services within generic and specialist CAMHS and primary care and universal services including GPs.

7. Re-specification of CAMHS Learning Disability services and Specialist and Generic CAMHS to support the needs of children with learning disabilities and / or physical disabilities who have the most complex requirements including children and young people with neurological conditions such as Attention Deficit Disorder and Autism. This will include a focus upon the local service developments required to deliver transforming care bed reductions at national regional level and local level and development of community based alternatives to In-patient provision, prevent and repatriate from tri-partite funded out of city placements wherever possible and ensure transition to adult services that is focussed upon and meets the needs of the individual young

person. This will also include re-specified bespoke local support for children and young people with special educational needs, Looked After Children, adopted children, care leavers, those in contact with the Youth Justice System, children and young people who have been sexually abused and/or exploited or who display sexual risks to others and children and young people who require continuing care packages. This includes transition to and from secure settings to the community for children placed on both youth justice and welfare ground; robust care pathways from Liaison and Diversion schemes and from Sexual Assault Referral Centres. Co-commissioning options for repatriation, reviews and development of local services will be explored with neighbouring CCGs and Local Authorities. Re-specified services will include focus on compliance with most recent guidance regarding care and treatment reviews and step up and step down from TIER 4 services.

8.Develop a PERI NATAL Mental Health Service working across CAMHS AMHS and Child and Maternity, Primary Care and Specialised Services develop a local peri-natal mental health service which will deliver local care pathways across agencies and support improved maternal mental health as outlined in Future in Mind.

3.5 Working closely with key partners, NHS WOLVERHAMPTON is developing a phased approach to deliver and evaluate and monitor this ambitious programme of system wide transformation. Initially our work is focussed upon establishing the baseline, closing gaps in service provision, and building system readiness to deliver the longer term sustainable system wide transformation envisaged in Future in Mind and the local vision outlined above. Our phased approach for 2015/16 is outlined in the WOLVERHAMPTON CAMHS TRANSFORMATION Implementation Plan 2015/16 is attached as Appendix 10.

3.6 A copy of the WOLVERHAMPTON CAMHS TRANSFORAMTION PLAN Assurance and Compliance Data Template is attached as Appendix 11.

4. Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Initial Action for WOLVERHAMPTON and NEXT STEPS

4.1 Delivering our local ambition for 2020 will require strong local leadership and ownership and effective joined up working arrangements across the NHS, Public Health, Local Authority, Youth Justice and Education sectors. Governance processes will be reviewed and developed accordingly.

The following forums are key strategic drivers in terms of delivery of our plan:

- CAMHS TRANSFORMATION PLAN IMPLEMENTTAION GROUP
- WOLVERHAMPTON CLINICAL COMMISIONING GROUP COMMISIONING COMMITTEE
- HEADSTART PROGRAMME BOARD
- INTEGRATED COMMISSIONING BOARD
- CHILDREN AND YOUNG PEOPLES TRUST BOARD
- SAFEGUARDING BOARD
- MENTAL HEALTH STAKEHOLDER FORUM.
- MENTAL HEALTH PARTNERSHIP FORUM.
- BLACK COUNTRY MENTAL HEALTH LEADS.
- SPECILAISED COMMISSIONING OVERSIGHT GROUP.
- HEALTH AND WELL-BEING BOARD.
- FAMILIES IN FOCUS PROGRAMME BOARD.
- WOLVERHAMPTON CCG AND BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST BI-LATERAL CONTRACT MONITORING MEETING AND CLINICAL QUALITY REVIEW MEETING.
- WOLVERHAMPTON CCG AND BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST JOINT EFFICIENCY REVIEW GROUP.
- BLACK COUNTRY CLINICAL SENATE

- SPECILAISED COMMISSIONING OVERSIGHT AND SCRUTINY GROUP.

4.2 We have a strong history of co-production and partnership working in WOLVERHAMPTON; this is both in terms of working with children and young people and their families and carers including the most vulnerable but also in terms of working with and across agencies and partners. Details of our stakeholder engagement feedback is described in the appendices section of this document.

4.3 Our outline financial plan for 2015/16 is attached as Appendix 12.

4.4 It is proposed that following assurance of our WOLVERHAMPTON LOCAL TRANSFORMATION PLAN, we will move to full publication and formal consultation in keeping with WOLVERHAMPTON CCG Governance and legislative requirements. Our governance and reporting structure is outlined in Appendix 13.

4.5 We will continue to engage with all partners and stakeholders continuing a strong theme of co-production continuing to use children and young people and their parents and carers as key co-production agents in the commissioning, development and design of our care pathways and services. This will build upon our HEADSTART WOLVERHAMPTON Engagement process and will include the development and roll out of a peer mentorship programme in CAMHS and a CAMHS CHILDREN AND YOUNG PEOPLE'S DEVELOPMENT BOARD which will review, monitor evaluate the plan as part of the CAMHS TRANSFORMATION PLAN governance and reporting structure including development and review of KPIs on the dashboard.

4.6 Our level of ambition includes our commissioning intention to deliver the following interventions:

- Cognitive Behaviour Therapy
- Dialectical Behaviour Therapy

- Systemic Family Therapy
- Cognitive Behaviour Therapy for Eating Disorders
- Resilience and Self-Efficacy Building (Penn Resilience Programme and SUMO – aligned with HEADSTART WOLVERHAMPTON PENN and SUMO programmes).
- Psycho-dynamic psychotherapy.
- Medication Management and Recovery focussed self-management support for children and young people experiencing episodes of psychosis.

Outcome measurement tools will include (but not exclusively):

- HoNOSCA (Health of the Nation Outcome Scales Child and Adolescent mental health) – including self-rating tool and parent rating tool
- CGAS (Children's Global Assessment Scale)
- SDQ (Strengths and Difficulties Questionnaires) - including self-rating and parent and teacher rating questionnaires.
- CAMHSSS (CAMH Service Satisfaction Scale)
- EDE & EDE-Q version 16 and self-report
- Nisonger Child Behaviour Rating Form - including parent rating
- DBC (Developmental Behaviour Checklist) - parent rating
- DBC (Developmental Behaviour Checklist) - teacher rating
- Preventing people from dying prematurely Sterling Eating Disorder Scale (SEDS) (Williams and Power, 1995), (an 80-item questionnaire with 10 items contributing to each of 8 subscales: low assertiveness, low self-esteem, self-directed hostility, perceived external control, anorexic dietary cognitions, anorexic dietary behaviour, bulimic dietary cognitions and bulimic dietary behaviour).
- PHQ-9 (Spitzer, Williams and Kroenke, 1999), a 9-question standard instrument for assessing depression in primary care.

4.7 Ensuring that our services deliver outcomes across the whole system, including targeted interventions for vulnerable groups is a key priority for this plan. The Wolverhampton 2011 census describes our resident population as 248,470. The average age in Wolverhampton is 39 years, which is similar to the England average; however Wolverhampton has a slightly higher proportion of children aged under 16. In terms of ethnicity, 68% Wolverhampton residents are from a white ethnic background with the remaining 32% of residents belonging to black minority ethnic backgrounds (BME). Wolverhampton has high numbers of new arrivals arriving into the City each year including traveller families (estimated 2700 families in 2012). In terms of levels of deprivation in our City Wolverhampton is the 21st most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally. Deprivation is disproportionate across the city, with the more affluent wards in the west of the city. A number of sources of evidence suggest that a number of equalities and demographic factors can have a significant effect on the local need and uptake of mental health for children and young people including:

- The prevalence of Black and Minority Ethnic communities
- Parents in prison or in contact with the criminal justice system
- Deprivation
- Unemployment
- Housing and homelessness
- Refugees and asylum seekers (new arrivals)
- Children and Young people with long term conditions or physical and or learning disabilities including autism
- Lesbian, gay, bisexual and transgender people (LGBT) and / or children and young people who are questioning their sexual orientation and / or gender (LGBTQ)
- Substance misuse

- Children and Young people who are victims of violence, abuse and crime including domestic violence and bullying including victims of sexual abuse and violence and exploitation and school, higher education and work place bullying

4.8 Our interventions to support the specific needs and vulnerabilities of key groups will include children and young people with disabilities, including children and young people with learning disabilities and children and young people with Autism and Attention Deficit Disorder. We are using our Community Development Workers across CAMHS and HEADSTART WOLVERHAMPTON to co-ordinate a focus upon engaging children and young people and their families in an audit of services to deliver a targeted engagement plan. This will involve linkage with primary care, universal services and schools. The relatively low prevalence of numbers of children from BME groups referred to Tier 2 and Tier 3 CAMHS (less than 20% of referrals, compared with 41% of the population of children and young people in our City) suggests that prevention and early intervention should include a focus upon targeted interventions for children and young people and their parents and carers from BME groups and communities of new arrivals. Evidence from our audit and the evaluation of the HEADSTART pilots will be used to develop a targeted interventions engagement plan, with a focus upon schools, 'a place to go', primary care and TIER 2 services.

4.8 The necessary actions and interventions that are needed to deliver the targeted interventions and engagement plan will require a community development work approach which has previously focussed in Wolverhampton on initiatives such as those outlined in 'Delivering race equality in mental health care: An action plan for reform inside and outside services and the Government's response to the Independent inquiry into the death of David Bennett' (HM Govt. 2005).

The key building blocks of our refreshed and broader approach will include:

- More appropriate and responsive services – achieved by improving services and up skilling the workforce across the whole system model to better respond to the needs of key groups to enable all members of the population to access all of our services equally and by working with all key stakeholders to that ensure that together we have a joined up approach to challenging and addressing the broader determinants of mental ill-health and stigma and discrimination and promote parity of esteem, compassion, equality and respect diversity and human rights.

- Wider community engagement – achieved by extending stakeholder engagement to capture agencies, voluntary groups and organisations that can have a strategic and day to day influence on the wider determinants of mental health and embedding agreed key deliverables into the Resilience Plan and Implementation Plan. Supported by our Community Development Workers and aligned with HEADSTART WOLVERHAMPTON comms and engagement plan.

- Better information, communication and marketing - achieved by improved data collation, capture and analysis of the City's vulnerable groups, mapping their needs and requirements and monitoring agreed actions via the implementation plan, which forms of part of this living document and our HEADSTART needs analysis. This will include delivery of a pro-active marketing campaign aligned to parity of esteem and national campaigns such as Beat Bullying, Time to Change, Health Poverty Action, and Child Sexual Exploitation of the NSPCC, again aligned with HEADSTART.

5. NEXT STEPS

5.1 Next steps as follows:

- Development and implementation of service specifications as outlined in the 15/16 plan.
- Report to Health and Well-Being Board and development of communication, consultation and publication plan with timelines.
- Continued development of commissioning intentions and service models across a broader, for example Black Country wide foot print, using the current Street Triage Model as an example, for example. This currently delivers the Street Triage Service across two provider trusts, ambulance and police services for the four Black Country CCGs, and especially with Sandwell and West Birmingham CCG.
- Following NHS England assurance implementation, monitoring and review of pilot schemes as described in Section 3.
- Via CCG and BCPFT Joint Efficiency Review Group development of financial model for 16/17 with confirmed allocation (SEE APPENDIX 12).

CITY OF WOLVERHAMPTON COUNCIL

Children's Trust Board

Minutes - 18 September 2015

Attendance

Cllr Val Gibson (Chair)
Steven Marshall (Vice-Chair) - CCG
Emma Bennett - WCC
Cllr Peter O'Neill
David Baker - West Midlands Fire Service
Alex Chilcott - WCC
Ian Darch - Voluntary Sector Council
Dr Cathy Higgins - Consultant Paediatrics
Chief Inspector Simon Hyde - West Midlands Police
Mary Keelan - Secondary Representative
Helena Kucharczyk - WCC
Gillian Ming - Safeguarding Board
Jeremy Vanes - RWT

Employees

Hannah Finch	PA to the Heads of Service Children's Commissioning and Older People's Commissioning
Kush Patel	Commissioning Officer

Part 1 – items open to the press and public

Item No. *Title*

1 **Welcome and apologies**
Cllr Gibson opened the meeting.

Apologies were received from:

Tim Johnson - WCC
Linda Sanders – WCC
Lynn Law – Primary Representative, Wolverhampton School Improvement Partnership.
Lesley Writtle - Black Country Partnership Foundation Trust
Cllr Claire Darke – WCC
Ros Jervis – WCC

2 **Notification of substitute members**
None declared.

3 **Matters arising**
There were no matters arising from the minutes of the previous meeting.

4 **Declaration of interests**
No declarations of interests were made.

5 **Minutes of the previous meeting**
Minutes of the meeting held on June 16th 2015:

- Page 2: Cllr Gibson stated that the action for a letter to be written to the Children's Minister for permission to exchange information had been picked up by Public Health who is working on this already.
- Page 3 – Update on Actions. Jim McElligott resigned to poor health, therefore this action needs to be picked up with Julien. EB understanding that a Task & Finish Group was set up with CB/KL.

ACTION: Minutes were then agreed as a true record.

6 **CYP&F Plan Performance framework**

HK presented information in regards to the performance framework. HK discussed use of RAG ratings, how we will use them and also where there is comparative data. Where no comparison HK has used trajectory data only.

HK went through priorities, and their strengths/weakness.

1. Education attainment – Good/ attainment for KS1 FSM and non FSM is good. Area of concern is KS4.
    - AC – KS4 will look improved this year, last year blimp. AC also questioned if we are agreeing to take out the word "deprived" school? As "deprived" is broken down into sub categories. Needs to be clear which deprived is being used, figures are different that Alex has from Ofsted compared to this data. HK/AC to discuss this outside of the meeting.
    - Cllr O'Neil: Thought we agreed to not use this definition and questioned have we looked at a redefinition of "child in poverty"? –
    - Cllr Gibson- Suggested that we leave this the way it is in the plan at the moment, to not make this look like we have less deprived children when really all that has changed is the definition. –
    - ID agreed, this needs a like for like. Should keep the same position,
    - MK agreed this was a brave position and would support.
    - The Board agreed that for the purposes of the CYP and F Plan that the definition of child in poverty would remain the same.
    - HK – Doesn't identify individual schools, this data is public available on OFSTED.
    - EB – Can we tweak this definition; make clear this is in line with OFSTED descriptions. Use "definition of children from the most deprived post codes in attendance at a school". EB suggested to HK this might need to be run past EB/AC. She added its about showing schools with the most challenging pupils are working hard and doing well – it's a good news study.
    - MK as long as schools are not being labelled individually with this title – confirmed they are not.

2. Percentage of pupils free school meals (FSM)is declining as of this year, no RAG rating.HK questioned if this is a sign people aren't claiming or poverty is declining.
    - AC: Stated everyone can claim KS1 FSM, because of this families can't see the point of putting in the application. FSM rates have dropped nationally.
    - Cllr O'Neil questioned Pupil Premium (PP) impact
    - AC: Added if parents don't claim FSM then schools do not get pupil premium.
    - Cllr O'Neil: Asked if pressures be put on schools that use PP to purchase extra teaching hours.
    - AC: Felt yes, as well as costs for FSM.
    - Cllr Gibson: We need to agree this data, now and look perhaps at FSM issue in working groups later.
    - EB: Perhaps HK needs some key contacts in order to add other details to the data collected.
3. Homelessness 16/17 year olds:
    - HK noted increased reports but number of young people in supported accommodation fell.
4. Positives around children accessing free nursery places increasing, as has attainment at early years.
5. Absences from school increasing, exclusions increasing, but getting children into alternative provision is increasing as well.
    - AC : Questioned why are we not tracking KS5 data and post 16 destinations.
    - EB: Added that at the time key indicators were drawn up this was not raised by other education colleagues at this time.
    - HK : Suggested this can be added.
6. Provision 14/15 data – Early Years KS1 looking good. KS2 Reading, Writing, Maths remains the same on last year. No KS4 data yet.
7. Increased number of education missing children investigations.
    - Cllr O'Neil: Commented on a report in the Express&Star in regards to an FOI about number of children in care missing. Questioned have we looked into this?
    - EB :This is monitored by OFSTED, safeguarding and the Safeguarding board.
8. OFSTED rating for schools improved, not quite up to regional average. On local data we are continuing to improve.
9. Numbers of home educated children increasing.
10. Social Care Priorities:
    - Percentage of re referrals is reducing.
    - Numbers of LAC children reducing but these numbers are still higher than comparators however.
    - ID : Asked if we comfortable we are responding to the financial challenges about a child coming into care?
    - HK : Either not escalating or early help is preventing LAC.
    - EB : Stated a child coming into care is a joint consideration between other agencies and risks to the child. Also establishing permanency

plans quicker, which have enabled drop in LAC. We've also gone back and have revocation of care orders where needed.
- HK - One of the highest adoption rates in the country. Did see a spike in CP numbers but the risk is now declining. Repeat CP Plans is increasing which is being looked into by Safeguarding.

11. Public Health/Mental Health/CAMS – Gaps in this data.
- Cllr O'Neill would like CAMHS data to be looked into asap.
- Cllr Gibson thanked HK and her Team as it has not been an easy task to collate this data.
- ADR: Concern no data for SEND, most vulnerable group.
- HK: Will keep pushing to get this data supplied.
- ID – Free nursery places increasing, we assume this good, do we know these children will get better outcomes looking forward. Questioned if going to school early a good thing
- EB : Thought this could be a priority for future years. Added this needs to be recorded that the group is concerned about the missing data and those groups who have not provided this need to get this in as soon as possible. Timetable will be sent out next week.
- SM – Some time issues have been made around this.
- HK – Timescale requests were an issue, however HK felt a lot of this data should have already been available being fed into other boards.
- SM- MH ones were not captured and needed to be found.
- AC – Can we check we are asking the correct people? Some of the SEND data needs to be taken to SENStat.
- HK – To send out a list of contacts names on this to check if HK is contacting the correct people.

ACTION: HK/AC to discuss use of "deprived school" definition
ACTION: HK to add KS5 data to performance framework document
ACTION: HK to circulate her contact list to check she is making contact with correct people for data

Helena left the meeting.

7 **Annual action plan**

EB introduced the Annual Action Plan and that now we need to agree annual priorities to task the boards who sit under the CTB. We agreed this might be best undertaken in terms of a workshop in regards to the priorities we have just looked at.

KP: Child Poverty/family strength, Health and Education, Employment and Training.. What do we want to see in 12 months' time in terms of these priorities and how we will achieve this? What would we like to see developing and changing in 12 months, what will be the activities and how will we measure this.

From this KP will pull together an action plan. KP suggested this would run alongside financial years rather than annual.

Cllr O'Neil: Do we have definitions of what a strong family looks like and what we need to make them strong.

EB: Quite a difficult question, performance framework sets out some of the ideas which will allow us to look at what is a strong family. Troubled families outcomes framework has been aligned to this.
KP: Performance framework is to help outline healthy, happy families. This needs to be something different to other outcome plans that are currently running, such as the troubled families' outcomes plan.

KP shared how she would use her template to set out her target of participation to show how she would set out her idea without duplicating other outcomes plans.

Group broke out into small groups to work on specific key areas in relation to the outcomes plan.

Feedback from the group was provided:

- **Education:**
  - EYFS – School Readiness needs to be communicated to Parents in terms of: Personal Development, Social and Emotional Development and Attendance/Cognitive Learning development
  - KS2 Transition area : Early transfer to secondary school in the summer with an element of preparation to KS3 giving more effective transition to KS3 and greater Parent Participation.
  - 14/16 – Clarity around destinations after school, impact of alternative provision and impact on GCSE, also SEND and impact they will have on the future destinations after education.
- **Mental Health/Health:**
  - Need more clarity from MH representatives.
  - Further signposting of MH services to ensure parents are able to access what they need.
  - Challenge for tier 2/3 in CAMS, need to ensure these services are accessible.
  - Additional CAMS transformation.
  - Need clarity of definition of a complex mental health need?
  - Felt need for a Tier 3.5 before Tier 4 escalating.
  - Tier 4 services need to be reviewed and become more involved in commissioning of those services to reflect local need. Specialised Commissioning Operational Group looking into this.
  - Obesity: how do we tackle this outside the school environment?
  - Dave Baker added that Fire Service Safe and Well Checks will look at MH/ Health questions, this is a national scheme.
  -

Childhood Poverty/Families

  - Agreement would like to see MASH embedded and what reporting links are from this?
  - What would be the role of CTB within MASH and its reporting?
  - Need to involve more families and young people to ensure they are shaping the services for them.
  - Look at new ways of working with early intervention at the CTB.

ACTION: KP stated she would take away these suggestions from the group and formulate the beginnings of an annual plan.

8 **Any Other Business**

- Violence against Women and Girls Strategy (Wolverhampton) was mentioned to the group
- Cllr Gibson drew attention to this as it is out for consultation and asked the members to read and comment on this from the link provided.
- Ties in with the national strategy.
- Cllr O'Neil asked if this could be sent to the councillors involved in the CSE Scrutiny.

ACTION: Send link to members of the CSE Scrutiny Review Group

Date of Next Meeting:

Tuesday 1st December 2015, 2 pm – 4 pm, Committee Room 2, Civic Centre.

The Chair thanked everyone for their attendance and authors of reports.

Meeting closed at 3:40pm.

Minutes of Public Health Delivery Board 15 September 2015

Time: 10.00 **Public meeting No** **Type of meeting: Internal**

Venue: Committee Room 1

1. **Present:** Ros Jervis (RJ) (Chair), Joanne Birtles (JB), Glenda Augustine (GA), Ian Darch (ID), Karen Samuels (KS), Andy Jervis (AJ), Neeraj Malhotra (NM), Donald McKintosh (DM), Andrew Wolverson (AW), Juliet Grainger (JG), Kerry Walters (KW), Tara Ajimal (TA), Kam Banger (KB)

Apologies: Richard Welch, Katie Spence, Chris Hale, Sharon Sidhu

Item No.	Agenda Heading	Action
2.	**Minutes of last meeting and matters arising** DM felt that the minutes from the last meeting held on 28th July 2015 did not reflect all the issues discussed and that it is important that these are captured. It was agreed that going forward the minutes would include key issues and discussion points. The minutes of the meeting held on 28th July 2015 were agreed as a true and accurate record.	
3.	**Recap of presentations made at the last Public Health Delivery Board (PHDB)** Group noted the contents of the paper produced by RJ highlighting the key points and recurring themes emerging from the PHDB meeting held on 28th July 2015. RJ asked group for any further comments to be added and the group discussed the following areas;	

	Children, Young People and Families RJ informed that due to re-configuration, the 'health' elements of Children, Young People and Families plan will sit under the PHDB. The Key Performance Indicators from the Children and Young People's Families plan will be shared with the group to define and measure progress towards key outcomes in relation to health related matter. DM felt that there was a gap in terms of single point of access for children and talked about the co-ordination of services working together at the GEM Centre to provide holistic care for children and their families. The group discussed prevention and early intervention by raising the health profile. It was noted that AW presentation focused on this area and group recognised that this was a priority area moving forward. ID highlighted that this could be a challenge and reasonable confidence is needed in order for an impact to be made. GA informed that Public Health has provided information on prevention in terms of lifestyle choices. Promoting and Enabling Healthy Lifestyles The 3 sub-groups; Wolverhampton Tobacco and Substance Misuse Alliance, Infant Mortality Working Group and Obesity Call 2 Action Programme Board reporting to PHDB provide a firm mechanism to deliver against these priority areas. Keeping the City Safe It was noted that this is in line with the Community Safety Plan. City Assets Group discussed the Syrian refugee crisis and acknowledged that this could have an impact across many areas of Public Health. Group agreed that this is an area the board needs to focus on. ID highlighted the new legislation for landlords in relation to people not eligible to live in Wolverhampton could have an impact on their mental and physical health. It was noted that the Inclusion Board will be prioritising this but there was recognition that there are links to be made	**RJ/JB**

	with this board. City Environment Group discussed the links with air quality and ill health/death. AJ informed that the Local Authority is undertaking work around air quality in terms of PM 2.5 and PM10. AJ added that there is a definite link to ill health but more monitoring is required to understand the detail and the scale of the problem in Wolverhampton. DM informed that is important to raise people's awareness of the issues around air quality and also what choices they can make to improve it. City Economy The board discussed the issues around Wolverhampton being amongst the worst nationally for adults with no qualifications and low numeracy skills. NM informed that Public Health is commissioning a school nursing service to provide health care for children at school and this service can contribute to supporting the skills and education agenda. ID talked about city economy and highlighted that mental well-being is more than just financial inclusion and that there is also a need to promote social inclusion and being valued.	
4.	**Presentations:Business as usual** **i) Commissioning** JG reported the commissioning team work programme and the contents of the slides were noted by the group. The following points were discussed further by the group: • New services or market tested arrangements to be in place by April 2016 • Business planning sessions to review NACRO contract. JG informed that that a report will be presented to the board in December 2015. • Tender : sexual health portfolio. • Healthy lifestyles services – it was noted that a report will be presented to cabinet this evening and JG will update board at the next meeting. The group discussed flexibility within contracts (in	**JG** **JG**

year) and JG clarified that upon awarding the contract, the specification can be tweaked and amended but once contracts are awarded making changes can be difficult because of legal arrangements. However it was noted that there are opportunities to go back and have open discussions with any service provider.

NM questioned the links between the PHDB and Commissioning Oversight Group and JG reported that the Commissioning Oversight Group is an internal group.

ii) Healthcare Public Health

RJ reported on the healthcare action plan and the contents of the presentation were noted by the group. The following points were discussed further by the group:

- RJ informed that following the transfer to the Local Authority, Public Health continues to work with the CCG to deliver a core offer. It was noted that this is a statutory requirement.
- Migrant health –clear processes are in place and a lot of good work has taken place in Wolverhampton. However it was noted that the funding for this scheme with the RMC is non-recurrent from the transformation fund and sustainability of this workstream needs to be discussed.
- Pharmacy work stream – it was discussed that to improve health we need to work more closely with pharmacies to promote and deliver public health campaigns and services.

iii) Health Protection/EPRR

- Health Protection work plan – RJ informed that this work is a statutory requirement.
- TB – RJ informed that considerable amount of work is being undertaken both regionally and nationally. Group discussed that testing for latent TB can help prevent the disease. The pilot undertaken in Wolverhampton showed that from those tested, 33% tested positive and nationally there has been interest in the Wolverhampton model.
- Flu – It was noted that this is a high risk on

	the national risk register. • Immunisations – NHS England commission this service and Public Health scrutinise but it was highlighted that this can be difficult due to on-going issues around data access. **iv) Process, Quality and Governance** KW went through the process, quality and governance work plan and the contents of the slides were noted by the group. The following points were discussed further by the group: • Governance Framework – To be supported by the wider PH team as well as WCC • Workforce Development Plan – It was noted that this was an on-going process. RJ informed that this was a priority for the board last year.	
5.	**Discussion and identification of priorities and work programme for 2015/2016 onwards** The group discussed the key issues to take forward as a board over the next 12 months. Following this discussion the board agreed to focus on following key principles on themes and identify priority areas to develop as work streams- <u>Principles/Themes</u> • Prevention/Behaviour change • Partnership • Effective engagement and building trust <u>Priority areas</u> • Mental Health and Wellbeing • Healthy lifestyle (Choices) • First year of life • Targeted work of at risk groups e.g. new communities and migrants RJ informed that this work will be further developed and a process map will be shared with the board for review. It was highlighted that there are some gaps in terms of representation on the board and group agreed that a representative from mental health, new communities and CCG commissioning is required to drive forward this work.	**RJ** **RJ/JB**

6.	**AOB** NM clarified time of next meeting is 1.00 pm – 3.00 pm.	
14.	**Date of Next Meeting** **15th December, 2015 at 1.00 pm** **Committee Room 3 – 3rd Floor, Civic Centre**	

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