

Wednesday, 07 October 2015

## Meeting of the Health and Wellbeing Board

Thursday, 15 October 2015

1.30 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

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### Members of the Board

Mayor Gordon Oliver  
Caroline Dimond, Interim Director of Public Health  
Pat Harris, Healthwatch Torbay  
Caroline Taylor, Torbay Council  
Richard Williams, Torbay Council  
Councillor Doggett  
Councillor Parrott  
Councillor Stockman

### Co-opted Members

Tony Hogg, Police & Crime Commissioner  
Mairead McAlinden, South Devon Healthcare NHS Foundation Trust  
Martin Oxley, Torbay Community Development Trust  
Nick Roberts, South Devon and Torbay Clinical Commissioning Group  
Mandy Seymour-Hanbury, Torbay and Southern Devon Health and Care NHS Trust  
Melanie Walker, Devon Partnership NHS Trust

For information relating to this meeting or to request a copy in another format or language please contact:

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# HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**  
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 4 - 7)  
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 18 June 2015.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**  
**For reference:** Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**  
**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.  
  
(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**  
To consider any other items that the Chairman/woman decides are urgent.
5. **CAMHS Transformation Plan Overview** (Pages 8 - 14)  
To consider a report that seeks support for the ambitions in the CAMHS Transformation Plan Overview.



## Minutes of the Health and Wellbeing Board

18 June 2015

-: Present :-

Mayor Gordon Oliver, Ian Ansell, Caroline Dimond, Councillor Ian Doggett, Councillor Vic Ellery, Mairead McAlinden, Councillor Derek Mills and Elaine Redding

(Also in attendance: Councillor Richard Haddock)

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### 1. Election of Chairman/woman

Councillor Mills was elected Chairman for the 2015/2016 Municipal year.

(Councillor Mills in the Chair)

### 2. Apologies

Apologies for absence were received from Councillor Parrott, Liz Thomas (NHS England), Melanie Walker (Devon Partnership NHS Trust), Mandy Seymour-Hanbury (Torbay and Southern Devon Health and Care NHS Trust), Councillor Stockman who was represented by Councillor Ellery and Tony Hogg (Police and Crime Commissioner) who was represented by Ian Ansell.

### 3. Minutes

The Minutes of the Health and Wellbeing Board held on 9 March 2015 were confirmed as a correct record and signed by the Chairman.

### 4. Appointment of Vice Chairman/woman

Caroline Dimond was appointed as Vice-Chairman for the 2015/2016 Municipal Year.

### 5. Declaration of interest

Councillor Doggett declared a non-pecuniary interest as he is a lay member of the Joined Up Medicines Optimisation Group.

### 6. Governance Briefing

The Board considered a report that outlined the governance arrangements of the Health and Wellbeing Board including its Terms of Reference and Membership.

Caroline Dimond advised Members that the Board required strong governance arrangements and the ability to review its own performance in order to be effective. Feedback suggested that the Board had too many priorities resulting in large agenda's that were not conducive to the 'deep dive' exercise that the priorities commanded.

Members were asked to consider the membership of the Board as a number of requests for inclusion had been made. The Board felt that given the role of the Director of Special Projects and Innovations his presence would be of great value in aiding the Board to deliver its outcomes.

Resolved:

- i) The Board noted the report;
- ii) That the Membership of the Health and Wellbeing Board be amended to include the Director of Special Projects and Innovations (Torbay Council) as a non-voting co-optee; and
- iii) that the Cultural Strategy Working Party be asked to submit update reports to the Health and Wellbeing Board.

## **7. Review of Joint Health and Wellbeing Strategy**

Members were informed that the Shadow Health and Wellbeing Board approved the Joint Health and Wellbeing Strategy in November 2012. Since its approval there had been a number of significant changes in the strategic direction for health and wellbeing across Torbay in particular:

- Pioneer Status
- Successful ageing well bid
- Development of the Integrated Care Organisation
- Devon Partnership Trusts service review
- Refreshed Police and Crime plan

As well as a change in strategic direction there had also been national and local changes such as the Care Act and significant pressure on public sector finances.

Members were advised that the current strategy has three main outcome areas which also linked to a number of key priority tasks. Whilst work had commenced and plans were being embedded, the changes at the national, local and strategic level meant that the strategy needed to be refreshed.

Resolved:

That the Joint Health and Wellbeing Strategy be refreshed ensuring that it reflects local and national changes in the health and wellbeing sectors.

## 8. Review of Early Help

The Board noted a report that focused on the current Partnership Early Help provision, over the past 12 months work had been undertaken to develop an early help offer to meet the needs of children and families in Torbay. Priorities had been to ensure early identification, good access and effective, co-ordinated support with clear review processes, and to ensure that a full range of services and resources contribute to this as appropriate to meet need and required outcomes. Members were informed that over the past 12 months the number of referrals had increased with the aim for them to increase further, by intervening earlier there would be a subsequent reduction of referrals to statutory services.

The Board were advised that Children's Services had successfully bid for funding from the Department for Education under the banner of doing things differently in children's social work. There were three key areas of development within the project:

- The implementation of a Public Service Trust
- Targeted delivery within Community Hubs
- The integration of staff to create a workforce with shared tools and shared family outcomes.

Richard Williams explained that at the heart of the project, was the intention to establish community-based Early Help Hubs which would complement the Children and Families Community Hub initiated through the Pioneer project. The approach is asset and strengths based and will work with and alongside the community to build resilience. Services working across the life-course are indicating a real commitment and enthusiasm for working together to look at a whole family and a whole community rather than an individual in isolation.

## 9. Care Act 2014 - Financial Update

Members were informed that the Department of Health had been developing and trialling a model to forecast the costs of implementing parts of the Care Act, specifically those parts which will see implementation in 2016/17 rather than the current financial year.

Torbay was invited to take part in a 'desk top' trial which included some significant assumptions. When testing, the model was considered to be a reasonable way of forecasting the impact of possible future return costs of the Care Act. However the concerns raised by Torbay about some of the original data were generally echoed in the regional response, although the model is only used for forecasting the estimated cost of the Act, it does use national data which could be utilised when generating funding proposals. This will be a concern if the underestimations of costs are as great as those reported during the trial.

Resolved:

- i) that the concerns of Torbay Council and the Torbay and Southern Devon Health and Care NHS Trust over the data being used in the current Department of Health model be raised nationally at every opportunity through ADASS, the Local Government Association and any other professional body felt appropriate; and
- ii) that assuming the Government fully funds the initial model and utilises current data, the Board recognises that Torbay could be facing a deficit in funding of £0.6 million in 2016/17 and seek options to reduce the potential financial impact on the residents of Torbay.

**10. Update Report, Crisis Care Concordat - South Devon and Torbay Clinical Commissioning Group**

The Board noted the report.

**Title: CAMHS Transformation Plan Overview**

**Wards Affected: All**

**To: Torbay Health and Wellbeing Board**

**On: 15 October 2015**

**Contact: Jo Hooper, Joint Commissioning Manager for Children, South Devon and Torbay CCG.**

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## **1. Purpose**

- 1.1 To brief the Health and Wellbeing Board on CAMHS Transformation Plans and confirm their support for the plans ambitions.

## **2. Recommendation**

- 2.1 That the Health and Wellbeing Board confirm they support the broad priorities contained within the attached briefing as the agreed use of the additional CAMHS funding allocated to Clinical Commissioning Group's by NHS England.
- 2.2 That Health and Wellbeing Board member organisations agree to work jointly on priorities where appropriate.
- 2.3 That the Health and Wellbeing Board receive updates at appropriate junctures particularly at the plans mid point where implementation can be reviewed and priorities reassessed.

## **3. Supporting Information**

- 3.1 A briefing paper is attached at appendix A which describes the, SDT CC's funding allocation, NHSE's requirements and the priorities which have been agreed by the Paediatric Clinical Pathway Group and the CAMHS Redesign Board.

## **4. Relationship to Joint Strategic Needs Assessment**

- 4.1 The JSNA has informed the plan when considering the population and with a focus on the work with schools the paper describes, where our most vulnerable children/ young people might be and where therefore we might have most impact in areas of higher deprivation.

**5. Relationship to Joint Health and Wellbeing Strategy**

5.1 It supports the Strategy's Outcome 1, Priority 1, to *Promote the emotional wellbeing of children and young people* as well as the principles of Early Intervention and Integrated Commissioning.

**6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**

Not at this stage.

**Appendices**

None

**Background Papers:**

The following documents/files were used to compile this report:

[Future in mind](#)



CAMHS TRANSFORMATION BRIEFING – TORBAY HEALTH AND WELLBEING BOARD

Date: 27/08/2015

**Report by:** Jo Hooper

**Report to:** Torbay Health and Wellbeing Board

**Purpose of Report:** To provide an update on planning so far, the process and to confirm that the Board is in agreement with our immediate and longer term priorities.

1. INTRODUCTION:

South Devon and Torbay CCG is developing a CAMHS transformation plan to meet NHSE requirements for transformation Funding. The CCG's has been allocated funding as part of a national programme to transform CAMHS. SDT CCGs allocation is £157,724 for Eating Disorders and planning in 15/16, and £394,798 in 2015/16 once Transformation Plans are assured. The assurance process will include submission of a transformation plan, self-assessment, tracking templates. It's likely that in the longer term NHSE will appoint regional Transformation Leads to support local delivery. Transformation plans must include a specific service for eating disorders and must show how this reoccurring funding will change services over 5 years. This includes considering the capacity that changes will release and how this can be reinvested in CAMHS to continue to change services.

In the development of plans we are required to align our ambition with the priorities set out in [Future In Mind](#), (DH) and set out plans for the provision of a distinct eating disorder service. In developing our plans SDT CCG has directly involved the Torbay CAMHS Service Managers, Primary Mental Health Workers, Children's Centres, Commissioners for CAMHS and AMHS and GP representation. This has been supported by co-ordinated input from our Paediatric Clinical Pathway Group and CAMHS Redesign Board.

The Joint Commissioner for Children and the GP Clinical Lead for Children and young people are leading a discussion with Young Devon's consultation group at the end of September and Young Devon are also circulating questions to parents and young people via social media and email during the school holidays to support planning. We used Torbay's Fair Play Day to speak with parents and young people with a range of disabilities and have commissioned a GP with CAMHS and acute care experience to undertake a deep dive report into patient/ parent experience from those whose journey results in a secondary care admission.

The final plan will consider the CCG footprint as a whole and our priorities considered in the context of making best use of resources across both our CAMHS providers, individual services and ensuring compatibility for our Southern area with NEW Devon CCG's plans.

SDTCCG is working towards a submission date of 18.09.15, which is the first window for plans to be considered. A second opportunity is available in October if necessary. These priorities have already been confirmed as an agreed direction of travel by the CAMHS Redesign Board and the Paediatric Clinical Pathway Group.

## 2: PRIORITIES

### **2.1 Eating Disorders:**

Eating Disorders must be included in the plan. Based on the geography of our footprint, access to patient notes and paediatric time, we are proposing a Torbay specific model for eating disorder services, utilising half our allocated funds. It would build on existing resources but focus on increased home intervention and family therapy with a more robust MDT and faster initial assessment. We would hope this intensive intervention at an early stage where patients may be seen daily if necessary by members of the team, could reduce the length of treatment time by 2-4 months, and halve the number of patients needing an acute admission for medical reasons as well as halving the number of Tier 4 admissions.

### **2.2 Crisis intervention and Intensive Home Treatment Service:**

With an overall aim to reduce admissions, presentations at A&E and admission to Tier 4 beds by the end of year 5, we are proposing an intensive home intervention service which could be hosted at CAMHS and during OOH potentially based on Louisa Cary. The service would operate Monday – Friday 9am-10pm and 9am-5pm Saturday and Sunday, based on data showing times of presentation at A&E. The service could support mental health assessments and could see patients on the ward with emotional health and wellbeing needs when not out on visits. During hours when the service was not operational telephone advice could continue to be sought from the existing CAMHS OOH provision provided by Virgin Care Limited. In the longer term of the plan we would look to commission an all age mental health practitioner to undertake risk/ MH assessment in A&E and a structured pathway to enable discharge. The Intensive Home Treatment team would also benefit from psychiatry support which could be shared by South Devon and Torbay, supporting patients in an acute setting. This model is based on the work of the acute care pathway redesign group, led by Cathy Williams.

### **2.3 Prevention and Resilience and links to the Schools Pilot.**

Our ambition would be to instigate an online counselling service to mirror the offer currently made to young people in South Devon where they are about to access support online out of hours, but also gives access to monitored peer networks. We would anticipate this would reduce admissions to A&E for those in crisis.

SDT CCG has applied to be part of the CAMHS, Schools Link pilot with NHSE, who would provide some training for schools who have expressed an interest and the money awarded, (and match funded by the CCG), would support the expansion of some existing models of working and the piloting of some new. If the bid is unsuccessful we would look to build this into transformation planning.

The four main additional areas that Torbay would like to progress and develop if successful in this pilot are firstly the development of a peer mentoring scheme for those most vulnerable. Research suggests that Adolescent peer mentoring with the right skills and support can significantly reduce the development of mental health and promote emotional resilience in 'at risk adolescents'. Both the mentors and the mentees have improved mental health outcomes as well as improved educational outcomes. Our achievement would be the development of an evidence based adolescent peer mentoring model which understands the core components of effective mentoring relationships. Adolescents considered 'at risk' will increase emotional resilience and their ability to stay mentally healthy and to be educationally and socially successful in the face of significant adversity. The pilot will be delivered in the 2 secondary schools who have committed to this scheme.

Secondly the delivery of emotional resilience training programmes to pupils within schools. CAMHS and schools will co-deliver a life skills programme for all year 8 students within the 2 secondary schools who care committed to this scheme. The Pilot will use 'The Decider Manual' which include areas of proactive student mental health , improve resilience, increase life coping skills, manage stress effectively, gain effective positive coping skills, prevent & reduce emotional distress, promote mental wellbeing, increase staff confidence & effectiveness, whole school approach, develop a common language for students, teachers, parents & carers, consistent approach and a range of evidence-based interventions. If successful this programme will be rolled out to all secondary schools with a sustainability plan for schools to continue to deliver this confidently going forward.

Thirdly we would like to extend the Understanding Your Child's Mental Health Workshops, co-delivered with primary schools, providing emotional tools and creative resources to parents/carers that they might use. Rather than this being a parenting course, or prescriptive and based on behavioural models the workshops are experiential, drawing from the same evidence base as programmes such as Solihull, Mellow Parenting, Thrive and the Nurture Programme.

Finally Torbay would like to develop a Mentalization-Focussed Multi Family Group programme in Schools focused on supporting families in the most deprived area with some of the most vulnerable children at risk of exclusion or developing mental health problems in the future. This would pilot the work that has been developed by the Anna Freud Centre who have evidenced an effective way in bringing about change for children presenting with

emotional, behavioural and mental health difficulties at schools. These families frequently are in situations where they are unable or unwilling to make use of traditional CAMHS style interventions.

## **2.4 Funding during the life of the plan.**

If funding were released following years 1 &2 of the Transformation Plan from reduced NHSE admissions and our aspiration to reduce 50% of admissions to Louisa Cary for eating disorders and self harm our priority for transformational funding would be further investment into prevention and early help services focused on infant mental health and neurological assessment.

### **2.4.1 Infant Mental Health**

A Gap noted through this process was the lack of services around children between the ages of 2-5 years. Our vision would be to have an adult or dual trained mental health practitioner supporting the perinatal team, who could work with parents of children between the ages of 18 months to 5 years, where they do not meet the threshold for perinatal mental health services. This practitioner would provide a brief psychological therapy intervention to help parents reach a point of change when they are at a personal stage of being less receptive to more traditional interventions such as Health Visiting. This could be supported by specialist Health Visitors linked to localities.

### **2.4.2 An improved Neurological Development Assessment Service**

Funding released could support the development of a Neurological Development Assessment Service, merging staff supporting ASD and ADHD diagnosis in both providers. Potentially waiting times could be reduced, and a level of intervention could be offered which is currently unavailable. This could involve a nurse prescriber and practitioners who would provide parenting courses, support transition and self management for older children and support schools in managing these individuals so they achieve their potential. This would be dependent on the agreement of the teams involved.

## **3. CONCLUSIONS**

In conclusion we are requesting that the Health and Wellbeing Board agree the direction of travel and confirm priority areas for funding. SDT CCG is similarly asking Devon's Health and Wellbeing Board to agree our priorities for our Southern area including overlaps with NEW Devon CCG and Torbay.

