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NOTICE

OF

MEETING

HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 7TH NOVEMBER, 2017

At 3.00 pm

in the

COUNCIL CHAMBER, TOWN HALL, MAIDENHEAD

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR DAVID COPPINGER (CHAIRMAN), DR ADRIAN HAYTER (VICE-CHAIRMAN), COUNCILLOR NATASHA AIREY, COUNCILLOR STUART CARROLL, ALISON ALEXANDER, HILARY HALL, LISE LLEWELLYN, JOHN LISLE, KEVIN MCDANIEL, ANGELA MORRIS, JACKIE MCGLYNN (NHS BRACKNELL AND ASCOT CCG), MARK SANDERS (HEALTHWATCH BRACKNELL FOREST), TERESA SALAMI-ORU (RBWM), FIONA SLEVIN-BROWN AND DR WILLIAM TONG

Karen Shepherd
Democratic Services Manager
Issued: 30 October 2017

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Wendy Binmore** 01628 796251

Fire Alarm - In the event of the fire alarm sounding or other emergency, please leave the building quickly and calmly by the nearest exit. Do not stop to collect personal belongings and do not use the lifts. Do not re-enter the building until told to do so by a member of staff.

Recording of Meetings –In line with the council's commitment to transparency the public section of the meeting will be audio recorded, and the audio recording will also be made available on the RBWM website, after the meeting.

Filming, recording and photography of public Council meetings may be undertaken by any person attending the meeting. By entering the meeting room you are acknowledging that you may be audio or video recorded and that this recording will be in the public domain. If you have any questions regarding the council's policy, please speak to the Democratic Services or Legal representative at the meeting.

AGENDA

PART I

ITEM	SUBJECT	PERSON	TIMING	PAGE NO
1.	APOLOGIES FOR ABSENCE To receive apologies for absence.	Cllr Coppinger	3 mins	
2.	DECLARATIONS OF INTEREST To receive any Declarations of Interest.	Cllr Coppinger	5 mins	5 - 6
3.	MINUTES To confirm the Part I minutes of the previous meeting.		2 mins	7 - 12
4.	UPDATE ON THE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) To receive the above verbal update.	John Lisle Accountable Officer for East Berks CCG's	5 mins	
5.	UPDATE ON THE BETTER CARE FUND (BCF) To receive the above verbal update	Hilary Hall, Deputy Director Strategy & Commissioning	5 mins	
6.	JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 7 - SUPPORT ADULTS AND CHILDREN WITH MENTAL HEALTH NEEDS To receive the above presentation on the Opportunity Recovery College.	Rita Morrison, Head of WAM Mental Health Services	10 mins	13 - 18
7.	JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 7 - SUPPORT ADULTS AND CHILDREN WITH MENTAL HEALTH NEEDS To receive an update on the Year of Mental Health and view a short video clip.	Teresa Salami-Oru, Consultant in Public Health Strategy & Commissioning	5 mins	
8.	JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 7 - SUPPORT ADULTS AND CHILDREN WITH MENTAL HEALTH NEEDS To receive a presentation on Suicide Prevention and Men's Matters.	Sian Smith, Senior Public Health Commissioning Officer and Paul	15 mins	19 - 30

		Samuels Trustee of Men's Matters		
9.	JOINT HEALTH AND WELLBEING STRATEGY PRIORITY 2 - LOWER RISKY LEVELS OF ALCOHOL INTAKE To receive a presentation on Delivery of Resilience (Drug and Alcohol Service).	Annie Steele, Deputy Director of Operations Cranstoun	15 mins	31 - 40
10.	JOINT HEALTH AND WELLBEING STRATEGY INTERIM UPDATE ON PERFORMANCE To receive the above verbal update.	Teresa Salami-Oru, Consultant in Public Health Strategy & Commissioning	5 mins	
11.	REFRESH OF CLINICAL COMMISSIONING GROUP OPERATING PLAN To receive the above report.	Helen Single, Associate Director Strategy & Planning and Bracknell & Ascot CCG	10 mins	41 - 56
12.	PHARMACEUTICAL NEEDS ANALYSIS UPDATE To receive the above verbal update.	Director of Public Health	5 mins	
13.	QUESTIONS FROM THE PUBLIC To receive any questions from the public.	Cllr Coppinger	5 mins	
14.	FUTURE MEETING DATES Details of future meetings of the health and Wellbeing Board: • 13 March 2018	Cllr Coppinger	5 mins	

ITEM	SUBJECT	PERSON	TIMING	PAGE NO

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
  a) that body has a piece of business or land in the area of the relevant authority, and
  b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations on the item: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

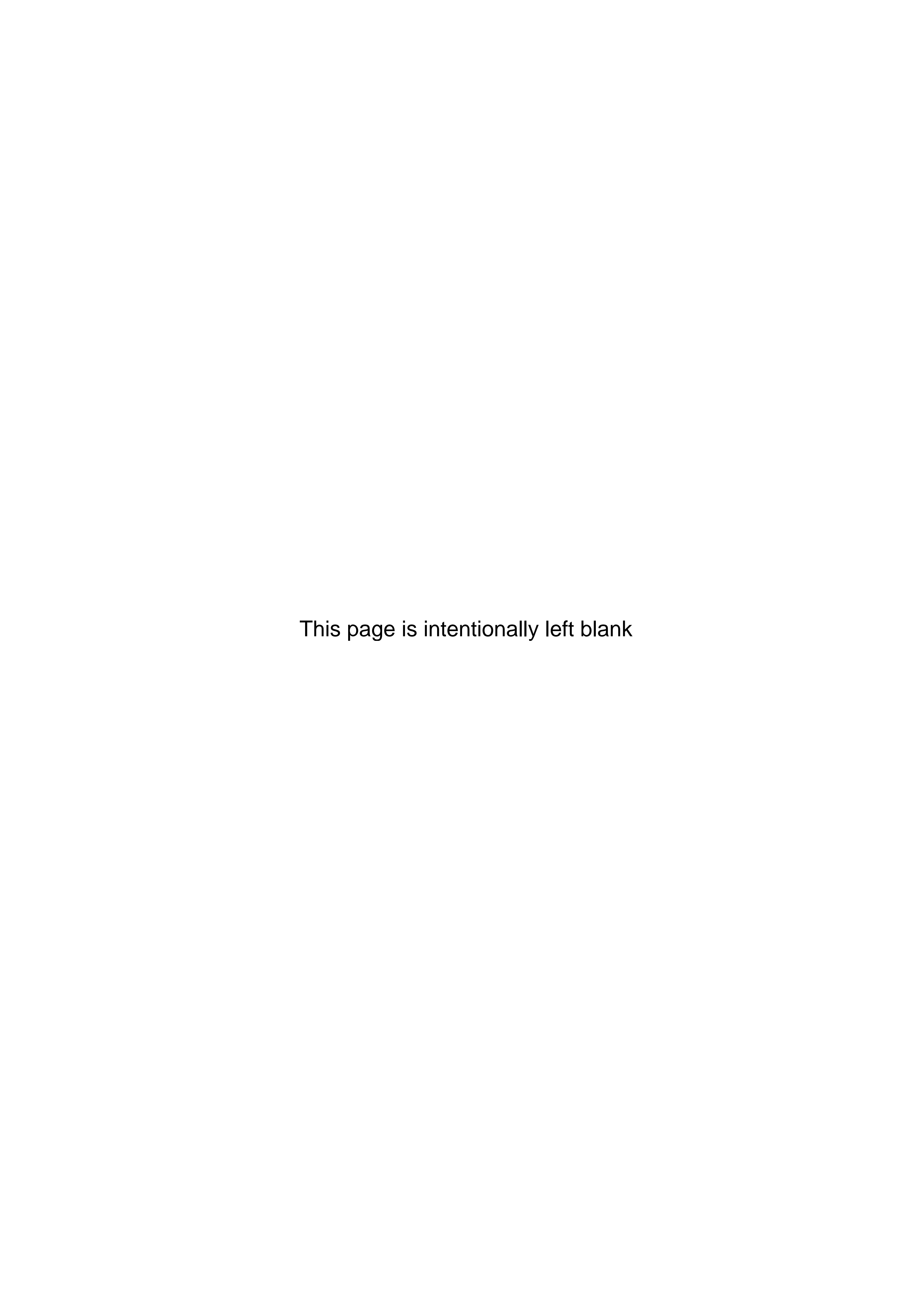
A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations in the item: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***



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HEALTH AND WELLBEING BOARD
OLD WINDSOR MEMORIAL HALL, STRAIGHT ROAD, OLD WINDSOR, SL4 2RN
AT 3.00 PM

08 August 2017

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey and Stuart Carroll, Dr Jackie McGlynn (Bracknell and Ascot CCG), Judith Wright (DPH Berkshire), Debra Dulake (Old Windsor Parish Council), Mark Sanders (Healthwatch WAM) and John Lisle (CCG)

Also present: Susan Scupham (Talking Therapies), Ann Taylor (Autism Partnership Board), Robin Pemberton (APB Braywick HEATH), Janet Palmer (Cookham Parish Council), Ian Duncan (The Royal Household), Julian Bell (Runnymede PPG) George Notley (Runnymede PPG) and Karen Palser (Crown Estate)

Officers: Alison Alexander, Andy Carswell, Ornella Veltri, Teresa Salami-Oru, Kevin McDaniel and Debbie Dickenson

PART I

99/15 APOLOGIES FOR ABSENCE

Apologies were received from Angela Morris and Dr William Tong. Dr Jackie McGlynn was attending as a substitute.

100/15 DECLARATIONS OF INTEREST

Cllr Carroll – Declared a personal interest as he works for a pharmaceutical company, Sanofi Pasteur. Cllr Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Sanofi Pastuer's business he would abstain from the discussion and leave the room as required.

101/15 MINUTES

The Minutes of the meeting held on April 25th were agreed as an accurate record.

102/15 UPDATE ON SUSTAINABILITY AND TRANSFORMATION PLAN

The Managing Director reminded members that more than 30 statutory bodies were involved with the STP, which catered for the health and social care needs of more than 750,000 residents across Slough, Bracknell and parts of Surrey and Hampshire, in addition to the Royal Borough.

Five key issues had been identified as a result of the partnership work. These were:

- Wellbeing provision and self care: ensuring that residents are able to provide their own care as early as possible.
- Better support for long-term conditions.

- Managing frailty: identifying issues relating to older residents and managing their care.
- Redesigning emergency and urgency care: better planning of patient entry to acute care, ensuring services can be provided in a timely manner, and better management of exit from care in order to prevent delayed discharges.
- Reducing clinical variation: ensuring greater uniformity of services across the STP area so that services can be provided regardless of which organisation within the STP is delivering it.

The Manging Director stated that the Health and Wellbeing Board had identified the priority needs of residents in the Royal Borough and had informed the four other Local Authorities involved within the STP of those priorities in order to establish commonality across the STP area. These discussions had led to the identification of the five key areas listed above. The Managing Director informed members that work to identify priority areas for next year would be taking place soon.

John Lisle informed members that the three CCGs involved in the STP, including the one covering the Royal Borough, had been rated as outstanding. He stated that the STP had been developed as a health and care strategy in order to provide joined-up thinking between service providers, as many strategies elsewhere in the country focused solely on health-driven initiatives. John Lisle informed members that projects were reaching a point where more public involvement was required, and that updates on projects requiring input from the public would be available on the CCG website.

Mark Sanders asked how the future communication strategy would work, stating that concerns had been raised by patients over the STP's public engagement and communication work. John Lisle conceded that this needed to improve and gave assurances that it would. He stated that a great deal of preparatory discussion had taken place between stakeholders in order to develop the strategy, identify shared priorities for communication, and allow for greater public scrutiny.

103/15 ANNUAL PUBLIC HEALTH REPORT

Judith Wright informed members that she would be giving the presentation as Dr Lise Llewellyn had retired and consequently resigned from the Health and Wellbeing Board.

Judith Wright stated that some of the points regarding preventable deaths had been identified through the priorities sent to the STP. The main points of her presentation were:

- It had been noted that levels of premature and preventable deaths in the Royal Borough were lower than national figures.
- However the figures showed that there was a clear link between social deprivation and preventable deaths, with a consistent pattern of unhealthy behaviours leading to preventable deaths – such as alcohol consumption and smoking – identified within the less affluent wards in the Royal Borough.
- There was also a strong link between age, social deprivation and avoidable hospital admissions.
- Cancers were the greatest cause of preventable deaths and higher mortality rates had been identified in men.
- Eight risk factors relating to preventable deaths had been identified: alcohol use; tobacco use; high blood pressure; high BMI; high cholesterol; high blood glucose levels; low levels of fresh fruit intake; and low levels of physical activity.
- Smoking rates were lower in the Royal Borough compared to national figures. In 2012-14 there were 551 deaths attributable to smoking, along with 1,700 hospital admissions per year.
- It was estimated that for every ten people diagnosed with high blood pressure there are seven people undiagnosed and untreated. Encouraging healthier lifestyles to help

those with high blood pressure was a key work stream for the STP.

- More than 200 health conditions attributable to excessive alcohol consumption had been identified, which cost more years of life lost than the ten most common cancers. It was estimated that more than 25,000 Royal Borough residents consumed alcohol above the recommended levels. Treatment for alcohol-related diseases was accountable for three per cent of the NHS budget.
- Levels of physical inactivity were reducing and more was being done to encourage changing attitudes to exercise.

The Chairman stated that public health awareness was now the responsibility of Local Authorities and not the NHS, as councils were seen as being able to effect change more easily.

The Public Health Consultant/Service Leader stated that Public Health was working more with the voluntary sector, and was developing a men's healthcare programme with the Men's Matters group. It was hoped that a bespoke weight management programme could be created by the end of the year. The Public Health Consultant/Service Leader stated that more work was being done to dissuade youngsters from taking up smoking. Intervention work had been expanded to ask patients about their alcohol and smoking habits.

104/15 UPDATE ON CHANGES TO PARTNERSHIP BOARDS

The Public Health Consultant/Service Leader informed members that sustainable Non-Statutory Partnership Boards and terms of reference were in the process of being developed, as part of a review of the proposed model that it was hoped would be implemented from April next year. Proper governance and guidance on how the Partnership Boards would support the RBWM Health and Wellbeing Board was being sought. It had originally been proposed to have six such Boards, but now three were now being proposed to align with the Council's current Joint Health and Wellbeing strategy and allow the Council to offer membership with existing partnership members.

The Public Health Consultant/Service Leader stated that there were a large number of specialist interest groups and forums that did not fit within the remit of the three groups. However the work and support of these groups had been acknowledged and it was proposed that, beyond next April, the Council would be able to offer financial support to them. This financial support would be led by Council Members.

The Public Health Consultant/Service Leader informed members that partners had responded positively to the proposals and it was hoped that the plans could be finalised shortly and Ghost Boards to be developed in September or October. It was acknowledged that a robust communication plan to ensure all partners were aware of the final design and implementation would be required.

105/15 UPDATE ON OUTREACH PROJECT IN OLD WINDSOR

Debra Dulake introduced the item by providing a context on the services provided in Old Windsor and the village's demographic and population profile. A community advisor post had been created, providing a single reference point for residents and carers, thanks to funding from the Better Care Fund. Debra Dulake explained about the referral process, explaining that many people who required referrals either had complex needs and/or family situations, or suffered from terminal conditions. Debra Dulake provided members with a case study example of how the referral process had worked, and also provided examples of the positive feedback on the service that had been provided by residents. She explained that a key aim was to promote self confidence and self determination. Debra Dulake stated that a partnership had been developed with the Old Windsor GP surgery. She added that it was

hoped Old Windsor could become a dementia friendly community, and that training could be provided for residents.

The Chairman stated that the project would not have been possible without the input from the Parish Council, and also from Cllr Lynne Jones from the Royal Borough. He also stated that the outreach project should be extended to other communities, as the example in Old Windsor was working.

106/15 JOINT AUTISM STRATEGY

The Public Health Commissioning Officer introduced the item by explaining the Autism Strategy was developed in line with the National Autism Strategy's Fulfilling and Rewarding Lives scheme, which outlined how public services should better address the needs of adults living with autism. Fifteen priority action challenges had been identified, which had been used as the basis for a recent public consultation.

Members were informed that the strategy will provide a further five housing options for people with autism as part of a pilot project. It was hoped that copies of an autism awareness DVD, which had been developed through the Autism Partnership Board, would be available for GP surgeries and libraries around the Royal Borough.

The Public Health Commissioning Officer explained that autism had only been identified in the 1940s and so the challenges relating to providing care for older patients were still being identified.

A formal launch of the Joint Autism Strategy was scheduled for the end of the year. It was hoped that members would be provided with an update following the event.

The Head of Schools and Educational Services stated that there had been a very successful growth of special schools within the Royal Borough; however the Council needed to be mindful of the potential impact on Adult Services.

107/15 JOINT HEALTH AND WELLBEING STRATEGY SCORECARD

The Public Health Consultant/Service Leader informed members that the scorecard had been developed alongside the Joint Health and Wellbeing Strategy in order to give a clear idea of performance and impact on services. Members were told that the scorecard covered 12 priority topic areas encompassed by four overarching themes, and was effectively a six-monthly review of the Council's performance. The scorecard had been colour coded in order to make it simpler to understand.

Members were reminded that the scorecard included in the agenda was a draft and contained out of date data. The Chairman requested that the scorecard be made bigger.

The Public Health Consultant/Service Leader stated that six monthly updates were more accurate than quarterly reviews as the information contained within it would be more up to date and give a better indication of performance.

Members were shown a short video of the Council's Health and Wellbeing Strategy, which outlined the work the Council had undertaken and its achievements since being launched.

108/15 QUESTIONS FROM THE PUBLIC

The Board was asked about the possibility of arranging annual health checks for adults with

autism but not a learning disability. It was explained that many had communication difficulties, but this not qualify as a learning disability and therefore they were not eligible for an annual check up. The Public Health Consultant/Service Leader said a health check programme was available as part of a national strategy, which provided support for those with autism or Asperger's who were aged 40-74. It had a particular focus on preventing stroke and/or heart disease. The Public Health Consultant/Service Leader said the Council would work with colleagues in Primary Care to make sure that reasonable adjustments could be made.

Members were given a case study example of a negative experience at a GP surgery for a patient with Asperger's. Dr Jackie McGlynn informed members that trial work had been carried out in Slough to look at improving the case management needs of people with complex needs, particularly as a ten minute GP consultation was often not long enough. She informed members that the outcome of the trial had been positive.

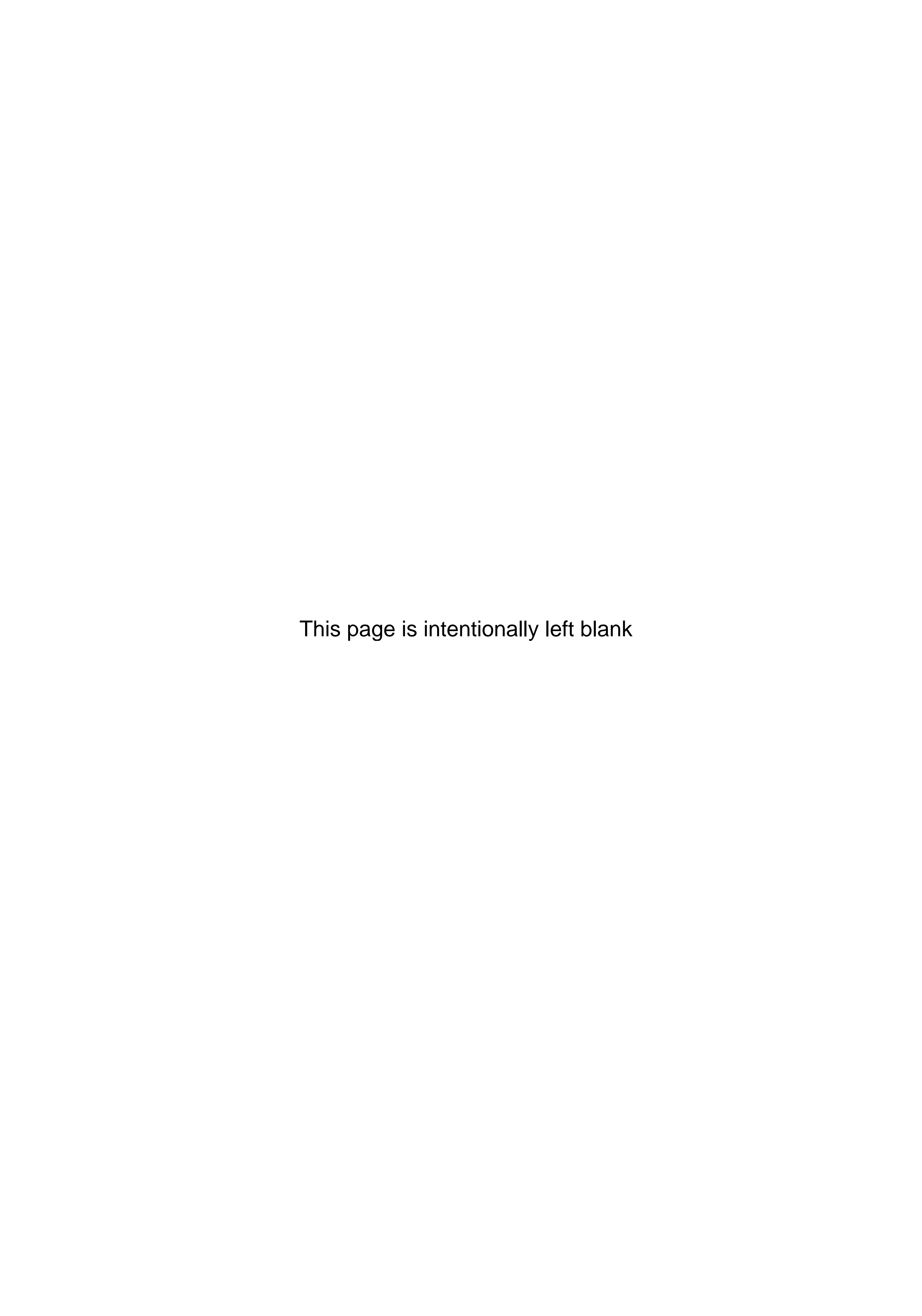
Members were asked to clarify how the Autism Board would fit in with the proposed board structure. The Public Health Consultant/Service Leader said meetings were still to take place with relevant stakeholders to establish the structure.

The Chairman confirmed to members that the date of the next meeting would be November 7th.

The meeting, which began at 3.00 pm, ended at 4.45 pm

CHAIRMAN……………………………….

DATE………………………………..........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Opportunity Recovery College

7th November 2017

Recovery Approach

- **Recovery is a personal journey of discovery**
- **Involves making sense of, and finding meaning in, what has happened**
- **It is becoming an expert in your own self-care and wellbeing**
- **Building a new sense of self and purpose in life**
- **Discovering your own resourcefulness and possibilities in order …**
- **To pursue your aspirations and goals**

recovery control develop
focus meaning strengths hope
discover opportunities support manage
grow perspective potential
inspire skills choices

Recovery College Approach

The Recovery College approach:

1. **Uses an educational model to complement traditional clinical & treatment approaches – by this there will be a prospectus**
2. **Recognises the importance of both 'professional' expertise and 'lived experience' &**
3. **Enables Shared decision making or co-production**
4. **Reinforces individual's strengths, without focusing on what is wrong**

What is co-production

Day Centre	Recovery College
Patient /Client	Student
Therapist	Tutor
Referral	Registration
Professional assessment/care plans	Co-creation of a personal learning plan
Professional facilitated groups	Workshops, courses, seminars
Prescription treatment – *this is the Tx for you*	Choice – *which of these courses interest you?*
Referral to social groups	Making friends with fellow students
Discharge	Graduation
Segregation	Integration

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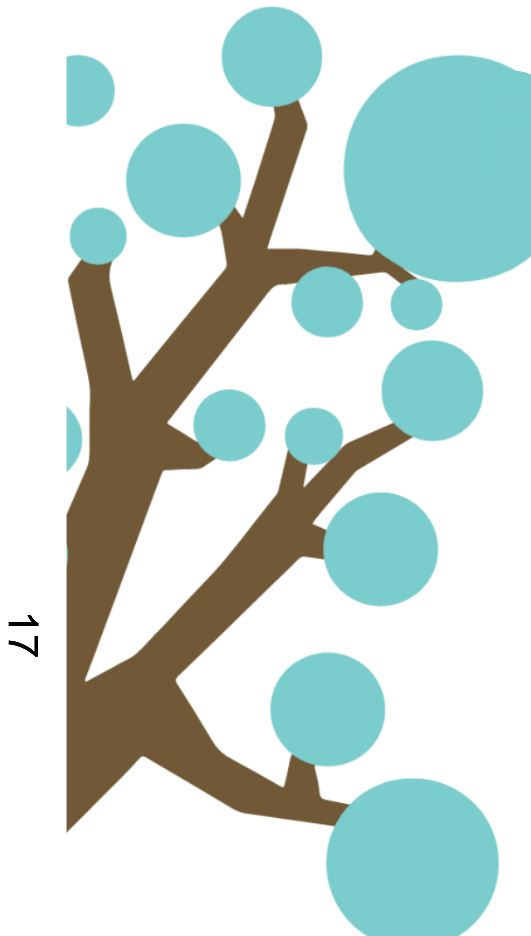

Prospectus

Recovery

- Service Users who are close to discharge
- Courses designed to support students to find ways of exploring their own resourcefulness and contribute to wellbeing.

Life Skills

- Service Users who have been in the service for a long time
- Complex MH conditions
- Includes regular activities which run weekly

Peer Support

- People with lived experience of MH difficulties
- Understanding another persons situation through shared understanding and experience with empathy

Peer Mentor Roles

- Co-develop and co-facilitate groups

recovery control develop
focus meaning strengths hope
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Our Journey to date…

- **Steering Group was convened in 2016 which included some key partners as well as Service users & Carers**

- **Focus Groups were organised in 2016 and 2017:**
  - **from this the name 'ORC' was founded**
  - **the outline for a ORC prospectus was developed**

- **Opportunity Recovery College was launched on 13.10.17**

recovery control develop
focus meaning strengths hope
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A Partnership Approach to Suicide Prevention

Siân Smith
Senior Commissioner - Public Health

Real Time Suicide Surveillance
(1st Jan 17 – to date 16th October 2017)

Berkshire Analysis

- Total = 46   Men = 36   Women = 10
- Age 30-59 Years
- Home Address = 68.5%
- Unemployed = 38%
- History of Depression = 67%
- Hanging = 50%

Public Health Services
for Berkshire

Berkshire Suicide Prevention Strategy 2017-2020

Full Version with Audit and Action Plans

Darrell Gale FFPH
Consultant in Public Health
Mental Health Lead Consultant for Berkshire

The priority areas of this strategy are drawn from the national strategy are:

1. Reduce the risk of suicide in key high-risk groups;
2. Tailor approaches to improve mental health in specific groups;
3. Reduce access to the means of suicide;
4. Provide better information and support to those bereaved or affected by suicide;
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour;
6. Support research, data collection and monitoring.

Mental Health, Self Harm and Suicide Prevention Services

A Guide to Services in the Royal Borough of Windsor and Maidenhead

September 2017

Placing Suicide Prevention within a Mental Health context

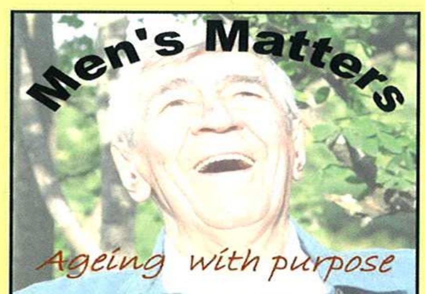
'His death consumed every minute of every hour of every day and on the rare occasions I became distracted from these thoughts, I felt guilty for not feeling "the pain".'

(Shirley, whose son died)

http://supportaftersuicide.org.uk/wp-content/uploads/2016/09/England-Help-is-at-Hand.pdf

Men's Matters

Is a charity group whose aim is to bring together older men to form friendships and take part in activities that contribute to their good health and well-being.



Are you an older man living in East Berkshire? Then join us at one of our weekly drop-ins for some refreshments and a chat between 2-4pm:

MONDAY (now open) - Windsor - at All Saints Church, corner Dedworth Rd/Clewer Hill, Windsor SL4 4JW

TUESDAY (from September) - Longwood Park (Radian), Common Road, Langley, Slough SL3 8TN

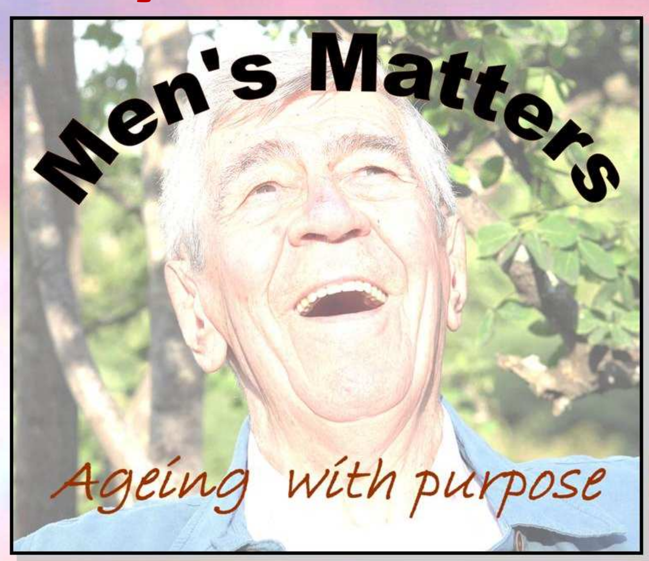
WEDNESDAY (from September) - Maidenhead Community Centre, 42 York Rd., Maidenhead SL6 1SH

Men's Matters organise a range of activities popular with older men including: cooking; computer skills; drumming; exercising; art classes; walks; mindfulness and many others.

For more information contact us:
Mobile: 07843 554734 / 07847 427742
Email: **contact@mensmatters.org.uk**
Website: **http://mensmatters.org.uk**

Registered charity no. 1172854

Health and Wellbeing Board
Tuesday 7th November 2017



Men's Matters aims to bring together older men from all walks of life to form friendships and participate in activities that contribute to their good health and well-being.

Registered charity No. 1172854

Men's Matters Partners

Who Are Men's Matters?

§ Men's Matters grew from a Radian Housing Association initiative in 2015 aimed at encouraging older male residents to form a social group

§In September 2016 a Steering Group was formed from committed attendees

§In May 2017 Men's Matters became a registered charity

§In September 2017 Men's Matters became RBWM Voluntary Sector Team of the Year

RBWM Voluntary Sector Awards—
Team of the Year—Men's Matters

The Need for Men’s Matters

§East Berkshire has a growing number of older men facing social isolation, loneliness, poor health and depression

§Men are less likely than women to seek help or ask for support with respect to medical services

§This area has above the national average of single pensioner households

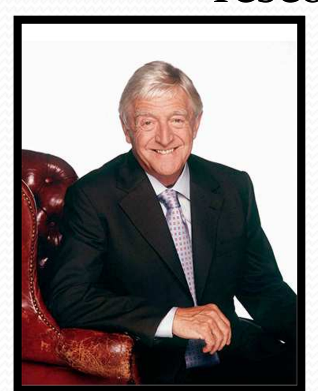
Manage Your Weight Workshop with WEA, 2017

What We Do

- Men's Matters have three once-a-week afternoon drop-ins:
  - Windsor (Dedworth)
  - Maidenhead
  - Langley (Slough)
- Organise Activities:
  - Cooking
  - Art and crafts
  - Mindfulness

Recognition and Awards

- Won Awards from:
  - Royal Borough Windsor & Maidenhead
  - Aviva Community Fund
  - Louis Baylis Trust
  - Atul Pathak Community Award
  - SPACE (Slough Borough Council)
  - SEGRO (Slough Trading Estate Management)
  - Events supported by Chef-in-a Box, Tesco, KP, Cake Collection, Co-Op)



Charity sector awards – RBWM Team of the Year; Radian Community Award; TPAS Region finalist

Patron – Sir Michael Parkinson

Langley drop-in Launch, Sept 2017, with Slough MP Tan Dhesi and Mayor Ishrat Shah

Contact Us

- Mobile: 07843 554734
- E-mail: contact@mensmatters.org.uk
- Website: http://mensmatters.org.uk

Supported by:-

Building Resilience

Royal Borough of Windsor and Maidenhead Alcohol and Drug Service

Definition

A service focussed on supporting people to develop their resilience. So they have the capacity to recover quickly from difficulties.

The Local Vision

Your requirements were to:

- have an equal emphasis on drugs and alcohol
- improve wider partner engagement
- Improve accessibility and availability of support

A focus across prevention, early intervention, treatment and recovery.

Priority Groups

Whilst offering access to all, priority groups are:

- Parents with safeguarding issues
- Users with mental health conditions
- Pregnant women
- High risk/dependent alcohol and drug users

The importance of engagement

The Four L's:

- Liver
- Livelihood
- Lover
- Law

Achievements so far

- Prison in-reach
- Evening groups and weekend peer support
- Improved working with mental health
- Access to prescribing for those in employment
- Joint work with the police – cuckooing approach
- About to commence Windsor Clinic – Dedworth
- Developing services with primary care
- Developing pathways with Frimley Park

Case Study A

Female 38 in a relationship with B

- Injecting heroin and crack
- Children in care
- Presented to MARAC (Domestic Abuse)
- Emergency professionals meeting (safety plan in place)

Now

- Illicit drug free, reducing prescription
- Engaging with mental health team
- Attending regularly and on time
- Ambition to be a peer mentor when stable

Case Study B

Male 43

- Injecting heroin and crack
- Long offending history
- Perpetrator of domestic abuse
- Detoxed and then lapsed
- Arrested by police

Now

- Illicit and prescribed medication free
- Abstinent and attending groups and mutual aid
- supervised contact with his child
- Requesting to attend perpetrator and anger management course

Any questions?

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Subject:	Windsor, Ascot & Maidenhead CCG Operating Plan 2017-19 Refresh
Reason for briefing note:	To present the WAM CCG Operating Plan Refresh information and strategic oversight by the Health and Wellbeing Board.
Responsible officer(s):	Helen Single, Associate Director Strategy & Planning, east Berkshire CCGs
Senior leader sponsor:	Fiona Slevin-Brown, Director of Strategy & Operations, east Berkshire CCGs
Date:	7th November 2017.

SUMMARY

This report provides the Board with an update on the Windsor, Ascot & Maidenhead (WAM) CCG's Operational Plan. The document also represents the collective ambition of the 3 east Berkshire CCGs.

The Board is asked to note the report and to support the delivery of the Operational Plan and associated work programmes during 2017/18 and 2018/19.

1 BACKGROUND

1.1 This paper provides the committee with an update on the East Berkshire CCGs Collaborative Operational Plan 2017-19. It will be managed in line with the refresh of the CCGs' Operating plans and objectives. NHS England (NHSE) and NHS Improvement (NHSI) are still to issue formal planning guidance for 2018/19 and this is anticipated in December 2017. It is expected that any requirement is likely to be at the STP level and will support the delivery of the requirements for the STP. CCGs' local timelines will mirror the requirements of the STP to support appropriate discussions during this process.

1.2 Plans developed will help to support system discussions across the Frimley Health and Care Sustainability and Transformation Partnership (STP). The paper highlights the progress made in 2017/18 and what we intend to focus on in 2018/19.

1.3 This Operational Plan represents the collective commissioning ambitions of the three east Berkshire CCGs and has been informed by NHSE Planning Guidance, local partner priorities, strategies, plans, the JSNA and the Frimley Sustainability and Transformation Partnership (STP).

2 KEY IMPLICATIONS

2.1 Annually as part of their business planning process, CCGs are usually required to publish their commissioning intentions together with an Operational Plan that is submitted to NHS England (NHSE). In December 2016 WAM CCG submitted its Operational Plan that details how it will deliver the NHS national requirements as set out by NHSE (in the Five Year Forward View) through its local programmes of work and how this will support delivery of the system priorities within the Frimley STP. For the first time in the planning

process, this was a 2 year plan (2017/19) supported by two year contracts and financial allocations.

6.1 In the WAM CCG Operational Plan 2017/19 the focus has been on delivering local priorities, the nine national 'must dos' set by NHS England and ensure alignment with STP priorities to achieve system outcomes. There has been extensive engagement with member practices, patients and wider stakeholders in the development and implementation of the plan for example, via member meetings workshops, East Berkshire GP Collaborative Event, Patient Panels and including patients on individual service redesign steering groups and workshops. We have been working collaboratively with our local partners in the delivery of these local priorities and work programmes.

2.2 WAM CCG has articulated its high level priorities over the next two years which align with the Joint Health and Wellbeing Strategy priorities:

- Ensure patient rights under the NHS Constitution are upheld
- Develop a transformed model of general practice
- Reduce unwarranted variation in outcomes and the use of money
- Prevent crisis and escalation of health issues, through early identification and treatment
- Improve urgent on the day access to services and response to those in crisis
- Ensure mental health receives as much attention as physical health
- Develop integrated services across the NHS and social care
- Give people support to live healthy lives and look at their conditions

2.3 These priorities will be delivered through the following areas of work:

- Integrated Care Hubs and primary care, mental health, urgent and emergency care transformation
- Continued improvements in access to mental health services for children and young people
- Early identification of mental and physical health needs for people with a learning disability
- Increased emphasis on prevention, self-help and self-care supporting public health initiatives and STP prevention programme
- Encourage people to stop smoking, increase physical activity, reduce alcohol consumption, and reduce their weight
- Integrated care planning for those with diabetes and cardiac problems e.g. heart failure, complex case management, shared care records through interoperability solution Connected Care
- Increased access to personal health budgets and social prescribing

2.4 NHS England (NHSE) and NHS Improvement (NHSI) are still to issue formal planning guidance for 2018/19 and this is anticipated in December 2017. It is expected that any requirement is likely to be at the STP level. CCGs' local timelines will mirror the requirements of the STP to support appropriate discussions during this process.

2.5 During this period as our current Operational Plan and Commissioning Intentions covers 2018/19, we are pre-emptively undertaking a 'refresh' of the existing plan that updates our commissioning intentions and programmes of work for 2018/19 prior to national guidance

being issued. We will also look to engage with stakeholders to discuss our areas of focus, however, it is not expected that significant new intentions will be generated as part of this process.

3 DETAILS

3.1 **Appendix A** details what we have said we would do within 2017/18, what we have achieved thus far, and what we intend to do in 2018/19.

4 RISKS

4.1 Key risks to the delivery of the Operational Plan across all work programmes have been identified and are included in Chapter 10 of the plan.

WAM CCG shares 2 committees that have a key role in the development and scrutiny of the delivery of the Plan. These are the Business Planning and Clinical commissioning Committee and Finance and QIPP.

Programmes of work are aligned to programme boards which have a clear focus on implementation and how risks to delivery are being managed.

5 NEXT STEPS

5.1 The Board is asked to note the report and to support the delivery of the Operational Plan and associated work programmes during 2017/18 and 2018/19.

5.2 Continue to bring future updates to the Health and Wellbeing Board.

6 BACKGROUND PAPERS

Operational Plan 2017/18 – 2018/19 (Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG) http://www.sloughccg.nhs.uk/about-us/our-plans

Delivering the Forward View – NHS Planning Guidance 2016/17 – 2020/21
https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

APPENDIX A

Planned Care Programme

Our strategy for planned care is to reduce unwarranted variation in both outcomes and activity using the Right Care programme methodology to identify priority specialties and to deliver Constitutional standards. We are working with our providers to model the demand and capacity for all specialities including diagnostics to ensure we are commissioning the appropriate level of services and pathways are delivered efficiently. This workstream is aligned to the STP Managing Variation workstream and shares the same priority areas*.

For 2017/18 We Said We Would ……	We Have …….	For 2018/19 We Will ……
Diabetes • Introduce a new specification for an Integrated Diabetes Service across community and acute services • Work with general practice and other healthcare professionals/clinicians to develop the necessary skills, competencies and confidence to improve the quality of routine diabetes management • Review the current dietetic service as part of the implementation of an integrated diabetes service • Commission new ambulance pathways for the management of hypoglycaemia Cardiology • Review all current locally commissioned	Diabetes • Drawn up an Integrated Diabetes Service specification that is being negotiated into contracts for 2018/19 • Implemented Diabetes care and support planning services, Diabetes foot care pathway, Diabetes inpatient nursing services, Digital access to structured education as well as commencement of referral hub • Put new ambulance pathways in place for the management of hypoglycaemia Cardiology • Commissioned GP outcomes framework to	• *Continue the service redesign for integrated community neurology service, MSK and gastrointestinal pathways • Advice & Guidance/Triage – building on the success of dermatology and ophthalmology prioritise the following pathways: MSK, Pain, GI, Urology, Pain • Complete an intermediate services review to include ENT and ophthalmology • *Continue our Cancer and Diabetes services improvement work • Maintain key area of focus on our demand management work including access to regular data at practice

For 2017/18 We Said We Would ……	We Have …….	For 2018/19 We Will ……
services from primary care associated with cardiology • Improve management of patients with hypertension • Evaluate the provision of cardiac rehabilitation across the three CCGs • Develop an integrated community heart failure nursing team expanding the use of telehealth • Commission an IV diuretic lounge with all our providers <u>Reducing clinical variation/ demand management</u> • *Engage in the STP wide unwarranted variation programme, influencing service and pathway changes as these are developed • Commission a new model of dermatology services • *Develop a strategy for neurology service provision basing as much of the service within the community as possible • Commission an expanded community ophthalmology model • *Evaluate local demand management pilots, with a view to defining a future strategy for the commissioning of musculoskeletal (MSK) services	include increasing prevalence of Atrial Fibrillation and Hypertension to expected rates • Cardiac rehabilitation service specification agreed and is with providers to commence provision • Commissioned an integrated community heart failure service. Improved AF and hypertension prevalence within practices • Commissioned an IV diuretic lounge • Implemented new stroke pathway <u>Reducing clinical variation/ demand management</u> • Engaged with STP wide unwarranted variation workstream on MSK, Diabetes, Gastro-Intestinal, Respiratory and Neurology • Dermatology business case to be considered in November • *Progressed development of an integrated community neurology service across the STP • Commissioned Evolutio to help manage ophthalmology referrals with a view to commissioning an integrated approach in 2018/19 • Decommissioned the existing GRACE service • Commissioned a LCS for referral management to reimburse practices for management of	level, peer review and education, access to guidelines and evidence based information, and reducing consultant to consultant referrals and follow up appointments) • Review anticoagulation LCS in line with renewed guidelines of the use of newer agents. • Work on a CKD pathway that incorporates Frimley Health and Royal Berkshire Hospital (resource allocation permitting) • Review ENT contracts and commission an integrated ENT service (resource allocation permitting)

For 2017/18 We Said We Would ……	We Have …….	For 2018/19 We Will ……
• De-commission the existing GRACE service. Develop a new specification to re-commission a service which will provide triage and update all referral forms and pathways on DXS. • Work with general practice to reduce unwarranted clinical variation in primary care • Improve utilisation of e-Referral. Providers to ensure that the DXS system is notified of changes to pathways and referral forms. Providers will ensure that sufficient bookable slots are available on e-referrals • Commission new contracts for MSK physiotherapy, audiology, podiatry, and other small contracts including ENT, and ophthalmology	referrals and to utilise DXS as well as e referral systems. Support practices to undertake clinical peer review of referrals • Improved the utilisation of e-referrals • MSK Physiotherapy, Audiology and Podiatry contracts are being negotiated with Berkshire Healthcare Foundation Trust and are near completion • Ophthalmology contracts are being reviewed with a contract issued for 1 year to October 2018	
Cancer • Review cancer services Improve management of patients with Chronic Kidney Disease (CKD)	Cancer • Reviewed and improved Cancer services – cancer champions in place; 99.9% sign up to the LCS; 64% of practices engaging with CRUK Berkshire facilitators - 60% of Bracknell & Ascot practices, 50% of Slough Practices and 82% of WAM practices, and improved rehabilitation service offer to patients post treatment in place	

** STP footprint projects*

Integrated Care Programme

In line with our local priorities set out in the plan and in the context of the vision of the Frimley Health and Care STP, we are working in partnership with Bracknell Forest Council, Slough Borough Council and the Royal Borough of Windsor and Maidenhead and to deliver plans to integrate health and social care services which improve the lives of the local people.

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
• Increase the number of personal health budgets in line with national policy • Expect all providers to adopt and work to the New Vision of Care principles and its approach to frailty identification and management. This includes adopting a locally agreed frailty tool within their services and applying the principles of "Making every contact count" • Review key service lines and agree revised service specifications including the Mobility Service, Community Hospital in-patients, and Community Nursing through the remainder of 2016/17 with a view to having a new service specification in place by April 2017 • Review community services currently provided by Virgin Care for our registered population living in Surrey with a view to re-procurement during 2017/18 • Explore with our local authority commissioners opportunities for joint	**In conjunction with our partners:** • Piloted process for extending personal health budgets in partnership with the 3 Unitary Authorities. Pilot to complete in November 2017 • Extended the reach of our New Vison of Care Programme across the STP by agreeing a common clinical definition of frailty and a common population stratification tool across the STP population • Completed phase 1 of our Community Nursing Review and agreed an interim service specification for 2017/18 and an extended service for our Surrey population following the end of the Virgin Care contract • Developed a proposal for integrating Section 117 and CHC budgets across the 3 CCGs and UAs • Implemented an End Of Life Locally Commissioned Primary Care Service (LCS) to	**Work collaboratively with our partners to:** • Integrate Decision Making in the community, bringing together multi-disciplinary teams, led by Primary Care, to develop anticipatory and advanced care plans for our most vulnerable patients (Severely Frail, and multiple co-morbidities) • Inclusion of social prescribing as a core component to Primary Care and Integrated Decision Making in the community • Commission a Frailty Pathway through prevention to acute care, including outreach of frailty specialists from the acute to support community teams and GPs to keep people out of hospital • Implement the Enhanced Care Homes framework to enable a step-change in

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
commissioning for individuals who are eligible for funding from Continuing Healthcare, voluntary sector provision and learning disability and mental health placements	improve the integrated approach to care for people approaching the end of their lives • Commissioned a 24/7 Rapid Response team from Thames Valley Hospice to provide advice and home based support 24/7/365 • Appointed a care home delivery manager to enhance the support to care homes and work with Registered Managers to improve education and training • Appointed two Wellbeing Prescribers to work in Primary Care on a Social Prescribing Pilot • Supported the developed of a community asset map for GPs to search and refer to social prescribing offers • Piloted a Complex Case Management Locally Commissioned Primary Care Service to proactively manage conditions in the community and avoid crisis and hospital admission *(see also under Primary Care)*	the quality, consistency and resilience of our care home workforce • Develop a Market Management strategy for the home care workforce across the STP to build capacity, confidence and resilience • Extend the Complex Case Management LCS across the east Berkshire footprint and incorporate new services as they come on-line (e.g. Social Prescribing) • Extend the Wellbeing Prescribers across the east Berkshire footprint • Complete phase 2 of our Community Nursing Review with a revised specification of service expectations of a modern, integrated district nursing service

Urgent & Emergency Care

We are committed to designing a simplified system with fewer access points, greater coordination across pathways and providers, supported by more effective information sharing. From a public perspective there will only be 4 points of access to urgent and emergency care services: 111, GP, 999 and A&E. Regardless of the point of access there will be a consistent approach dependent on the level of need.

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
• Mobilise the new Integrated NHS111/ Urgent Care contracted service model • Review the Bracknell and Maidenhead Urgent Care Centres, the Slough Walk-in centre and East Berkshire Out of Hours Services and commission new service models • Review the impact of all of our resilience and out of hospital investments from 2015/16 and 2016/17 • Review of the impact of the recently commissioned AIRS service in Bracknell, Ascot, Windsor and Maidenhead populations with a view to extending the service to Slough from April 2017 • Work with our local Acute Providers to expand the use of ambulatory care pathways, and agree a local price for this activity • Revise our approach to the management and use of the directory of service (DOS) • Work with South Central Ambulance Service	• New 111 service launched in September 2017 with the implementation of the new integrated clinical hub – this will be further developed during the course of the contract. Direct booking into OOHs in EB went live during October 2017 and plans are in place to extend this to urgent care centres and walk in centres during 2017/18 • Developed the Out of Hospital strategy with wider partners and bringing together the urgent and emergency care, integrated care and the primary care strategy to enable alignment and better outcomes for patients from greater integration of services • AIRs extension to Slough from September 2017 • Emergency ambulatory care services were expanded to 7 days a week from October 2017 and financial arrangements have been agreed across the STP	• Through the Frimley System Joint A&E Delivery Board, work together with all partners to deliver the transformation of urgent and emergency care across the 7 pillars of transformation: 111 on line, 111 calls, ambulance, Urgent Treatment Centres (UTC), GP access, hospital and hospital to home. These plans will be monitored monthly and outcomes reported through a bespoke Alamac dashboard. • As current contracts come to an end, continue the review of the Bracknell and Maidenhead Urgent Care Centres, the Slough Walk-in centre, East Berkshire Out of Hours Services, and GP extended access to agree a model of services that supports our Out of Hospital Strategy and under market testing (subject to

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
(SCAS) to implement the recommendations from the national review of Ambulance Services • Work with providers to ensure that national quality indicators, best practice and standards are embedded within the contracts for 17/19	• A review of the DOS has taken place to ensure that all services are represented on the DOS and that dispositions into pharmacy, OOHs, UTCs and other local services are utilised fully rather than directing patients to A&E • SCAS mobilisation of Ambulance Response Programme (ARP) will go live October 2017 • All urgent and emergency care services are contracted for using NHS Standard Contract which includes comprehensive quality sections. Contracts are monitored on a monthly basis	procurement advice) and commence the commissioning process for new service models • Deliver the national integrated urgent care specification through the extension of the clinical hub, DOS development and direct booking in and out of hours to meet national trajectories

Primary Care

Our Primary Care Strategy is to develop a transformed and sustainable model of general practice for east Berkshire, improve overall access to general practice appointments and realise the opportunities and benefits set out in the general practice forward view through delegated commissioning. We are working with our member practices as providers to develop how they will work together across GP Federations and clusters. This programme of work is aligned to the STP General Practice Transformation work.

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
• Transition of delegated authority for the Primary Medical Services contracts to the CCG from NHS England • Invest in General Practice transformation enabling practice to work differently together to develop services such as proactive care for housebound patients using appropriate skill mix and integration with other teams • Commission extended hours general practice services for all patients in East Berkshire for evenings and weekends as population needs require. • Commission a single quality scheme to replace the current locally commissioned services to include	• Maintained our Delegation transition on plan with NHS England for completion in March 2018 • Invested in General Practice transformation enabling practice to work differently together to develop services such as proactive care for housebound patients using appropriate skill mix and integration with other teams • Commissioned extended hours general practice services for all patients in East Berkshire for evenings and weekends as population needs require • Commissioned a single quality scheme to replace the current locally commissioned services to include atrial fibrillation and near patient testing *(Commission the complex case management service from General Practice by December 2017*) • Developed an approved Primary Care Strategy	• Support the use of technology in primary care to support self-care, patient communication, reduction in DNAs and public health screening/prevention improvement • Develop social prescribing across general practice to widen the support for patients and carers • Commission a practice resilience programme to support all practices • Commission complex case management that will also include and support social prescribing • Commission a visiting service to ensure proactive care for housebound and care home patients using appropriate skill mix on a population basis • Develop infrastructure plans to

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
atrial fibrillation, complex case management, and near patient testing • Support the use of technology in primary care to support self-care, patient communication, reduction in DNAs and public health screening/prevention improvement • Develop social prescribing across general practice to widen the support for patients and carers • Commission a practice resilience task force to support practices in crisis • Commission specimen collection to support 7 day services, support interoperable primary care/general practice records and identify professional resources to support the realisation of the estates and other infrastructure proposals	across the CCGs • Launched the Practice Resilience Programme supporting practices in identifying areas requiring greater resilience within their practice and providing through GPFV investment funding for improvement and developing resilience for the future • Developed and implemented the Time for Care Programme that will support practices in developing greater efficiency, taking forward innovation and provide skills and resources into practices • Piloted various models of Social prescribing working in partnership with social care, public health and the voluntary/community service • Commissioned specimen collection to support 7 day services, support interoperable primary care/general practice records and identify professional resources to support the realisation of the estates and other infrastructure proposals being considered by NHSE to create capacity in general practice	support the Primary Care Strategy for the sustainability of general practice services, including estates assessments, workforce development with the STP and technology aligned with the Connected Care programme • Invest further in General Practice sustainability through the local delivery of the General Practice Forward View aligned to the Primary Care Strategy

Mental Health & Learning Disabilities

The CCGs are committed to transforming locally commissioned services, co-produced with people with lived experience of services, their families and carers, in order to ensure sustainability as well as delivering the key priorities outlined in the Five Year Forward View for Mental Health.

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
• Reduce the numbers of learning disability assessment and treatment unit beds • Implement the Learning Disability Community Intensive Support service • Re-scope the role and function of the Learning Disability Community Teams • Develop the market for local placements and support for people with mental ill health, LD and/or autism thereby reducing the number of out of area placements. We will de-commission the Out of Area Placement Brokerage Service provided by BHFT with effect from 1 April 2017 and intend to provide this service in house • Expect a learning disability liaison nurse function to be provided at Wexham Park in line with other providers • Expect the prescribing of antipsychotics to be reduced in all care settings • Develop a locally commissioned service to improve the quality of learning disability	• Reduced the numbers of learning disability assessment and treatment beds and commissioned a community intensive support service • Supported some people with learning disabilities to move into their own homes using the HOLD scheme and Transforming Care Partnerships • Commissioned a placement review team in house to review the quality and appropriateness of people who are in placements funded through section 117 aftercare. This will include looking at the prescribing of antipsychotic medications for people in these placements • Commissioned an improved service for psychiatric liaison and crisis at Wexham Park Hospital and reviewed the Crisis Response and Home Treatment Teams locally. We have also increased the provision in Street Triage service • Successfully obtained funding to support	• Continue to work with the transforming care partnership to support people with learning disabilities to live better lives locally. This will include working with the community teams • Work together with the local authority and voluntary sector locally to develop the market for local placements and support for people with mental ill health, LD and/or autism • Continue to develop plans to ensure people with Learning Disabilities and mental health issues receive good quality physical health care and the checks they require and enhance the learning disability liaison service at Wexham Park • Further explore new models of care for people who are experiencing a mental health crisis to continue to improve the quality of care and choice available • Redesign the ‘front door’ to mental health services (common point of entry – CPE) and monitor the impact on Community Mental Health Teams and other parts of the system

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
health checks in primary care • Commission consolidated acute based mental health liaison services • Review Community Mental Health Teams and work with partners to jointly commission a transformed model of community mental health provision • Review the current Crisis Response Home Treatment Teams and commission a new model of urgent and emergency care for mental health users • Expand the Increasing Access to Psychological Therapies (IAPT) service. Expand the psychology intervention community nursing pilot (PINC) across the 3 CCGs in line with the IAPT expansion programme • Continue to increase dementia diagnosis rates and review post diagnostic support for people with dementia. Developing dementia friendly practices and expanding the service for younger people with dementia from 2 to 5 days • Review the existing Friends in Need service with a view to expand this to Slough and Bracknell and Ascot CCGs • Review the Street Triage pilot and explore the potential for continuation in conjunction with	IAPT's services work with people who have long term conditions and have operationalised this service, including working closely with the community nurses to support people more psychologically • Commissioned Healthmakers a group of volunteers who have long term conditions offering support to others • Commissioned a Young People with Dementia service improving the support available to people when initially diagnosed • Improved the Dementia diagnosis rates locally • Expanded Friends in Need services across all three boroughs to support people who are socially isolated	• Continue to work with our partners to reduce the numbers of people who need acute inpatient care or long term placements many of which are out of area. Develop a pathway of care and support for people with dementia that is equitable across the CCG's • Develop our current limited Individual Placement Service (IPS) with support from our colleagues in our STP footprint. This will facilitate an increase in the numbers of people accessing the IPS and the numbers of people gaining meaningful employment

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
Local Authorities		

Children's and Maternity Services

Our aim is to commission high quality evidence based mental and physical health services which are fully integrated, inclusive, accessible, timely, and responsive and informed by the needs expressed by children and young people.

In 2017/18 We Said We Would ……	We Have …….	In 2018/19 We Will ……
• Commission a fully NICE compliant community eating disorder and perinatal services • Work with our providers to implement the recommendations from Better Births • Review the Children's and Young Persons Transformation pilots and make recommendations on future commissioning • Continue to reduce CAMHS waiting times across all pathways • Work with partners to ensure that our collective responsibilities for children with special educational needs and disabilities are met • Commission upstream support to children and young people and their parents before they develop a mental health disorder	• Received funding and commissioned NICE compliant eating disorders service for children locally and a perinatal service • Commissioned a number of CAMHs transformation projects e.g. Kooth online, counselling services to support children wellbeing • Developed and published 'The Little Book of Sunshine' CAMHs resource • Reduced waiting times and improved access for CAMHs • Reduced the number of young people we are sending out of area for specialist hospital treatment for their mental health needs • Worked with our local partners to support the SEND agenda • Developed with partners across STP a local maternity transformation plan	• Review the CAMHS Transformation Projects to assess their impact • Work closely with local authorities to commission children's services more collaboratively • Assess the need for an ageless Autism and ADHD service and the impact this could have for local people • Work more collaboratively to further the impact we have for young people with special educational needs and disabilities • Continue to work with providers in implementing recommendations from Better Births as detailed in the local maternity transformation action plan