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SHADOW HEALTH AND WELLBEING BOARD  
MINUTES OF THE MEETING HELD ON 23 JANUARY 2013

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Present: Councillors Rayment, Bogle, Baillie, Turner, Dr S Townsend, Dr S Ward, Mr H Dymond, Mr C Webster and Dr A Mortimore

Apologies: Councillor Stevens

13. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

To approve and sign as a correct record the Minutes of the meetings held on 21<sup>st</sup> November 2012 and to deal with any matters arising, attached.

14. **JOINT HEALTH AND WELLBEING STRATEGY REVISED DRAFT**

The Board considered the report of the Director of Public Health detailing a revised draft strategy document following consultation processes and seeking approval of the revised draft for circulation to those who had participated in the consultation and for recommendation of the final strategy to the City Council Cabinet and the Clinical Commissioning Group Executive for adoption.

The following proposed schedule of amendments was circulated at the meeting. Reference was made to the need to include schools in the actions at page 8 which referred to alcohol and drugs and all references to NEET to be explained in full, together with a glossary of acronyms :-

<b>Page</b>	<b>Amendment(s) proposed</b>
Cover	<i>Delete the word "Gaining" from the title of document and in all other references to the title throughout.</i>
7.	<i>Add in additional paragraph under "Why this is important" heading</i>  One in four people will have a mental health problem at some time in their lives. People can be more vulnerable to common mental health problems if they have poor physical health, are isolated, in debt or poor housing. There are a number of lifestyle choices that can improve mental wellbeing. These include: eating healthily, exercising, having a network of friends and family, drinking in moderation and not misusing drugs. Actions are planned to promote good mental health and wellbeing in the community, reduce the number of people who get common mental health problems, and lessen the stigma and discrimination associated with mental ill health.
9	<i>Add in new paragraph:</i>  <b>Mental Health</b> <ul style="list-style-type: none"> <li>• Adopt a public health approach in the development of strategies which promote mental wellbeing for the whole population including activities which reduce health inequalities and which promote good mental health across the city</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure early access to psychological therapy /services which help people retain and return to employment</li> <li>• Development and implement a suicide prevention strategy across the city</li> </ul>
11	<p><i>Add in new measures in respect of mental health actions proposed for page 9 set out above:</i></p> <ul style="list-style-type: none"> <li>• Excess &lt;75 mortality in adults with serious mental health illness (NHS 1.5 / PH 4.9)</li> <li>• Suicide (PH 4.10)</li> <li>• Increase access to psychological therapies to 15% of the population by April 2015 (Local)</li> </ul>
12	<p><i>Under the heading “Why this is important” – final paragraph:</i></p> <p><i>After Frank Field insert MP.</i>  <i>Before Eileen Munro insert Professor</i></p>
13	<p><i>After “What we will do” insert:</i></p> <p>The Children and Young People’s Trust (CYPT) has developed a local outcomes framework. This sets out its strategic priorities and actions to deliver key outcomes for the city’s children and young people. These are outlined below.</p> <p><b>Giving every child the best start in life</b></p> <ul style="list-style-type: none"> <li>• Develop and deliver early years education for 2 year olds who are disadvantaged.</li> <li>• Develop an integrated early years service incorporating children’s centre provision, family and parenting support services and the Healthy Child Programme.</li> <li>• Develop health visiting and maternity services to achieve optimum health outcomes in the early years and tackle inequalities.</li> <li>• Continue to develop high class education provision, raise attainment faster than comparators and resolve school attendance rates where they are low.</li> </ul> <p><b>Intervening early when problems occur</b></p> <ul style="list-style-type: none"> <li>• Develop an integrated assessment process for all types of need which identifies needs early and facilitates a holistic multiagency approach to providing good quality education, health and care services.</li> <li>• Shift the focus of provision and resources towards prevention,</li> </ul>

ensuring that the workforce at all levels and across all agencies is equipped with the skills and knowledge to identify needs and intervene early.

- Develop and maintain a stable, skilled, high calibre and experienced safeguarding workforce.

#### **Supporting children, young people and their families with additional needs**

- Increase personalisation and choice through implementation of a core offer and personal budgets, building on the learning from the government-sponsored SEN and Disability Pathfinder.
- Narrow the gap in attainment and outcomes for children with SEN and disabilities, increasing aspirations, skills and qualifications.
- Improve outcomes for children looked after building on the findings from the Integrated Ofsted/CQC inspection.
- Develop holistic approaches to support and challenge the most vulnerable families in the city through the Families Matter programme.

#### **Supporting young people to become healthy, responsible adults**

- Develop Raising Participation Age support for schools/colleges.
- Redesign and re-tender substance misuse treatment services for young people to improve uptake and compliance with treatment.
- Continue to improve sexual health and reduce teenage conceptions through delivery of the Children and Young People's Trust reducing teenage pregnancy strategy.
- Make sure young people leaving care are well supported to achieve their aspirations and become independent, self-reliant citizens

## Appendix 1

### Pages 14 – 16: Revised details of measures of the impact of actions

Priority	Measure	Outcomes Framework Reference / Local Measure
<b>Promoting Health and Wellbeing</b>	<ul style="list-style-type: none"> <li>• Low birth weight</li> </ul>	PH 2.1
	<ul style="list-style-type: none"> <li>• Breastfeeding rates at 6-12 weeks</li> </ul>	PH 2.2
	<ul style="list-style-type: none"> <li>• Mothers smoking in pregnancy</li> </ul>	PH 2.3
	<ul style="list-style-type: none"> <li>• Percentage of children immunised by their second birthday for DTaP/IPV/Hib</li> </ul>	Local measure CSLCPI16. 2013/14 target 95%
	<ul style="list-style-type: none"> <li>• Children in poverty</li> </ul>	PH 1.1
	<ul style="list-style-type: none"> <li>• Healthy weight at Year R and Year 6</li> </ul>	PH 2.6
	<ul style="list-style-type: none"> <li>• Tooth decay in children aged 5</li> </ul>	PH 4.2
	<ul style="list-style-type: none"> <li>• Chlamydia diagnosis rates</li> </ul>	PH 3.2
	<ul style="list-style-type: none"> <li>• Smoking prevalence – 15 year olds</li> </ul>	PH 2.9
	<ul style="list-style-type: none"> <li>• Teenage pregnancy rates</li> </ul>	PH 2.4
	<ul style="list-style-type: none"> <li>• Alcohol related admissions (under 18 year olds)</li> </ul>	PH 2.18
	<ul style="list-style-type: none"> <li>• Numbers of young people in treatment for substance misuse</li> </ul>	Local Indicator - review and establish baseline and target.
	<ul style="list-style-type: none"> <li>• Numbers of children and young adults treatment for mental health</li> </ul>	Local Indicator - review and establish baseline and target.
<b>Promote learning, achieving and aspiring for all</b>	<ul style="list-style-type: none"> <li>• Foundation Stage (age 5) Foundation Stage Progress: good attainment (Readiness for school)</li> </ul>	CSLCPI4. 2013/14 target 77%

	<ul style="list-style-type: none"> <li>• Key Stage 1 (age 7) Level 2+ attainment in Reading</li> </ul>	CSLCPI6. 2013/14 target 94%
	<ul style="list-style-type: none"> <li>• Key Stage 1 (age 7) Level 2+ attainment in Writing</li> </ul>	CSLCPI7. 2013/14 target 91%
	<ul style="list-style-type: none"> <li>• Key Stage 1 (age 7) Level 2+ attainment in Maths</li> </ul>	CSLCPI8. 2013/14 target 95%
	<ul style="list-style-type: none"> <li>• Key Stage 2 (age 11) Level 4+ attainment in English and Maths (combined)</li> </ul>	CSLCPI10. 2013/14 target 87%
	<ul style="list-style-type: none"> <li>• Key Stage 4 (age 16) 5+GCSEs or equivalents at A*-C (including English and Maths)</li> </ul>	CSLCPI11. 2013/14 target 68%
	<ul style="list-style-type: none"> <li>• EBacc attainment</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Percentage of parents getting their 1st preference in school place (all phases)</li> </ul>	CSLCPI14. 2013/14 target 85%
	<ul style="list-style-type: none"> <li>• The attainment gap for vulnerable Southampton children and young people (FSM, SEN, CLA, EAL) from Early Years Foundation Stage to Key Stage 4</li> </ul>	CSLCPI12. 2013/14 target 14/16
	<ul style="list-style-type: none"> <li>• Percentage of total absence from school</li> </ul>	CSLCPI5. 2013/14 target 5.9%
	<ul style="list-style-type: none"> <li>• Exclusion from school (fixed term and permanent)</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Percentage of young people NEET</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Children’s Centres sustained contact with families in greatest need</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Children’s Centres – families in greatest need accessing evidence based</li> </ul>	Local measure – review and establish baseline and targets

	parenting programmes.	
	<ul style="list-style-type: none"> <li>• Early Years - percentage of 3 and 4 year olds accessing early years provision</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Level 3 attainment at age 19</li> </ul>	Local measure – review and establish baseline and targets
<b>Keeping children safe from harm, abuse and neglect</b>	<ul style="list-style-type: none"> <li>• Percentage of Social Care Initial Assessments carried out within 10 days</li> </ul>	CSLCPI3. 2013/14 target 95%
	<ul style="list-style-type: none"> <li>• The timeliness of initial child protection work for vulnerable children</li> </ul>	CSLCPI1. 2013/14 target 90%
	<ul style="list-style-type: none"> <li>• Percentage of Children Looked After with a permanence plan in place</li> </ul>	CSLCPI2. 2013/14 target 95%
	<ul style="list-style-type: none"> <li>• Care leavers in suitable accommodation</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Numbers of 'Families Matter' families supported by local agencies and numbers supported in turnaround (rewarded)</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Adoption (rate and timescales)</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Social care quality assurance audit outcomes accommodation</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Rate of Child Protection Plans against comparators</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Rate of Children in Need against comparators</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Rate of Children Looked After against comparators</li> </ul>	Local measure – review and establish baseline and targets
	<ul style="list-style-type: none"> <li>• Hospital admissions caused by unintentional and deliberate injury</li> </ul>	Local measure – review and establish baseline and targets

	<ul style="list-style-type: none"> <li>• First time entrants to the youth justice system</li> </ul>	CSLCPI113. 2013/14 target 900 (number per 100,000)
	<ul style="list-style-type: none"> <li>• Young offenders in suitable</li> </ul>	Local measure – review and establish baseline and targets

## RESOLVED

- i. That the revised draft joint health and wellbeing strategy be approved subject to the inclusion of the proposed schedule of amendments circulated at the meeting, Schools being incorporated in the actions at page 8, NEET being explained in full and a glossary of acronyms;
- ii. That the text of the revised draft strategy be circulated to stakeholders and the public who had responded to the consultation together with a summary explanation of the changes made in the light of the consultation responses; and
- iii. That authority be delegated to the Director of Public Health following consultation with the Chair and Vice Chair of the Board to make any further minor drafting changes required to the Strategy, which would include input from the communications team to ensure the text, was accessible and intelligible to a wide range of audiences.

## 15. **111 NON EMERGENCY SERVICE**

The Board considered the report of the Commissioning Manager Unscheduled Care Southampton and South West Clinical Commissioning Group detailing the introduction of the 111 Non Emergency Service; key elements of the implementation plan and the way it was likely to impact on other elements of unscheduled care across the system.

Fizz Thompson, the Director of Patient Care and Deputy Chief Executive of South Coast Ambulance Trust who were the providers of the service was in attendance and with the consent of the Chair addressed the meeting.

The aim of the NHS 111 Service was to:-

- improve the efficiency of the urgent and emergency healthcare system by connecting patients to the right service in the right place, first time, thereby reducing the number of 999 incidents, and the number of attendances to Accident and Emergency (A&E);
- improve patient and carer experience by providing clear, easy access to more integrated services;
- provide a modern, efficient entry point to the NHS focused on patient needs and supporting the use of more cost-effective channels;
- enable the commissioning of more effective and productive healthcare services that were tuned to meet patient needs, thereby reducing duplication and waste in the system;
- Provide commissioners with management information regarding the usage of services.

The Board noted that the service had gone live from the 22<sup>nd</sup> January in a “soft” launch which was taking calls from the out of hours and NHS Direct services which provided an opportunity to embed prior to the “hard” launch in line with the National implementation date of the service on 1<sup>st</sup> April 2013. There would be a targeted

national advertising campaign of the new service using Department of Health material; locally it would be up to the providers and commissioners to decide on how best to advertise the service. Reference was made to the fact that as a Local Authority there was ready access to huge numbers of the public through the housing stock, care homes, schools and colleges and the voluntary sector which could provide a support role in dissemination of publicity and information.

It was noted that the introduction of the 111 service whilst early days would provide the opportunity of transformational change of non planned care to be provided across the City and plan capacity of services from data and identification of trends.

The Board noted call abandonment and waiting times; key performance indicators had been incorporated into the contract which showed that 95% of calls should be answered in 60seconds; the first night of the service had seen 98.9% of calls answered within time. Performance indicators for abandonment were below 5%, the first night had seen abandonment at 0.4%.

The Board also noted that as part of moving forward beyond the introduction of the 111 Service Pharmacists were able to provide medicines and with patient group directives there was ability for reimbursement which would facilitate those patients that ran out of medicines rather than using out of hours services and relieving pressure on the unscheduled care system. It was noted that initial discussions were beginning to take place with Commissioners and Pharmacy representatives in relation to that approach.

#### RESOLVED

- i. That the arrangements for implementing the 111 service be noted; and
- ii. That a progress report detailing the operation of the 111 service after its first year of operation be submitted to the Board.

#### 16. **REDUCING UNSCHEDULED ADMISSIONS - MENTAL HEALTH SUPPORT**

The Board considered the report of the Joint Associate Director of Strategic Commissioning detailing current provision of mental health services and the links between physical and mental health, local initiatives that had been designed to improve support for local people with mental health illnesses which would lessen the demand for unscheduled emergency treatment.

Carole Binns, commissioner for mental health services jointly for the Local Authority and the Clinical Commissioning Group was in attendance and with the consent of the Chair addressed the meeting.

Chief Inspector Paul Bartolomeo, who was the police lead on mental health issues was also in attendance and with the consent of the Chair addressed the meeting.

The Board noted that in relation to police powers these were very limited in private places but under S136 of the Mental Health Act they did have the power to remove individuals from public places for safety and assessment; the reality of which was often a police cell and not appropriate. Concern was expressed at the lack of provision across Hampshire and the Isle of Wight for children and young people under the age of 16 and 18 who were often the most vulnerable and due to no other appropriate health based place of safety were in police stations for the longest possible time due to the assessment process.

It was noted that in relation to Southampton the delays which the remainder of the County saw were not such an issue for children, adolescents and adults; a 24/7 access team was in place for adults and outreach teams for children and young people and specifically for under 16's arrangements were in place with CAMHS.

The Board noted there had been a number of investment projects; reference was made to the need for improvement in the Psychiatric Liaison CQUIN project as outcomes were not where they were wanted. The Dementia Challenge project had seen £280k investment and was looking at a significant training programme. It was also noted that there was evidence to suggest that black and ethnic minority communities did not access services early despite being available but entered at high intensity at a later stage.

It was noted that Link had written to Margaret Geary and a meeting had been arranged with user groups to discuss overviews, concerns and impacts in relation to changes in assessment processes, day care services and forthcoming significant changes in the benefits system.

#### RESOLVED

- i. That further opportunities for partnership working continue to be explored and developed, recognising that in the current financial climate the importance of a co-ordinated approach and the avoidance of duplication to achieve the best possible outcomes; and
- ii. That relevant commissioner's across Hampshire and the Isle of Wight acknowledge the gap in provision for appropriate places of safety for under 16 and 18's and seek to close it as soon as practically possible.