

Committee Agenda



City of
Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 30th March, 2023**

Time: **4.00 pm**

Venue: **Chelsea Old Town Hall, King's Road, Kensington and Chelsea, London, SW3 5EE**

PLEASE NOTE – Prior to the formal meeting Members are invited to a brief visit to Violet Melchett Health Centre, 30 Flood Walk, SW3 5RR commencing at 3.30pm

Councillor Nafsika Butler-Thalassis (Chair)	Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
Councillor Sarah Addenbrooke (Chair)	Lead Member for Adult Social Care and Public Health, RBKC
Councillor Tim Mitchell	Minority Group, WCC
Bernie Flaherty	Bi-Borough Executive Director of Adult Social Care
Sarah Newman	Bi-Borough Executive Director of Children's Services
Anna Raleigh	Bi-Borough Director of Public Health
Judith Davey	Healthwatch Westminster
James Benson	Central London Community Healthcare NHS Trust
Andrew Steedman	NHS NWL
Iain Cassidy	Open Age
Jackie Rosenberg	One Westminster
Angela Spence	KCSC
Lena Choudary-Salter	Westminster Community Network
Gary Davies	
Andrew Steeden	Medical Director for West London
Jan Maniera	Clinical Director South Westminster

Primary Care Network and
Borough Medical Director
Westminster North West London

**Members of the public are welcome to attend the meeting
and listen to the discussion Part 1 of the Agenda**



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please contact the Committee Officer (details listed below) in
advance of the meeting.**



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wearing a hearing aid or using a transmitter. If you require
any further information, please contact the Committee
Officer, Maria Burton, Portfolio Advisor.**

**Email: mburton@westminster.gov.uk
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Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. INTRODUCTION AND WELCOME TO THE MEETING

The Chair to welcome everyone to the meeting.

2. MEMBERSHIP

To report any changes to the Membership of the meeting and any apologies for absence.

3. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

4. MINUTES AND ACTIONS ARISING

I) To agree the Minutes of the meeting held on 26 January 2023.

II) To note progress in actions arising.

(Pages 5 - 10)

5. HEALTH AND WELLBEING BOARD - NEW TERMS OF REFERENCE

To note.

(Pages 11 - 14)

6. MENTAL HEALTH (WRITE-UP FROM LAST MEETING)

To note.

A summary of the discussions from the last HWBB on mental health and well being.

(Pages 15 - 20)

7. COMPLEX CARE

Report to follow

This paper and the wider workshop will provide an insight into

how the Bi-Borough Place Based Partnership Complex Care programme is developing and how it addresses what is important to our residents and how we are helping to reduce health inequalities across our communities.

8. HEALTH AND WELLBEING STRATEGY CONSULTATION

Report to follow

To approve.

This report presents the draft Health and Wellbeing Strategy for approval to allow for formal consultation to proceed.

9. ANY OTHER BUSINESS

10. DATE OF NEXT MEETING

The next meeting will be held by the City of Westminster at a venue to be confirmed on 01 June 2023.

Stuart Love
Chief Executive, Westminster City Council

Maxine Holdsworth
Chief Executive, Royal Borough of Kensington and Chelsea

22 March 2023



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** Committee held on **Thursday 26th January, 2023**, Paddington Arts, Pyramid Room, 32 Woodfield Road, London.

Members Present:

Cllr Sarah Addenbrooke, Lead Member for Adult Social Care and Public Health, RBKC
Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
Councillor Tim Mitchell, Opposition Representative, WCC
Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care
Annabel Saunders, Director of Operations (substitute)
Lena Choudary-Salter, Westminster Community Network
Anna Raleigh, Bi-Borough Director of Public Health
Jackie Rosenberg, Westminster Community Network
Angela Spencer, KCSC
Andrew Steeden, Primary Care Representative
Jan Maniera, Primary Care Representative

Apologies for Absence:

Sarah Newman, Bi-Borough Executive Director of Children's Services
James Benson, NHS London

1 WELCOME AND MEMBERSHIP

- 1.1 Councillor Nafsika Butler-Thalassis welcomed everyone to the meeting, and thanked Paddington Arts for hosting the meeting.
- 1.2 Apologies were received from Sarah Newman, for whom Annabel Saunders, Director of Operations was attending as a substitute, and James Benson.

2 DECLARATIONS OF INTEREST

- 2.1 There were none.

3 MINUTES AND MATTERS ARISING

RESOLVED

- 3.1 That the minutes of the Health and Wellbeing Board meeting held on 24 November 2022 be agreed as a correct record of proceedings.

4 HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

- 4.1 The Chair introduced the item, noting that the draft Terms of Reference had previously been presented to the Board.

RESOLVED

- 4.2 That the Terms of Reference be agreed.

5 MENTAL HEALTH SESSION

- 5.1 The item was introduced by David Bello, Director of Adult Social Care, who explained that:
- One in four people would experience mental health problems, with one in ten children having mental health needs.
 - Demand for mental health services had increased since the Covid-19 pandemic, with an 8% increase in demand for talking therapies. The ageing population would further affect demand for mental health services.
 - There were health inequalities in demand and diagnoses of mental health issues, but it was not clear whether this was a result of need or a lack of accessibility.
 - Changes to mental health services underway included reducing eligibility of CAMHS to people aged 16 and under, ensuring services were available near people's homes and investing in supported housing so people could receive care at home.
 - The Mental Health Strategy was still in development, but there had been engagement with stakeholders including professionals, residents and organisations. There needed to be a greater focus on co-production.
 - Most people wanted to manage their health independently, and often knew their own triggers well. It was therefore important to help and enable people to live independent, healthy lives. Feedback showed that people felt that accessing care was onerous and it was often only possible to receive help when in crisis.
- 5.2 Liam Hart then addressed the Board as a representative of Build on Belief, a commissioned service:
- Build on Belief worked in both boroughs and was primarily aimed at people with substance misuse. It provided a holistic service, with social and voluntary opportunities, as well as drop-in services and online support.
 - People with both mental health and addiction problems often faced additional barriers to receiving treatment, regularly being referred between mental health and addiction services.

- While conditions such as depression and anxiety could be seen as common and not serious, their impact could be devastating.

5.3 Members and attendees then joined workshops from mental health services and provided feedback.

6 HEALTH AND WELLBEING BOARD STRATEGY

6.1 Rachel Soni, Director of Health Partnerships, introduced the report, stating that since the last time the Strategy had been presented to the Board, five of the ten workshops had been held and an illustrator had been appointed to present the information more creatively.

RESOLVED:

6.2 That the report be noted

7 SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT

7.1 Louise Butler, Head of Safeguarding and Workforce Development, introduced the report, noting that this was a statutory report and this was the final stage following scrutiny and approval at Cabinet.

7.2 A key aim of the report was to make safeguarding everyone's business, and as a result the report had been made more accessible, such as by making it available in multiple languages and online.

7.3 Safeguarding needed to be considered from a cultural perspective, identifying barriers to engagement and working with the Advocacy project to understand reasons for reluctance to engage with the Council. Other councils were now looking to emulate the bi-borough approach.

7.4 The councils were working with partners such as the NHS, service providers and the coroner to ensure services learned from previous cases. An example of this was the work with Children's Services on transitions of care to adult services.

7.5 Members praised the quality of the report and the community engagement work undertaken. It was requested that in future years, a one-page summary be developed that could be shared with communities.

RESOLVED:

7.6 That the report be approved.

8 SUICIDE SAFER COMMUNITIES COMMITMENT

8.1 Jeffrey Lake, Deputy Director of Public Health, introduced the report, explaining that a key element of preventing suicide was to work across systems to identify potential actions.

- 8.2 In response to questions from Members, officers stated that:
- Departments were working with partners, including schools, but that confirmed plans had not yet been developed. It was hoped that information and resources would cascade down through groups to individuals, particularly those that were less engaged with community groups.
 - It was often difficult to discuss suicide, even at an organisational level, due to sensitivities and a key measure of success would be making discussions around suicide more accessible and less distressing. Talking about suicide responsibly, and how to prevent it, did not increase suicidal ideation. The ultimate goal would be a reduction in the number of suicides.
 - Local consultations had followed national best practice.
- 8.3 Members made the following comments in regard to the report:
- Loneliness and a lack of connection were major issues in inner-city areas, and low-cost interventions such as friendship benches could help to mitigate these.
 - It was often easier to reach women through community engagement, despite men over the age of 35 being at the highest risk of suicide. It was suggested that working with business groups may be an effective method of engaging with more men.

RESOLVED:

- 8.4 That the report be noted and endorsed.

9 UPDATE ON WINTER FUND 22/23 S75 (DEED OF VARIATION)

- 9.1 Rachel Soni, Director of Health Partnerships, introduced the report.

RESOLVED:

- 9.2 That the signoff of the Section 75 agreement for the Better Care Fund 2022/23 be delegated to the Executive Director of ASC & Public Health
- 9.3 That the inclusion of the Adult Social Care Discharge fund in the BCF 2022/23 be recognised by the Health and Wellbeing Board.

10 PUBLIC HEALTH ANNUAL REPORT

- 10.1 Anna Raleigh, Director of Public Health, introduced the report, explaining that its development had been informed by liaising with other Council departments, NHS, voluntary sector and other partners.
- 10.2 There were three key commitments in the report: being community-led, co-producing more work, and engaging with partners and communities.
- 10.3 Officers would be willing to meet with other boards and groups to discuss Public Health.

RESOLVED:

10.4 That the report be agreed.

11 AOB

11.1 There was no other business.

12 CLOSE OF MEETING

12.1 The next meeting would be held on 30 March 2023, to be hosted by Kensington and Chelsea.

The Meeting ended at 5.45 pm

CHAIR: _____

DATE _____

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JOINT HEALTH AND WELLBEING BOARD

(Agree by Chairs)

Final Draft 10/02/23

1.0 Vision of the Board

- 1.1 The Royal Borough of Kensington & Chelsea and the City of Westminster (the Bi-Borough) Health and Wellbeing Board will provide strong and effective leadership across the Local Authorities, Voluntary Sector and NHS partners by setting a clear direction, across traditional boundaries, to deliver change and fresh thinking to improve the health and wellbeing of all Bi-Borough residents and tackle health inequalities.
- 1.2 The Board will recognise that one size does not fit all and will ensure that services are designed to reflect the changing needs of the individuals and communities they serve and are easy to access. The Board will be accountable to those they serve through elected Members and will act as a champion for the voice of those who live, work and visit Kensington & Chelsea and Westminster.
- 1.3 The broad vision for the Board is that it will:
- **Promote** integrated health and social care, where this makes sense and improves outcomes, to deliver greater outcomes for people.
 - **Agree** strategic key issues for the joint board in line with the Bi-Borough Health and Wellbeing Strategy. The joint board will push progress against these priorities further and faster, ensuring 'silo working' and conflict are removed. *Organisational boundaries should not be a hindrance to developing effective solutions.*
 - **Demonstrate** clear leadership, championing the work and aims of the Board, and act as the key link between their own organisation or department and the Board, ensuring consistency and effective communications.
 - **Deliver** plans with local, regional and national partners, encouraging the most appropriate way of tackling issues and addressing need by ensuring the voice of local people are at the centre of decisions and plans.

2.0 Responsibilities

- 2.1 The Board has the following responsibilities with regards to matters which affect or have an impact on the communities of both Boroughs:
- 1) To provide **strategic leadership** in developing the vision for health and wellbeing in the Royal Borough of Kensington & Chelsea and the City of Westminster as well as mobilising, co-ordinating and ensuring health and social care decisions are based on clear evidence for improving outcomes.

- 2) To commit to the **coordination and sharing of resources** from its membership, and from others, to deliver against the agreed priorities and the Board's key issues.
- 3) To oversee the **delivery** of the shared Health and Wellbeing Strategy (HWBS) priorities, ensuring that health and social care, as well as the wider determinants, can better address the needs of the local population.
- 4) To drive the Place Based Partnership and hold it **accountable** for delivering the ambitions of the Health and Wellbeing Strategy by committing to the mobilisation, coordination and sharing resources from its membership
- 5) To oversee the production and use of a programme of Joint Strategic Needs Assessments (JSNA) and ensure that the needs of the local population are properly assessed and captured. The JSNA should aim to map assets as well as needs for local areas and become embedded across the commissioning process of all systems. To also oversee the production and maintenance of the Pharmaceutical Needs Assessment.
- 6) To promote and encourage integrated working across the areas impacting the wider determinants of health, including alignment between organisation and departmental plans and strategies to tackle health inequalities, including ensuring local peoples voices are heard and reflected.
- 7) To play an active role in the North West London Integrated Care Board and Integrated Care Partnership to ensure our local communities needs are being reflected, heard and addressed to support the successful delivery of the Place health and wellbeing strategy.

3.0 Membership

- 3.1 To ensure the joint HWB achieves its vision there will be a "core executive membership" who, having engaged with the wider membership / attendees, through the joint HWB meetings, will have voting rights. These will include:

Local Authority

- The Cabinet Member or Lead Member responsible for Adult Social Care and Public Health from each Local Authority
- The Bi-Borough Executive Director of Adult Social Care
- The Bi-Borough Executive Director of Children's Service
- The Bi-Borough Director of Public Health

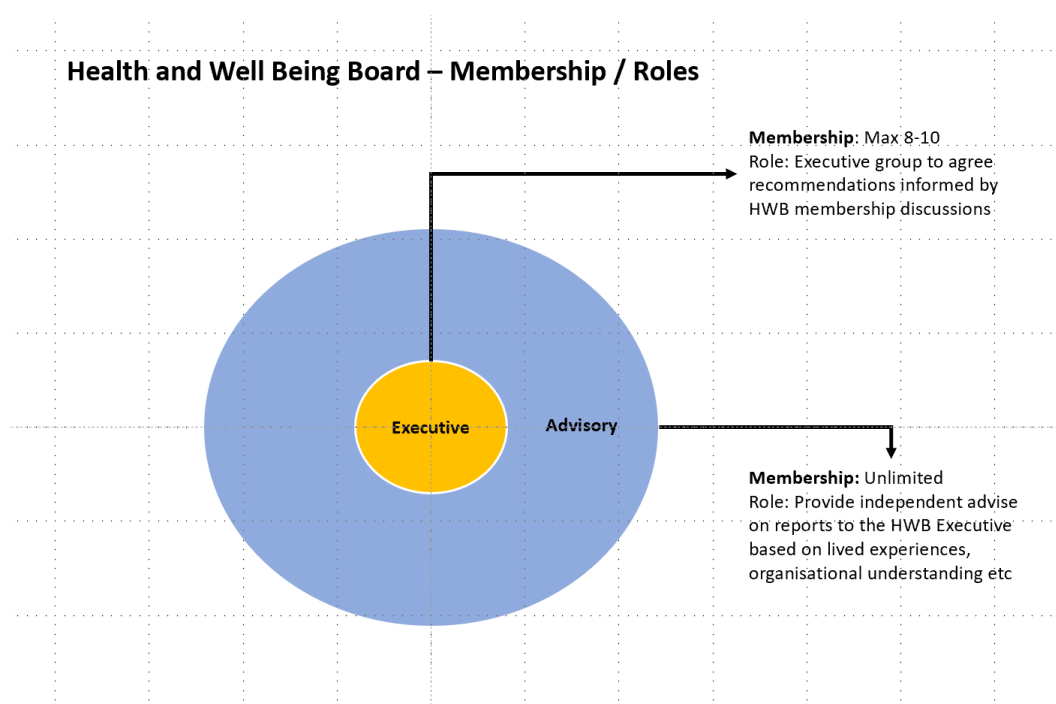
Voluntary and Community Sector

- A representative of the Local Healthwatch(s)
- Two representatives from RBKC voluntary and community sector (VCS)
- Two representatives from Westminster VCS

NHS

- The Place Based Partnership Director
- Two representatives from Primary Care – Clinical & Medical Directors

- 3.2 Board Members may appoint deputies to attend and vote on their behalf. Meetings of the Board will be alternately chaired by each Local Authority's Cabinet Member or Lead Member for Adult Social Care and Public Health.
- 3.3 Central to the Joint Health and Wellbeing Board is the ambition to work in a format that allows greater engagement and understanding with and of our communities. Where other bodies are accountable for delivery or scrutiny of services and decisions, the Health and Wellbeing Board will not duplicate work. This will mean the joint HWB becomes a collaborative body that challenges and brings organisations together to address the HWB strategy priorities.
- 3.4 Attendance and participation at meetings will not be restricted to the voting members of the board and will be driven by the need to work with communities and partners to improve the health and wellbeing of local people and tackle health inequalities. For example, to ensure there is a focus and wider understanding of how we need to work collaboratively across the whole public service, members of the other committees, can have standing invites, as outlined in 3.5.



3.5 The following attendees are also seen as critical to the delivery of the joint Health and Well Being Board vision and discharging its responsibilities

- Lead Member for Family and Children's Services
- Lead Members with papers relevant to portfolio
- Director from Chelwest and Imperial
- Representative from community health providers – CLCH and CNWL
- Residents
- Voluntary Sector partners
- Local business

- Scrutiny and Committee Members
- Subject Matter Experts to provide advise
- Metropolitan Police
- London Fire Service
- Local Authority Directors of Housing
- Local Authority Directors of Communities
- Public Health Consultants
- RBKC opposition spokesperson for Adult Social Care and Public Health
- Westminster opposition spokesperson for Adult Social Care and Public Health

4.0 Format

- The Board shall meet up to six times each municipal year and will be held in a setting that allows for the engagement with local people and organisations.
- The quorum for meetings shall be 50% of those with voting membership, including at least one of the chairs, a LA officer representative from the bi-borough, one NHS core members and one Voluntary Sector member.
- Decisions shall be made based on consensus wherever this is possible. Where a consensus is not possible then decisions will be made based on a show of hands of voting members. The co-chair will have a deciding vote if there is equal show of hands.
- Health and Wellbeing Board meetings will be conducted in line with the standard Access to Information rules that apply to all Council committees and therefore, unless exemptions apply which allow for business to be conducted in private, will be held in public.



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

WCC & RBKC Health & Wellbeing Board

Date:	30 March 2023
Classification:	General Release
Title:	Mental Health and Well Being – Reflections from 26 January Joint Health and Wellbeing Board
Report of:	Rachel Soni, Director of Health Partnerships, Adult Social Care and Health
Wards Involved:	All
Report Author and Contact Details:	Grant Aitken, Head of Health Partnerships David Bello, Head of Mental Health Lucy Cook, Director - Central North West London NHS Foundation Trust

1.0 Executive Summary

- 1.1 Mental Health, for young people and adults, is seen as a clear priority for the joint Health and Wellbeing Board and residents. But there are challenges in meeting and supporting needs with the cost-of-living crisis impacting on the poorer and more disadvantaged the hardest.
- 1.2 The 26 January Health and Wellbeing Board (HWBB) meeting was a chance to understand and consider how to work with communities to address the causes of poor mental health, by preventing serious mental illness and promote positive mental health and resilience. There was a clear message that the promotion of better emotional and mental health support, early intervention in schools and communities as young people transition into adulthood and greater collaborative working across providers and communities was needed. This included investing and promoting access to activities that promote wellbeing, volunteering and stronger social contacts.
- 1.3 This paper is a summary of the mental health and wellbeing themed workshops and provides a number of recommendations for the HWBB members to consider.

2.0 Mental Health and Well Being Introduction

- 2.1 Lucy Cook (Central North West London NHS Foundation Trust) and David Bello (Bi Borough Adult Social Care) set the scene of the complexity and importance of good mental health and wellbeing for adults and older people. They recognised there had been an increase in demand across all age groups and that services are seeing increases in delays to access services. Working across the wider health and care system – with residents, community and voluntary sector organisations and public sector bodies is important if we are to meet and address the demand to improve the health outcomes of residents.
- 2.2 Both organisations remain committed to open dialogue across service users, carers, staff and partners. A focus on early intervention and to support people to be cared closer to where they live remain priorities for both health and the LA.
- 2.3 The feedback from engagement work to date has indicated the need to further improve patient flow across acute inpatient wards, care that advances Health Equality, joined up partnership working and greater reach into the Westminster community.
- 2.4 As a result of this Central North West London NHS Foundation Trust have:
 1. In November 2022 opened the Mental Health Crisis Assessment Centre (MHCAS) that supports improved patient flow.
 2. Commissioned data led project looking at the impact of detention under the MHA and length of stay that will include BAME, Older Adults, Learning Disability and Autism patients.
 3. Collaborative Partnership Forums planned for March 2023.
 4. Senior Community Partnerships and Engagement Lead postholder will further reach into all communities to ensure all voices are included in this consultation process.

3.0 Build on Belief (Liam Hardy)

- 3.1 Liam Harte works for **Build on Belief (BoB)**, a local charity that works across the Bi Borough and also Hammersmith and Fulham, supporting people with and recovering from substance misuse. Liam talked about his experiences and also said that this is a complex area with individuals needs not fitting into a single box, rather people need a range of support and befriending that is not often found in one organisation.
- 3.2 Build on Belief was first commissioned in 2005 and provides our peer-led commissioned service which includes:
 - Weekend provision with physical activity sessions, wellbeing sessions and a food bank
 - A vast programme of online activities with support 7 days a week
 - Support and advice

3.3 Key messages or points to note:

1. The importance in including a lived experience dimension when developing and delivering services
2. the need to deliver a protocol for treating and supporting service users who have mental health and substance misuse problems to avoid the "ping pong" effect that often occurs.
3. giving individuals with lived experience a role in delivering services either as employees or as volunteers
4. Addressing the issue regarding access to sustained mental health support for individuals who have emotional disorders such as depression and anxiety (can be frequently extremely disruptive to individuals' capacity to manage day to day life) given that access at present is often brief and insubstantial.

4.0 Market Stalls

4.1 Four market stalls were held covering the following areas:

- Employment
- Housing / Changing Futures
- Suicide Community Prevention
- Wellbeing

4.2 There were positive conversations across all stall areas and the below is a summary of the questions / issues raised and areas where questions were asked but required a follow up with the relevant person or organisation.

Market Stall Area	Key Points
The Well-Being stall was a chance for HWBB members to understand work of preventative and community based activities to support mental health and wellbeing	
	<ul style="list-style-type: none"> • A number of comments received related to how people and agencies could refer people to the service. This reinforced the role and importance of community-based services and demonstrated a need for wider understanding and investment. • There was also further recognition that there were opportunities to refer people who do not meet the threshold for mental health crisis but who would benefit from community-based support. <p>HWBB Action</p> <ul style="list-style-type: none"> • To increase awareness and understanding of community-based provision
Employment discussed the work underway to support people into employment as there is a recognition that good employment can provide positive mental health outcomes.	
	<ul style="list-style-type: none"> • There was good engagement with HWBB members with a number of people commenting about the service and how it was key to supporting people to have greater connections and control over their lives. As with the wellbeing area, there was a clear need to increase awareness of services and to understand

	<p>how people could be referred into and supported through the pathways.</p>
<p>Changing Futures is a government funded pilot that looks at how the public sector reform needs to occur to support people experience complex and multiple needs</p>	
	<ul style="list-style-type: none"> • Recognition that people experiencing complex and multiple needs (such as that defined by 'multiple disadvantage') often don't fit into the current system and service offer, are under-served, or experience 'revolving door' interactions. • It was also reflected that this chimed with the personal experiences shared earlier in the meeting by lived-experience presenter, who shared experiences of dual-diagnosis and falling between services. • In response to this complexity, the group were encouraging of the approaches being taken by Changing Futures; seeing the 'whole person' (not just dissecting them into services, or distinct domains of need) and finding ways to provide coordinated and connected 'whole system responses'. • Recognition of the need for 'system-change', not just 'system improvements' (i.e. fix the system, not just the problems caused by the broken system). <p>HWB Action</p> <ul style="list-style-type: none"> • There was some frustration expressed in seeing a perpetual cycle of programmes and initiatives (some often resurfacing in new clothing) delivering and demonstrating positive change, but then failing to see these changes stick or scale for the long term. There was some excitement in the Changing Futures approach, which, in recognising this challenge, isn't just asking 'how do we fix this?', rather, it's also asking 'why haven't we fixed this yet?' • This means building a system that can more routinely and effectively respond to complex social needs (such as multiple disadvantage).
<p>Suicide and Safer Communities was hosted by Public Health to raise awareness of the Suicide strategy and actions being undertaken to support and prevent</p>	
	<ul style="list-style-type: none"> • The Suicide Safer Communities commitment is one of the key priorities set out in the Suicide Prevention Strategy and Action Plan for 2022-2025. • A paper, following the market stall sessions was presented to the Health and Wellbeing Board to secure members commitment to a Suicide Safer Communities initiative and their support in promoting suicide prevention. • Suicide prevention training has been available local frontline and community-based staff through Every Life Matters, a Cumbrian voluntary sector organisation which is a national example of best practice. Community engagement has been undertaken to target seldom heard and high-risk groups, to ensure that the training offer meets their needs and to identify any required developments as we look for local providers to take this on in the future.

	<ul style="list-style-type: none"> • In 2023/2024 a larger suicide prevention training offer will be procured locally to support the Suicide Safer Communities initiative by building capacity within frontline services and community organisations. In addition, a digital platform for suicide prevention will be developed where statutory and voluntary sector partners, businesses and residents will be able to access suicide prevention resources and training opportunities and where they will be able to add their support.
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5.0 Recommendations / Actions

- Increase awareness of services in our community was the main priority identified throughout the market stalls. This included continuing to raise awareness of community-based services and to understand how referral pathways can be made and sustained. Not only will this result in improved outcomes for people but can increase the resilience of community organisations through localised commissioning.
- There was also a degree of frustration in how systematic change occurs and to use initiatives such as **Changing Futures** as a way challenge and review the way services are being delivered to support residents. As part of the evaluation of the Changing Futures programme there is an opportunity to bring learning back to the HWB to inform future delivery.
- There should be focus on ensuring we have adequate provisions of specialist mental health beds, so people get the help they need at the right time and at the right place.

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