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Somerset Health and Wellbeing Board

Monday 27 September 2021

11.00 am Luttrell Room - County Hall, Taunton

To: The Members of the Somerset Health and Wellbeing Board

Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Ed Ford (Vice-Chair), Cllr D Huxtable, Cllr L Vijeh, Cllr R Wyke, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, Mark Cooke, Judith Goodchild, Trudi Grant, Julian Wooster, Alex Murray, James Rimmer, Mel Lock, Cllr Mike Best and Sup. Dickon Turner

All Somerset County Council Members are invited to attend meetings of the Cabinet and Scrutiny Committees.

Issued By Scott Wooldridge, Strategic Manager - Governance and Risk and Monitoring Officer - 17 September 2021

For further information about the meeting, please contact Terrie Brazier - tbrazier@somerset.gov.uk or Julia Jones - jjones@somerset.gov.uk OR 01823 357628

Guidance about procedures at the meeting follows the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

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AGENDA

Item Somerset Health and Wellbeing Board - 11.00 am Monday 27 September 2021

*** Public Guidance notes contained in agenda annexe ***

1 **Apologies for absence**

To receive Board Members' apologies

2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Council Website at
County Councillors membership of Town, City, Parish or District Councils and this will be displayed in the meeting room (where relevant).

The Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

3 **Minutes from the meeting held on 15 July 2021** (Pages 9 - 14)

The Board is asked to confirm the minutes are accurate**.**

4 **Public Question Time**

The Chair will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting.

5 **Recommendations to Approve from Last Meeting** (Pages 15 - 28)

To approve the recommendations from the reports at the last meeting

6 **Community Adult Mental Health** (Pages 29 - 80)

To receive the presentation and discuss.

7 **Somerset Integrated Care System (ICS)**

To receive the presentation and discuss (presentation to follow)

8 **Governance Arrangements for Health & Wellbeing in Somerset**

To receive the presentation and discuss.

9 **Somerset Health and Wellbeing Board Work Programme** (Pages 81 - 82)

To discuss any items for the work programme. To assist the discussion, attached is the Board's current work programme.

10 **Any other urgent items of business**

The Chair may raise any items of urgent business.

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Guidance notes for the meeting

1. **Council Public Meetings**

The former regulations that enabled virtual committee meetings ended on 7 May 2021. Since then, all committee meetings need to return to face-to-face meetings. The requirement is for members of the committee and key supporting officers to attend in person, along with some provision for any public speakers. However due to the current COVID restrictions and social distancing measures only a small number of people can attend as meeting room capacities are limited. Provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually.

Anybody attending the meeting in person will be asked to adhere to the current Government guidance and Council procedures in place to safely work during COVID 19. These include limiting numbers in a venue, maintaining social distancing, using hand sanitisers, wiping down areas that you have used, wearing face coverings when not sitting at a table (unless exempt from doing so) and following one-way signs in the venue/building. You will also be asked to sign in via the NHS Test and Trace app or to sign an attendance record and will be asked relevant questions before admittance to the meeting. Everyone attending the meeting will be asked to undertake a lateral flow test up to 72 hours prior to the meeting.

Please contact the Committee Administrator or Democratic Services on 01823 357628 or email democraticservices@somerset.gov.uk if you have any questions or concerns.

2. **Inspection of Papers**

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at democraticservices@somerset.gov.uk or telephone 01823 357628.
They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers.
Printed agendas can also be viewed in reception at the Council offices at County Hall, Taunton TA1 4DY.

3. **Members' Code of Conduct requirements**

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: Code of Conduct

4. **Minutes of the Meeting**

Details of the issues discussed, and recommendations made at the meeting will be set out in the minutes, which the Committee will be asked to approve as a correct record at its next meeting.

5. **Public Question Time**

If you wish to speak, please contact Democratic Services by 5pm 3 clear working days before the meeting. Email democraticservices@somerset.gov.uk or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out.

In order to keep everyone safe, we respectfully request that all visitors to the building follow all aspects of the Covid-Secure guidance. Failure to do so may result in you being asked to leave the building for safety reasons.

After entering the Council building you may be taken to a waiting room before being taken to the meeting for the relevant agenda item to ask your question. After the agenda item has finished you will be asked to leave the meeting for other members of the public to attend to speak on other items.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. However, questions or statements about any matter on the agenda for this meeting may be taken at the time when each matter is considered.

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total (20 minutes for meetings other than County Council meetings).

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

If an item on the agenda is contentious, with many people wishing to attend the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, to three minutes only.

In line with the council's procedural rules, if any member of the public interrupts a meeting the Chair will warn them accordingly.

If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

Provision will be made for anybody who wishes to listen in on the meeting only to follow the meeting online.

6. **Meeting Etiquette for participants**

- Only speak when invited to do so by the Chair.
- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- Speak clearly (if you are not using video then please state your name)
- If you're referring to a specific page, mention the page number.
- Switch off your video and microphone after you have spoken.
- There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

7. **Exclusion of Press & Public**

If when considering an item on the agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, ask Participants to leave the meeting when any exempt or confidential information is about to be discussed.

8. **Recording of meetings**

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the

public may use Facebook and Twitter or other forms of social media to report on proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

A copy of the Council's Recording of Meetings Protocol is available from the Committee Administrator for the meeting.

SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room, County Hall, Taunton, on Thursday 15 July 2021 at 11.00 am

Present: Cllr C Paul (Chair), Ed Ford (Vice-Chair), Cllr D Huxtable, Cllr L Vijeh, Cllr C Booth, Cllr J Keen, Cllr B Hamilton (Virtual), Trudi Grant, James Rimmer, Mel Lock (Virtual), Cllr Mike Best, Sup. Dickon Turner

Other Members present: Cllr M Chilcott, Cllr A Kendall and Cllr T Munt

Apologies for absence: Cllr F Nicholson, Julian Wooster and Dr Alex Murray

483 **Declarations of Interest** - Agenda Item 2

There were no new declarations.

484 **Minutes from the meeting held on 18 March 2021** - Agenda Item 3

The minutes were agreed without alteration.

485 **Public Question Time** - Agenda Item 4

There were no public questions.

486 **Integrated Care System** - Agenda Item 5

The Board had a verbal update on the Integrated Care System. The Health and Care Bill had its second reading on 15 July 2021 and is expected to be given Royal Assent in March 2022. The key change that this Bill will introduce an Integrated Care Partnership. This Partnership will establish an Integrated Care Board (ICB) which will sit alongside the Health and Wellbeing Board. The functions of the Integrated Care Board will replace those of the CCG with specific duties of commissioning services, NHS Consultation and reducing inequality. The Board will be based on collaboration and not competition. The Board was informed the following: -

Integrated Care Boards – Functions

An ICB has the function of arranging for the provision of services for the purposes of the health services in England

- Commissioning hospital and other health services
- Ambulance and nursing services

- Commissioning primary care services

Integrated Care Boards – Duties

A range of legal duties are set out including:

- Promotion of the NHS Constitution, choice, integration
- Improve quality of services, reducing inequalities
- Involvement of patient, public involvement and consultation
- Innovation and research

There is a five-year plan on how the ICB will discharge its functions and duties and the steps it will take to implement the Health and Wellbeing strategy (Improving Lives).

The Board discussed the proposals and agreed that collaboration and partnership has been the basis of all recent discussions and the progress made should not be lost in new developments. The Board wanted to know if the meetings of the new Integrated Care Board would be public, and it was confirmed they would be as being open and accountable would be a pre-requisite. There was a request that consideration should be given to allowing the meetings to be hybrid in nature to allow for more openness and accessibility.

The Somerset Health and Wellbeing Board noted and commented upon the proposals for the new Integrated Care System.

487 **Safer Somerset Partnership Report** - Agenda Item 6

The Board considered the annual report of the Somerset Safer Partnership. Thanks were given to Superintendent Mike Prior who had been the lead officer for many years and has recently retired. He has been replaced by Superintendent Dickon Turner. The Safer Somerset Partnership (SSP) was developed in 2011/12 as a single county wide partnership for delivering duties under the Crime and Disorder Act (1998). This report introduces the Safer Somerset Partnership's latest Annual Report 2020-2021, its key activities and achievements for the year, the initiatives it supports through grant funds and its ambitions for the coming year.

Key achievements in the previous year include targeted communications activity on healthy teenage relationships and county lines, re-establishing the Hate Crime and Community Cohesion Partnership and overseeing the Serious violence strategy and delivery of this agenda via the Violence reduction unit. The Board was informed that 2020-2021 was an unprecedented year for the partnership regarding unexpected and highly impactful events. Coronavirus being one of these as well as a new legislation. The Annual Report described how the Partnership responded to these. Finally, the Annual report described

some workstreams that are already on the horizon which will be explored in 2021 and beyond. This includes embedding new legislative duties for serious violence and domestic abuse, improving the programme of Integrated Offender Management, and considering the future of the Somerset Violence Reduction Unit

The priorities for the Partnership are agreed in collaboration with the Office for the Police and Crime Commissioner and will be refreshed for 2022. These are:

- Protect people from the Harm of Domestic and Sexual Abuse,
- Identify and Prevent the Exploitation of Vulnerable People,
- Identify and Support those with Inequalities and vulnerabilities and offer support to improve health outcomes and reduce harm, and
- Meet the Statutory Duties and improve Partnership effectiveness

The Board discussed the report and raised questions in relation to modern slavery and the County Lines threat to vulnerable people.

The Somerset Health and Wellbeing Board was unable to endorse the recommendation as the meeting was not quorate for this item. The recommendation was to endorse the Safer Somerset Annual Report 2020-2021

488 **Improving Health and Care through the home in Somerset** - Agenda Item 7

The Board considered a report and presentation on Improving Lives and Care through the Home in Somerset. This report was a progress report on the Memorandum of Understanding. On the 17th of September 2020 the Somerset Health and Wellbeing Board adopted 'Improving Health and Care through the Home in Somerset – A Memorandum of Understanding'. The MoU contains five themes where enhanced collaboration was sought: -

- Complex homeless and rough sleepers, Independent living,
- Climate change,
- Nomadic and transient communities and
- Health Impact Assessments (HIA).

The Homeless Reduction Board is a vital element in delivering these changes. The arrangement in Cannonsgrove. Taunton is a pilot resulting from the Covid emergency and brough some very positive collaborative working. This is beginning to unravel now but the Homeless reduction Board is keen to use this to inform future developments. The MOU does not have enough about Climate Change explicitly set out and that is a change that must be made to ensure the commitment is fulfilled. The Government has made £2.6 million available to help with fuel poverty. There have been two new sites made available for Gypsy

and Traveller communities and these have a commitment to support with health issues and better liaison with Health Care Professionals.

The Board discussed the report and proposals. The following areas arose from that discussion. There was a question raised in relation to the £2.6 million and if there were specific outcomes expected. It was confirmed there were. It was suggested that these should be reported in a 'dashboard' style at a future meeting.

The end of the Furlough scheme amongst other changes expected soon such as the end of the suspension on evictions, the end of the uplift on Universal Credit was expected to increase the demand on services supporting those most impacted. It was agreed that these would have a negative impact on the prevent agenda and needed to be watched.

The Somerset Health and Wellbeing Board:

- **Received for information the content of the report and notes the progress made with delivering the MoU**
- **Endorsed the 'next steps' for each of the priority areas within the MOU - As the meeting was not quorate at this point, this will have to be considered at the next meeting.**
- **Endorsed the need to redraft the climate change priority to provide clarity of actions required and to bring this back to the Health and Wellbeing Board in September '21 for further consideration**. **As the meeting was not quorate, this too will have to go to the next meeting).**

489 **Performance Report and Scorecard** - Agenda Item 8

The Board had a report and presentation on the performance measures and actions proposed in relation to the Improving Lives Action Planning document and an indication of their status, either as a progress update or as a comparison to performance in other areas. There are 53 metrics, and each has been RAG rated against comparators. Some key areas were highlighted for discussion. They were: -

- **Carer's Survey**. The biennial Carers survey suggested a decline in outcomes for carers in Somerset. Carer reported quality of life dropped from 8.2 to 7.1 out of 12. The proportion of carers reporting that they had as much social contact as they would like has fallen from 45.4% to 25.1%. Overall satisfaction with social services has dropped from 40.4% to 31.1%. This is in line with the South West and England figures which have also shown drops in Carer reported quality of life (7.7 to 7.5 in England), a drop in proportion of carers reporting they had as much

social contact as they would like (32.3% to 28.9% in the South West and 35.5% to 31.2% in England).

- **Children's Health.** The percentage of children in reception, and in year 6, who are overweight or obese has increased in 2020 Somerset. For Reception this increase was seen across the South West but to a greater extent in Somerset moving from 22.0% in 2019 to 23.4% in 2020, the highest since 2014. This put Somerset above the South West average, the average of statistical neighbours and the England Average where Somerset were below comparators from 2016 to 2019. By year 6 the percentage overweight or obese was 31.8% in 2020, this is very similar to the South West and Statistical Neighbour averages. It is also the highest since 2014 but with a smaller range of difference to the reception figures. Interestingly the England average is much higher at 35.2%, this puts Somerset in the most positive quartile for the measure. Another point to highlight in Children's Health is the increase in Mental Health Admissions for 0 to 17-year olds. From 2016 Somerset has been above the averages for the South West, England and Statistical neighbours. The 2020 figures for Somerset show 139.4 per 100,000 admissions which although lower than the 153.6 figure the previous year, is still much higher than the South West at 114.7, Statistical Neighbours at 107.8 and England at 89.5.

- **Health, Climate and Housing** Somerset's CO2 emissions estimates from 2005 to 2018 show a reduction of 31.5% for the period. Whilst positive, this is a slightly lower reduction than the national average of 34.5% for the same period. The main drivers for this reduction in Somerset come from electricity generation where use of renewable energy sources is increasing, whilst coal and gas are decreasing. Looking at fuel poverty statistics shows Somerset as having 10.8% of families living in Fuel Poverty, the same as recorded in 2018 this is roughly equivalent with the South West average of 10.6% but better than the England average of 13.4%.

The Board discussed the report, and the following points were made: -

- There is a danger that the Covid pandemic will for the short term have a negative impact on the data and this must be tracked over the longer term to make any significant statistical changes,
- The Carers report noted above is an historic report and there have been some recent changes following a Carers workshop last year.
- The high proportion of Somerset residents living in fuel poverty is of great concern.

The Somerset Health and Wellbeing Board considered the report and

approved the format of the Scorecard – As the Board was not quorate at this point, this will have to go to the next meeting.

490 **Somerset Health and Wellbeing Board Work Programme** - Agenda Item 9

Members of the Bord were encouraged to offer suggestions for the Forward Work Programme.

491 **Any other urgent items of business** - Agenda Item 10

There were no other items of business.

(The meeting ended at 1.04 pm)

CHAIR

Somerset Health and Wellbeing Board

7 July 2021
Report for approval OR information

Safer Somerset Partnership

Lead Officer: *Supt. Mike Prior. Chair of Safer Somerset Partnership*
Author: *Lucy Macready Public Health Specialist Community Safety*
Contact Details: [Tel No]

Summary:	The Safer Somerset Partnership (SSP) was developed in 2011/12 as a single county wide partnership for delivering duties under the Crime and Disorder Act (1998). This report introduces the Safer Somerset Partnership's latest Annual Report 2020-2021, its key activities and achievements for the year, the initiatives it supports through grant funds and its ambitions for the coming year. The Safer Somerset Partnership's responsibilities and priority areas of work impact on all other Strategic Partnerships in Somerset. It is important that Board members consider the breadth of the community safety agenda and reflect on how the Partnership can assist the Board now, and in the future to improve the Health and Wellbeing of the vulnerable people and families it serves and supports within its activities. In addition, the health and Wellbeing Board will receive a summary of the new Domestic Abuse Act 2021, as stated in section 6 of the Annual Report.
Recommendations:	**That the Somerset Health and Wellbeing Board endorses the Safer Somerset Partnership Annual Report 2020-2021**
Reasons for recommendations:	The sharing of annual reports is considered good practice in Somerset as an effective way to make sure that all strategic Partnerships and Boards share achievements, priorities and plans for the future.
Links to The Improving Lives Strategy	**Please tick the Improving Lives priorities influenced by the delivery of this work**

	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	
	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	✓
	Fairer life chances and opportunity for all	✓
	Improved health and wellbeing and more people living healthy and independent lives for longer	✓

Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment
The Partnership's moto is to 'feel safe, be safe'. Making our communities feel safe is the main principle that sits behind all of our activities.

Fairer life chances and opportunity for all
The Partnership seeks to support those with health inequalities, identifies those most vulnerable or with multiple needs and supports them to access the services required to put them on the path to independence and social inclusion. An example of such work is our investment in SHE, a diversionary service supporting women at risk of entering the criminal justice process.

Improved health and wellbeing and more people living healthy and independent lives for longer
Crime can have a wide ranging effect on people's health. Data tells us that crime rates are higher in urban and most deprived areas, and those most deprived are more likely to be a victim or offender. The Violence Reduction Unit, an arm of the Partnership, targets Pupil referral units to identify young people most at risk of violence and works with local voluntary and community sector organisation to intervene at the earliest possible stage to prevent them escalating into criminal behaviour. In addition, One Teams, operating across the County, are based in the most deprived areas, supporting communities to become stronger and preventing crime and disorder.

Financial, Legal, HR, Social value and partnership Implications:	There are no direct implications arising from sharing the Safer Somerset Partnership Annual Report.
Equalities Implications:	Equalities impacts are considered in all activities undertaken by the Partnership. Each decision made in relation to community

	safety work is supported with an Impact Assessment. This includes the decision to allocate the Grants funding that is granted by the Police and Crime Commissioner. However, this report is only relating to presenting the Partnership's Annual Report as opposed to specific activity that might impact on equalities and therefore, a separate EIA has not been completed.
Risk Assessment:	There are no risks identified as a result of producing the Annual Report

1. Background

1.1 The Safer Somerset Partnership Annual Report allows key stakeholders, Partnerships, and the public to have insight into its key activities, achievements from 2020-2021 as well as the direction of travel for 2021-2022.

1.2 The Safer Somerset Partnership is a statutory Partnership, designed to reduce crime and disorder as set out in legislation going back to the Crime and Disorder Act 1998. There are a range of statutory functions added over the years including reducing reoffending and carrying out Domestic Homicide Reviews.

1.3 Key achievements in the previous year include targeted communications activity on healthy teenage relationships and county lines, re-establishing the Hate Crime and Community Cohesion Partnership and overseeing the Serious violence strategy and delivery of this agenda via the Violence reduction unit.

1.4 The priorities for the Partnership are agreed in collaboration with the Office for the Police and Crime Commissioner and will be refreshed for 2022. These are:

- Protect people from the Harm of Domestic and Sexual Abuse
- Identify and Prevent the Exploitation of Vulnerable People
- Identify and Support those with Inequalities and vulnerabilities and offer support to improve health outcomes and reduce harm
- Meet our Statutory Duties and improve Partnership effectiveness

The Annual report sets out progress against these as well as funded programmes of work which all meet at least one priority area.

1.5 2020-2021 was an unprecedented year for the partnership regarding unexpected and highly impactful events. Unsurprisingly, coronavirus being one of these as well as a new legislation. The Annual Report describes how the Partnership responded to these.

1.6 Finally, the Annual report describes some workstreams that are already on the horizon which will be explored in 2021 and beyond. This includes embedding new legislative duties for serious violence and domestic abuse, improving the

programme of Integrated Offender Management and considering the future of the Somerset Violence Reduction Unit.

2. Improving Lives Priorities and Outcomes

2.1. Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment

The Partnership's motto is to 'feel safe, be safe'. Making our communities feel safe is the main principle that sits behind all of our activities.

2.2. Fairer life chances and opportunity for all

The Partnership seeks to support those with health inequalities, identifies those most vulnerable or with multiple needs and supports them to access the services required to put them on the path to independence and social inclusion. An example of such work is our investment in SHE, a diversionary service supporting women at risk of entering the criminal justice process.

2.3. Improved health and wellbeing and more people living healthy and independent lives for longer

Crime can have a wide ranging effect on people's health. Data tells us that crime rates are higher in urban and most deprived areas, and those most deprived are more likely to be a victim or offender. The Violence Reduction Unit, an arm of the Partnership, targets Pupil referral units to identify young people most at risk of violence and works with local voluntary and community sector organisation to intervene at the earliest possible stage to prevent them escalating into criminal behaviour. In addition, One Teams, operating across the County, are based in the most deprived areas, supporting communities to become stronger and preventing crime and disorder.

3. Consultations undertaken

3.1. The Annual Report summarises work already undertaken by the Partnership. The Violence Reduction Unit, Community Safety Team and Safer Somerset Partnership Chair have all been engaged in this work but wider consultation has not been required.

4. Request of the Board and Board members

4.1. Board members are asked to continue their support of the Safer Somerset Partnership and endorse the Annual Report.

5. Background papers

5.1. Safer Somerset Partnership Annual Report 2020-2021

6. Report Sign-Off

6.1

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	Click or tap to enter a date.
	Cabinet Member / Portfolio Holder (if applicable)	Clare Paul	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

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Somerset Health and Wellbeing Board

15th July 2021
Report for approval OR information

Improving Health and Care Through the Home in Somerset – a Memorandum of Understanding: Progress Report

Lead Officer: Mark Leeman, Strategy Specialist - Housing and Health & Wellbeing, Somerset West and Taunton Council
Author: As above
Contact Details: m.leeman@somersetwestandtaunton.gov.uk

Summary:	The Somerset Health and Wellbeing Board has recognised the need to deliver improved collaboration between the health, care and housing systems. Poor housing conditions (e.g. unsuitable, and/or unsafe and/or not secure) can impact negatively on the general health of the population with associated costs across health and care sectors. Similarly, the health of an individual or family (poor physical and/or mental health) can negatively impact the ability of housing services to keep people safe and well, resulting in failed tenancies and 'voids' (empty accommodation). These generate costs across the housing sector. Improving collaboration, and working towards integrated commissioning across health, care and housing can generate improved outcomes for the population at large, but especially for those who are vulnerable. It can also reduce costs and improve the overall effectiveness of 'the system'. On the 17th September 2020 the Somerset Health and Wellbeing Board adopted 'Improving Health and Care through the Home in Somerset – A Memorandum of Understanding'. The MoU contains 5 themes where enhanced collaboration is sought: Complex homeless and rough sleepers; independent living; climate change; nomadic and transient communities; and Health Impact Assessments (HIA). This report reflects on the content of the MoU, seeking to identify the level of progress made against each of the 5 themes, and outlining forthcoming activity.
Recommendations:	**That the Somerset Health and Wellbeing Board:** **1. Receives for information the content of the report and notes the progress made with delivering the MoU**

<table>
<tr><td></td><td>2. Endorse the ‘next steps’ for each of the priority areas within the MoU (identified within Appendix 1).
3. To endorse the need to redraft the climate change priority to provide clarity of actions required, and to bring this back to the Health and Wellbeing Board in September ’21 for further consideration.
4. Generally, to make any suggestions relating to the ‘next steps’, or additional activity for officer consideration</td></tr>
<tr><td>Reasons for recommendations:</td><td>To ensure that the Board has sight of the work being undertaken to deliver ‘Improving Health and Care through the Home in Somerset – a Memorandum of Understanding (MoU), and to provide the Board with an opportunity to directly influence the programme of activity.</td></tr>
<tr><td>Links to The Improving Lives Strategy</td><td>Please tick the Improving Lives priorities influenced by the delivery of this work

<table>
<tr><td>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td><td>Yes</td></tr>
<tr><td>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td><td>Yes</td></tr>
<tr><td>Fairer life chances and opportunity for all</td><td>Yes</td></tr>
<tr><td>Improved health and wellbeing and more people living healthy and independent lives for longer</td><td>Yes</td></tr>
</table>

It is critical that we enhance collaboration and partnership working in the realm of housing and its interrelationship with health and care services (and indeed, other parts of ‘the system’ including crime, work and skills, and town planning). Housing is deeply connected to care and health and, when one part of the system fails, there are repercussions for individuals and families, as well as financial impact on services. Through enhanced collaboration, we can make progress against all the above priorities.</td></tr>
<tr><td>Financial, Legal, HR, Social value and partnership Implications:</td><td>Financial, Legal and Social Value: None at this stage, but potentially significant. Clarity will emerge as we begin to understand the detail. For example, the move towards integrated commissioning arrangements in the sphere of complex homeless/rough sleepers will have significant legal and financial implications, as we potentially work towards bringing together</td></tr>
</table>

	strategy, budgets and workforce. We are at the beginning of this process and more work needs to be undertaken. These factors will be explored by the Homelessness Reduction Board and reported to the HWBB in dure course. The same is true for the other priority areas covered by the MoU. Social value: There is significant potential to deliver enhanced social value from the content of the MoU. For example, enhanced commissioning arrangements (coproduction) will provide further scope to the VCS to directly influence the nature of the contracts, align contracts to local priorities, achieve wider benefit community and person centred benefits, and so maximise the value of public expenditure. Partnership Implications: Significant. This report seeks enhanced partnership arrangements within the sphere of health, care and housing.
Equalities Implications:	This report is not proposing any new strategy, policy or programme. Rather, it is a review of existing activity, with a view to suggesting new areas of work for consideration. As such, a detailed Equalities Impact Assessment is not required. However, the work under-pinning the MoU is informed by a need to support vulnerabilities in a holistic manner. Many of the 'protected characteristics' such as age, disability, gender etc can present as vulnerabilities, dependent on the circumstances. The Somerset Housing Strategy and the Somerset Homelessness and Rough Sleeper strategy are underpinned by Equalities Impact Assessments. So are more detailed activity such as the need to support rough sleepers at Canonsgrove. These have been used to help drive the work that forms the content of the MoU. As we progress, it is essential that the equalities agenda form an integral part of our considerations. These will be matters to considered by the Homelessness Reduction Board, the Gypsy and Traveller Working Group, Somerset Independence Plus, the Somerset Strategic Planning Conference etc i.e. those responsible for driving and shaping the work that forms the content of the MoU. Critical to this will be the voice of the customer. That voice is now being used to shape work of rough sleeper services, the future P2I contract, the expansion of the hospital discharge service etc. It is important the we use data, intelligence and lived experience to shape our future policy, programmes and commissioning intentions.

Risk Assessment:	There are significant risks around the failure to maintain and enhance coordination of service delivery within the sphere of health and care and housing • Risks to an individual's health • Risks to partner relations • Impacts on budgets across systems as we lose coordination There are risks to collaborative working should we fail to engage appropriately with all partners on the implementation of the MoU. Unitary Council(s): The activity within the MoU should assist strategic conversations around the delivery of a unitary authority (or authorities) rather than present any significant risks.

1. Background

1.1. As partners we recognise that housing is a key social determinant and that housing conditions/circumstances are a driver of health inequalities. Similarly, poor physical and/or mental health will impact on the ability of an individual or family to maintain a home and / or a tenancy. The link between housing, health and care is being increasingly recognised, as are the calls for enhanced collaboration.

Nationally, there are several key policy drivers that seek enhanced collaboration across systems. Examples include:

- Health and Social Care Act 2012
- Care Act 2014
- Sustainability and Transformation Plans 2015
- Homelessness Reduction Act 2017
- Improving Health and Care Through the Home – a National Memorandum of Understanding 2018
- Supported housing – a National Statement of Expectations
- NHS white paper 2021

At its meeting on 17th September 2020, the Somerset Health and Wellbeing Board adopted *Improving Health and Care Through the Home in Somerset – A Memorandum of Understanding* (MoU). The MoU is a commitment, across health, care and housing systems, to work together collaboratively in order to help improve the health and wellbeing of the Somerset population.

The MoU contains 5 priority areas for activity:

- Rough Sleeping and Complex Homeless

- Independent Living
- Climate Change
- Transient and Nomadic Populations
- Health Impact Assessment

Each has resourcing implications that will need to be understood and met collaboratively.

Appendix 1 provides a commentary on progress against each of the priority areas. A quick summary is provided below.

Rough Sleeping and Complex Homeless

Progress and next steps:

- HRB established
- Better Futures Programme
    - To be adopted as the HRB 'action plan'
    - Resourcing of activity needs to be resolved
    - Review of commissioning for complex homeless to progressed (fast tracked) at both strategic and tactical/operational level
- NHS Systems Leadership – Somerset programme to focus on three topics, including 'complex homeless/rough sleepers'
- P2I – innovation fund launched

There have been no rough sleeper deaths in Somerset due to Covid. This is testament to the strength of partnership working across the county to keep people safe

Independent Living

Progress and next steps

- BCF utilised to fund hospital discharge workers x 2. Roles to be expanded into community hospital settings. A worker to support children is also being considered
- Working with housing providers to deliver new adapted properties
- Seeking to exploit the potential of Assistive Technology
- Work underway to understand the need for specialist accommodation, including the best use (including potential re-purposing) of existing accommodation
- Need to further consider the links between the ICS and the role of housing
- Increase the number of Independent Advice Centres

Climate Change

Progress and next steps

- SIP awarded £1.3M to deliver Local Authority Delivery Scheme that seeks to improve the energy efficiency of low income households in the area

- SIP also secured £1.3M to deliver the Warm Homes initiative to provide retrofit measures to improve the heating and energy efficiency (all housing sectors)

There is a need to redraft the climate change priority within the MoU. The MoU needs to reflect on the content of the JSNA and the ongoing work to support the Somerset Climate Change Strategy. The MoU needs to identify specific areas of work where climate change mitigation can be advanced through the collaboration of health, care and housing services. It is recommended that this be done as part of the 'climate change update' that is to be presented to the HWBB during September 2021.

Transient and Nomadic Communities

Progress and next steps

- Excellent response to support the traveller community during the height of the Covid emergency
- There is need to maintain the work of the 'covid cell', although its remit needs to be reconsidered to also include the settled traveller community
- Funding for the Gypsy and Traveller Liaison Officers comes to an end during December 2021. The GLOs have been essential to help us design services and respond to the needs of the traveller community
- To consider the content of the Gypsy and Traveller Accommodation Assessment when it is published later this year
- To work proactively to deliver a permanent transit site(s)

Health Impact Assessments

Progress and next steps

- Little progress due to capacity issues within town and country planning teams
- Possibly consider and include within the remit of existing Environment Impact assessment guidance?
- Stand-alone HIA guidance is preferred. Probably an area where resources need to be found to support the development of this work

Partnerships

We are often asked about the governance arrangements around the various housing partnerships and their links to other parts of the system. Appendix 2 shows a 'simplified' view of these arrangements, together with reporting lines. All activity flows towards the HWBB, apart from some related activity such as the Homefinder Management and Monitoring Board, Homelessness Managers Group etc. However, these areas are all reporting in (or linked to) to the other parts of the system – the diagram is not sophisticated enough to show all the linkages. The Somerset Strategic Housing Group is responsible for the Somerset Housing Strategy, and has been the driver behind the MoU and related activity such as the establishment of the Homelessness Reduction Board. It is linked to

wider housing conversations (other than the focus on 'vulnerable' that is shown in Appendix 2). The SSHG workplan for 2021 is shown at Appendix 3.

2. Improving Lives Priorities and Outcomes

2.1. Housing impacts significantly on health inequalities, through poor housing standards (e.g. cold and damp, trip hazards), inappropriate housing (too big, too small, lack of level access, no adaptations) and insecurity of tenure (inability to pay your rent, leading to eviction, homelessness and possibly rough sleeping). The Somerset Housing Strategy (2019 to 2023), Improving Lives (2019 to 2027) and the Somerset Homelessness and Rough Sleeper Strategy (2019 to 2023) all recognise this relationship. Please refer to the section titled 'Links to the Improving Lives Strategy' above

3. Consultations undertaken

3.1. The original report on this topic that was presented to the HWBB on 17th September 2020 sets out the consultations that were undertaken to develop the MoU. Since then we have received further correspondence from the Ministry of Housing, Communities and Local Government. Their comments focus primarily on the establishment of the HRB, but also have wider bearing. Examples of their feedback is summarised below:

- A key principle mentioned in the documents is that poor housing / homelessness leads to poor health and wellbeing outcomes. It is essential to recognise that this also works the other way: poor health and wellbeing (especially mental health, substance misuse, isolation) can lead to poor housing outcomes/homelessness. This perspective opens opportunities for homelessness prevention
- Need to consider ACEs and PIE within policy development
- Consider the other determinants of health e.g. transport, benefits, education, skills acquisition etc
- Note that not all Gypsy, Traveller and Roma communities/households are "transient and Nomadic"
- Transition points and pathways are also key points to focus on in prevention and improving care, i.e. use of AE, hospital discharge, care leavers and people leaving prison.
- Consultations and audits with both people who are homeless and the travelling community are key in developing relevant services

The above comments are all being considered /responded to as we deliver the programme of work within the MoU.

In developing this progress report, dialogue was undertaken with relevant officer representation from public sector partners: Somerset County Council, Public Health, CCG and the district councils

4. Request of the Board and Board members

4.1. Board members are asked to note the contents of this report, and to endorse the 'next steps' as outlined in Appendix 1 (and make any further suggestions) that seek the implementation of the MoU.

Board members are also asked to continue to work across the health, care and housing systems, seeking to challenge any aspect of that system that is not undertaking a collaborative approach as described within the adopted MoU.

5. Background papers

5.1. Report to the Somerset HWBB – 17th September 2020: Agenda Item 6

Somerset County Council

Better Futures for Vulnerable People in Somerset

Housing Advisers Programme - Better futures for vulnerable people, Somerset | Local Government Association

6. Report Sign-Off

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	Click or tap to enter a date.
	Cabinet Member / Portfolio Holder (if applicable)	Clare Paul	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

Community adult mental health briefing paper for the Somerset Health and Well Being Board

September 2021

Introduction

This paper provides an update on the mental health support for adults provided in Somerset and how they have been transformed over the past two years – especially the adult community provision.

Although this document provides an overview of the key elements of this transformation, the actual presentation to the Health and Wellbeing Board, on the 27th September, will take a different format as we seek to model our new ways of working. As a mental health system we wish to move away from transactional ways of working and place those who access support at the centre of all we do – hence we will co-produce the presentation in the same way we have co-produced our mental health services over the past two years.

As statutory bodies, (i.e., the NHS and the Local Authority), we seek to present the nationally recognised transformation in the support that we now deliver by giving our non-statutory partners (i.e., Voluntary, Community and Social Enterprise (VCSE) providers) and those with lived experiences the recognition that they deserve too.

Somerset's Mental Health Governance Structure

Early in 2020, partly due to the securing of NHS England and NHS Improvement's (NHSE/I) transformation funding and partly due to the pandemic, the governance arrangements for Somerset's mental health system were reviewed and redesigned. Consistent with the commitment to collaboration and co-production the *Mental Health, Autism and Learning Disabilities Strategic Cell* was established with membership drawn from key leaders across the system. The Strategic Cell meets weekly and is composed of:

- Somerset CCG – The Mental Health, Autism, and Learning Disabilities Commissioning Team, (Andrew Keefe)
- Somerset County Council – adult social care (Tim Baverstock)
- Somerset County Council – Public Health (Matthew Hibbert)
- Somerset NHS Foundation Trust (SFT) – Mental Health and Learning Disabilities (Jane Yeandle)
- Spark Somerset – VCSE infrastructure support (Katherine Nolan)
- Open Mental Health – VCSE Mental Health Alliance (Beccy Wardle)

The whole approach, as represented in the graphic above, places people and those close to them at the centre of all we do. The ethos of the Strategic Cells is one of being agile and responsive, 'doing' not 'meeting', and based on strong, trusting relationships.

The four quadrants represent 'the DNA' of how we aim to work together, namely that no decisions are made unilaterally by any single agency – it functions as a whole. Commissioning plans and the prioritisation of investments, etc., are all shared and developed together whilst recognising the various statutory duties and corporate objectives that each agency must fulfil. VCSE partners are valued as much as statutory ones. This

DNA is then replicated throughout the system in terms of delivery at every level in a coproduced manner, and has formed the basis of the development of Open Mental Health.

Context

During the summer of 2019 the Somerset mental health system bid for and was successful in securing additional NHSE/I investment (+£14m over three years) for the transformation of adult community mental health services. Somerset therefore became one of 12 'Trailblazer' sites across the nation to develop and test new models of support prior to the national roll out of transformation of mental health support aligned to the NHS Long Term Plan.

As a system we were already collaborating on a new model and this additional funding accelerated both our thinking and plans.

The original requirement of the funding was to develop a new way of providing support that was more accessible and effective. Essentially the ask was to deliver support as we would envision it to be in 10 years' time, but do it now, and to break down the barriers between:

- Primary case vs secondary care
- Mental health vs physical health
- Health care vs social care
- Statutory vs non-statutory
- Clinical vs non-clinical
- Commissioning vs provision

Somerset's approach was to collaborate in a manner never done before. Rather than a traditional route of contracting with providers based on a prescriptive service specification we used an Innovation Partnership contracting route, i.e., we invited partners to join with us in co-designing what future services would be like. Ultimately the result was the creation of Open Mental Health, an alliance of VCSE partners, detail below, working in partnership with Somerset Foundation Trust, Somerset County Council, and Somerset CCG. Indeed, coproduction is a core value, and we have continued to use this approach when developing our vision, subsequent model and new services.

Open Mental Health

Open Mental Health is network of local VCSE organisations and the NHS mental health provider based in Somerset. It is a collaborative partnership to ensure that residents of Somerset get the mental health and emotional wellbeing support they need, when they need it.

Open Mental Health's shared ambition is to ensure that people living with mental health needs get the right support at the right time. Working together, Open Mental Health supports people to live full lives, by enabling access to specialist mental health services, housing support, debt and employment advice, volunteering opportunities, community activities and physical exercise, to help support and improve their wellbeing and quality of life.

Open Mental Health VCSE alliance are a group of 11 VCSE organisations, who are collectively working in partnership with Somerset NHS Foundation Trust. The VCSE partners have roles as follows:

- Age UK (associate member – older people's specialism)

- The Balsam Centre (core member – South Somerset locality lead)
- Chard Watch (core member – peer support specialism)
- Citizens Advice (core member – wider determinants specialism)
- Mind in Somerset (core member – West Somerset and Taunton locality lead and activity and group work specialism)
- Rethink Mental Illness (core member - Accountable Lead Organisation)
- Second Step (core member – Sedgemoor locality lead and trauma informed specialism)
- Somerset Activity and Sports Partnership (SASP) (network member – physical activity specialism)
- Somerset and Wessex Eating Disorders Association (SWEDA) (core member – Mendip locality lead and eating disorder specialism)
- Spark (core member – alliance chair and volunteering specialism)
- Young Somerset (associate member – young people's specialism)

The Open Mental Health model

The key principles of the model are as follows:

- **Preventative engagement**, meeting people's needs before they grow
- **Open access**, no wrong door, no shut door, or no door at all
- **Co-produced** including VCSE partners, statutory agencies, and Experts by Experience
- **Inclusive**, no one is left out because of, or in the absence of, a diagnosis, or presenting severity. No-one should ever hear "we can't help you because you don't meet the criteria"
- **Warm introductions** in, across and between services, not 'referrals', 'transfers' or 'hand offs'
- **Trauma informed** approach across all partners
- **Flexible and responsive** to the needs of the individual, with an outcome focussed approach, moving away from transactional interactions
- **Whole system** approach and working. The NHS and VCSE are equal partners where elements of the services are combined as one team, not separate, with strong links with social care
- **Building on community assets**, to support people connect to their community and build resilience across the County
- **Meeting the needs of previously underserved communities:** creating an ecosystem to support communities of identity and/or communities that have previously been underserved, with the innovation pot central to this approach.

Open Mental Health has removed the barriers to getting mental health treatment and support. Anyone can contact the Open Mental Health hub for an assessment of what could help and what the person needs. Whether it is for themselves, for a loved one or if the request comes from a GP, pharmacist, social worker, police officer or concerned friend.

People can access Open Mental Health via a range of means but the most effective ways are via:

- Via 24/7 Mindline Helpline - 01823 276892 / 0800 138 1692
- Via support@openmentalhealth.org.uk
- Via a GP transfer (could be GP directly or MH liaison nurse)
- Via any team member at a locality hub
- Via any network partner.

Everyone who contacts Open Mental Health will be contacted within 4 working days – often sooner.

Wider Open Mental Health initiatives

In addition to the formal Open Mental Health Alliance and the NHS Transformation funding, there have been significant other initiatives in relation to the provision of mental health support in Somerset. As part of our commitment to continuous service improvement initiatives we have established the following:

- Crisis Safe Spaces: four across the county delivered by Mind or Second Step for individuals who need immediate and short term crisis prevention and do not require more intensive care from either an emergency or inpatient service
- Men's Mental Health Project Stepladder: provided by Second Step and part of the NHSE Suicide Prevention Transformation Funding in conjunction with Somerset Public Health
- New and innovative peer support project focussing on suicide prevention: involving the development of a comprehensive peer support worker training programme aligned with Health Education England core competencies for peer support workers

- Family Safeguarding model: integrating Open Mental Health with children's social work teams across the county.
- Next Steps service: a new VCSE-led service for people leaving hospital, delivered in partnership between Mind in Somerset, Second Step and Citizens Advice.
- The Somerset Recovery College: a learning community of courses / activities (both face to face and on line); which any adult in Somerset can access and enrol on
- VCSE peer mentoring project developed: working alongside Somerset Foundation Trust assistant practitioners to increase uptake of physical health checks for people with serious mental illness
- Open Mental Health Clic: peer to peer online platform (https://opensomerset.clic-uk.org/forums/).

Impact of the pandemic on Mental Health services

We are proud that all our mental health services continued to operate throughout the pandemic, both those provided by Somerset Foundation Trust and those provided by our VCSE partners. However, we did see some changes in need and service access in Somerset as a consequence of COVID:

- Increased psychological distress, anxiety and depressive symptoms
- A decrease in people accessing some services, for example a reduction in self-referrals psychological therapies
- An increase in complexity/acuity for those patients accessing services
- An increase in demand for eating disorder services and crisis services.

With the Open Mental Health transformation programme recently launched, Somerset was well placed to respond to the pandemic in terms of the increased overall capacity as well as the wide array of services available. However, we also responded directly to the changing needs arising from the pandemic: we changed our delivery methods to keep service users and staff safe; we expanded some existing services; and we established some new services. These changes include:

- Roll out of Attend Anywhere: a digital platform to enable online appointments in a safe, effective and efficient manner – whilst enhancing social distancing.
- Extension of the operational hours of the Somerset Mindline so it operates 24/7 and can respond to callers of all ages
- Introduction of the Spring Beds: 11 step up/step down beds in the County (in Wells, 7 in Yeovil) to avoid admissions and or accelerate discharges from acute mental health wards
- Development and launch of a suite of resources for health and care staff across the county (Somerset Emotional Wellbeing – Somerset Emotional Wellbeing Staff Hub).

We also worked with our partners in Public Health to establish a programme of work to mitigate the negative mental health effects of the pandemic on the population as a whole. We particularly focused on those groups worst affected either by the virus itself, their experience of lockdown or the related economic impact. Initiatives included:

- Commissioning additional Bereavement Support Services and resources

- Increased investment in Citizen Advice Somerset online services, including Young CA service
- Provision of a series of emotional health and wellbeing resources for the public, distributed widely through statutory and voluntary organisations
- Development of wellbeing resources for Step Up Somerset aimed at employers, employees and people made redundant
- Establishment of the COVID champion and buddy service
- Delivery of mental health online training e.g. Connect 5
- BBC Somerset Wellbeing Wednesday slot for 18 months
- Developed series of campaigns to promote emotional health and wellbeing such as Every Mind Matters, Men's Health Week, World Mental Health Day, Nature and Wellbeing.

Timeline of investments

Approx Date	Activity	Comment	Investment
Sep 19	NHSE/I Trailblazer status given to Somerset	The only locality in the Southwest to attract Transformation funding from NHSE/I - two years ahead of the rest of the Country	£4m per year (£1m into VCSE)
Oct 19-Jan 20	Procurement for the Transformation bid commenced		
Dec/Jan 19/20	Open Mental Health Alliance awarded the VCSE contract		
Jan 20	1st Covid case in UK	Preparations for responding to COVID commenced	
Jan 20	Public Consultation on Community MH Provision and relocation of St Andrew's (Jan-Apr)	The relocation of some inpatient beds is entirely consistent with our expanded community MH model	
Mar 20	1st UK lock down	No mental health services stood down	
Apr 20	Additional investment confirmed from NHS England and Improvement	Including growth in crisis services, community mental health services and perinatal	£6m
Apr 20	Mindline 24/7	All age service, established in 8 days	£1m per annum
May 20	Somerset Emotional Wellbeing Podcasts launched	The Somerset Emotional Wellbeing Podcast (castos.com); 10k listens to date	£8k
Jun 20	Spring Beds (step up/down)	11 step up/step down beds in the County (in Wells, 7 in Yeovil) to avoid admissions and or accelerate discharges from acute mental health wards	£762k
Jul 20	IAPT moves to 'see and treat model'	Significantly and sustainably reducing waiting times	
Aug 20	Family Safeguarding introduced	Bringing the Open Mental Health model in to children's social work teams, providing mental health support to the parents of children classed as 'at risk' or 'in need'	£493k per annum
Sep 20	Crisis safe space	Funding from NHSE/I, with two sites provided by Mind and two sites provided by Second Step for "core hours"	£165k
Oct 20	Grant fund launched	Managed by Open MH - small grant to support micro providers. So far, a total of £188k has been distributed to 40 small VCSE providers	
Nov 20	Somerset Recovery College Launched	About the Somerset Recovery College	
Dec 20	Winter pressures and discharge support	Spent on crisis safe space expansion, the development of a	£590k

Approx Date	Activity	Comment	Investment
	funding made available from NHS England and NHS Improvement	person centred needs fund and dedicated housing support as part of an enhanced discharge support offer ("Next Steps")	
Jan 21	Open Mental Health Clic – peer to peer online platform goes live	https://opensomerset.clic-uk.org/forums/	
Feb 21	All four crisis safe spaces opened with extended hours	Two thirds of attendees would have gone to A&E if this service had not been available	£197k
Apr 21	Mental Health investment for 2021/22 agreed	Includes a share of the non-recurrent funding for COVID recovery	£11m (including £2,660k from the COVID recovery pot)
Apr 21	Peer support worker programme for physical health checks launched	To provide complementary peer support to increase the uptake of physical health checks for people with serious mental illness	£39k
May 21	Resilience Hub Launched	Emotional Wellbeing and Mental health support for the whole health and social care workforce (including VCSE & volunteers) including a staff helpline and a suite of resources: Somerset Emotional Wellbeing – Somerset Emotional Wellbeing Staff Hub	£160k
Jun 21-Apr 22	Wellbeing Service	Transition of SCC Wellbeing service to integrate with Open Mental Health	£400k
Jul 21	Stepladder - Men's Suicide Prevention support launched	Provided by Second Step, with dedicated men's worker working with communities, groups and individuals	£60k
July 21	Open Mental Health phase 1 evaluation complete	 cycle 1 presentation to share with EbE.ppt	£100k

Approx Date	Activity	Comment	Investment
Aug 21	Contain Outbreak Management Funding (COMF) awarded to Open Mental health	Public Health COMF funding to bolster and invest in a population based emotional health and wellbeing programme to promote mental health and build back emotional resilience, together with additional support for the Post COVID Recovery Service The programme will be particularly aimed at groups worst affected by COVID through the virus itself, experience of lockdown or the impact of recession.	£550k
Sep 21	Presentation to the Health and Well Being Board		

Somerset NHS Foundation Trust

Somerset FT remain the clinical lead for all secondary care mental health provision in the County – all the work the Trust have done with their Open Mental Health partners is *in addition* to their core duties and functions. Nevertheless, the significant shift in emphasis to prevention, earlier intervention, collaboration, adoption of co-production and peer support workers, have all had a profound impact on the delivery of the Trust's services.

Somerset NHS Foundation Trust has now been shortlisted for the second year in the Mental Health Trust of the year category for the Health Service Journal Awards.

Achievements, the current position

Today in Somerset there are:

- More people accessing support than previously:
    - 3,800 contacts on average per month seen by Open Mental Health (June 2021, the latest data, is 4,925 contacts)
    - 550 calls to Mindline per week on average
    - 350 appointments available per month at our crisis safe spaces
    - Capacity for 41 patients to be supported by our Next Steps service
    - 185 people being supported by our mental health employment support service
- Low waiting times for IAPT (psychological therapies) appointments and a recovery rate significantly higher than the national average
- No patients placed out of area, and SFT continues to be a national leader for its low levels of patients placed out of area
- 10 peer support workers within Open MH, with a further 5 in training and 4 recruited
- 4 Physical Health Support Workers working with people with mental illness to improve their physical wellbeing, supported by trained peer support workers
- No waiting time for care co-ordinators in the majority of localities.

Open Mental Health has also been nominated for a number of national awards (e.g., Health Service Journal) and has received significant national attention for its innovation and transformation of services in the County.

Somerset's Open Mental Health model has been cited in in the NHS's national guidance in the *Building strong Integrated Care Systems everywhere* document as an exemplar (see page 8).

Next Steps

Our areas of focus and priorities for the next 12 months include the following:

- Bringing on board new partners to the alliance
- Specific work on improving access for underserved communities, starting with a focus on deep, broad community engagement led by people with lived experience of mental ill health

- Integration of service user records across the system via BlackPear
- Cycle 2 of the evaluation run by University of Plymouth, and will inform the national evaluation and subsequent roll out of the mental health transformation programme nationally
- Continued focus on suicide prevention across the county
- Rolling out training delivered by Experts by Experience on how best to engage with people with mental health need
- Development of an Open Mental Health website and associated communications campaign
- Safe transition of the Somerset County Council Wellbeing Service into Open Mental Health to further expand the reach and join up for people supported across health and care
- Development of the Public Health Wellbeing investment to further integrate the promotion of mental health and the prevention of mental illness into the Open mental health offer.

September 2021

NHS Confederation

Briefing

The health and care bill

The government has published a bill setting out how it intends to reform the delivery of health services and promote integration between health and care in England.

This briefing provides a summary of the legislative proposals and sets out our view on the detail and what lies ahead.

7 July 2021

Key points

- The government has published a bill setting out how it intends to reform the delivery of health services and promote integration between health and care in England. This is the first major piece of primary legislation on health and care in England since the Health and Social Care Act 2012.

- Our members have broadly welcomed the reforms, many of which were set out in a white paper in the spring. There is clear consensus across our membership that the future of health and care must be based on collaboration and partnership working at a local level. These reforms will provide the necessary updates to legislation to make that happen.

- The bill, which is structured in six parts, focuses largely on the detail on how a new health and care system based on integration rather than competition will be structured. This includes specifications on how integrated care systems (ICSs) are to be set up and the distinct statutory functions for the integrated care board (ICB) and integrated care partnership.

- It does include some controversial elements. Despite public opposition from us and others, the government is proceeding with measures to increase powers for the Secretary of State over various aspects of the NHS's operation, notably including local service reconfigurations. We continue to have concerns over the implications of such powers and will be pressing for robust checks and balances to govern them.

- While the bill largely follows the integrated practices that are already happening on the ground across England, the reforms will necessitate some changes to the way in which NHS organisations operate. For providers, for instance, foundation trusts will be subject to new capital expenditure limits and all trusts and foundation trusts will have a new duty to deliver against the 'triple aim' of improving a) health and wellbeing, (b) the quality of services, and (c) efficiency and sustainable use of resources

- It is important to note that health and care reforms cannot be considered in isolation and there are many fundamental factors that will be crucial to the future success of ICSs that are absent from this bill. Notably, for instance, we still await a robust long-term settlement for social care and a long-term plan for filling workforce shortages across health and care, backed by funding.

- An issue that threatens the ability of statutory ICSs to operate legally and safely by April 2022 is boundaries. Many systems have faced uncertainty on this, amid calls from some quarters for there to be co-terminosity between the boundaries ICSs and upper tier local authorities. Again, while not specifically mentioned in the Bill, this issue jeopardises the progress of affected ICSs and must be resolved as soon as possible.

- Before the bill reaches committee stage (expected in September), we will produce bespoke analysis for members via our networks, conduct a deep-dive analysis and work closely with health leaders across our membership to finesse our policy positions and proposed amendments. We will continue to seek to influence the content of the legislation at all levels and with external partners, where appropriate, to ensure that the forthcoming reforms are effective, proportionate and permissive.

Priority issues for members: What the bill says

The table below summarises the key issues we have focused on behalf of members in our political and media engagement leading up to the publication of the legislation, as well as what the bill says on each issue. This engagement has included giving evidence to the Health and Social Care Committee, publishing a report on the reforms set out in the white paper and working directly with the Department of Health and Social Care (DHSC) as it developed the content of the reforms.

Beyond the areas below, our networks have also influenced on more specific issues relating to their members.

What we said	Detail of the bill
Increased powers for the Secretary of State	
We have raised concerns about new powers for the Secretary of State, notably on the issue of intervention in local service reconfigurations.	The government is proceeding with increasing powers for the Secretary of State over local service reconfigurations.
We have questioned the need for such powers but argued that, should the government proceed, there should be robust checks and balances in place over them. These should include clear processes for local resolution in the first instance; criteria indicating when and how Secretary of State intervention is needed; a requirement for the Secretary of State to consider local clinical advice and any other advice offered by the affected ICS on a service reconfiguration decision, all of which should be in the public domain.	Schedule 6 of the bill confers intervention powers on the Secretary of State in relation to the reconfiguration of NHS services, including deciding whether a reconfiguration proposal should, or should not, proceed, or should proceed in a modified form. The wording of the bill also seems to indicate that the Secretary of State can introduce or catalyse service reconfiguration decisions, even before they have been considered locally or by NHS England, and this is of concern. The bill refers to guidance that will support such powers and states that the Secretary of State must publish any decision made about a reconfiguration and notify the

	NHS commissioning body. We await further details of this guidance but remain concerned about the limited checks and balances that appear to be in place over Secretary of State powers in relation to local service reconfigurations. We have already heard from members that the 'call-in' power of the Secretary of State on reconfigurations may create a reluctance to move ahead with system service changes if there is likely to be a centralised decision made upon them.
Governance and accountability We have called for the legislation to clarify what the statutory function of the two component bodies of an ICS is and for legislation to avoid indicating that one is less important than the other.	The bill is broadly clear that the integrated care board (ICB) will be responsible for commissioning certain health services and have a range of legal duties, notably including to promote the NHS Constitution, reduce inequalities, maintain patient choice and promote integration. The ICB and each local authority is responsible for forming an integrated care partnership (ICP), which must create an integrated care strategy and involve people who live in the partnership's area. There are, however, important statutory roles for health and wellbeing boards (HWBs), which must (for instance) be involved in the preparation of ICB strategy. This raises a conundrum over what the relationship, and difference, will be between HWBs and ICPs. There are also unanswered questions over what happens in certain systems where different HWBs disagree on key issues relating to ICS strategy.

	How the two component ICS bodies work will largely depend on culture and relationships. There is also a raft of supporting guidance still expected over the coming months, the detail of which will have significant implications for ICS dynamics. We will continue to support NHS England and the government on ensuring such guidance is permissive and proportionate.
Duty to collaborate We have welcomed the notion of a duty to collaborate but have stated it should be formulated around a duty to collaborate to reduce health inequalities, given the broad support for this goal.	The duty is formulated as a less specific 'duty to cooperate'. The bill introduces a new power that allows the Secretary of State to issue guidance on cooperation between NHS bodies, and between NHS bodies and local authorities, giving organisations greater clarity about what the duties to cooperate mean in practice. We will seek to input into this guidance to ensure that the duty works effectively for NHS organisations.
Pace and timescales We have repeatedly stated our concerns around the short timeline outlined for the bill, which will see ICSs becoming statutory bodies in April 2022.	We welcome that the government has brought the bill forward before the summer recess (see below). It remains crucial that this is achieved by 22 July when parliament rises for summer recess to give affected NHS staff assurance that it can be enacted by April 2022.

Workforce planning

We published a joint statement with the Academy of Medical Royal Colleges, the British Medical Association, NHS Providers, the Royal College of Nursing and UNISON calling for issues contained in the NHS People Plan to be addressed, including improving staff wellbeing, arrangements for flexible working, increasing workforce supply, transformation and leadership.

We are disappointed that the bill is largely silent on workforce planning, which in our view is a missed opportunity to address chronic staffing shortages across the health and social care sector.

There is a duty on the Secretary of State to publish, at least once every five years, a report describing the system in place for assessing and meeting the workforce needs of the health service in England. However, this is insufficient and far too infrequent.

NHS Confederation viewpoint

Health leaders broadly welcome this bill. We believe the reforms brought in under the Health and Social Care Act 2012 require changes to further facilitate system collaboration. There is clear consensus across our membership that the future of health and care must be based on collaboration and partnership working at a local level, and these reforms will provide the necessary updates to legislation to make that happen. In many ways, the legislation is catching up with what is happening on the ground.

Our members are relieved that the bill has been brought forward before the summer recess. As we have publicly drawn attention to in recent weeks, the timetable for ensuring that statutory ICSs are able to take on statutory responsibilities legally, effectively and most importantly, safely by April 2022, is incredibly tight. We are grateful that the government has listened to the concerns of NHS leaders on this issue, pressed ahead with the bill and given ICSs increased certainty for the coming 18 months.

That said, there are some areas of the bill where we have concerns. As set out in the table above, an issue we have been clear in opposing has been increased powers for the Secretary of State – notably in areas such as local service reconfigurations. Despite our opposition, the government is proceeding with introducing such powers and we are concerned about the implications that this will have for ICS' autonomy and the key role of local overview and scrutiny. We will continue to press for robust checks and balances to ensure that such powers are proportionate and limited.

These reforms cannot be considered in isolation and their success will rely upon several factors not contained within the bill. The future of social care, for example, remains uncertain. We have been clear that ICSs must not be considered as NHS bodies, but as partnerships between the NHS, local government and the voluntary, social enterprise and independent sectors that bring together health and care.

While the reforms in the bill cover financial arrangements for the provision of health services, we are concerned that local authorities will continue to feel like junior partners in ICSs until they are given a sustainable, long-term financial settlement for social care. Similarly, while we welcome the permissiveness of much of the bill, there are concerns that in its current form it risks being a step backwards for mental health as there is no commitment to parity of esteem.

On workforce, we are clear that there needs to be a comprehensive long-term plan to address workforce shortages across health and care, backed by funding. We are disappointed that the bill is silent on this topic.

Another issue not contained within the bill is ICS boundaries. Many systems still face uncertainty over their boundaries given the stated position in the recent white paper that ICS boundaries should ‘frequently’ be co-terminous, and amid calls from some quarters for there to consistency with local authority boundaries. This issue threatens the progress of affected ICSs and must be resolved as soon as possible.

Looking ahead, there is a significant degree of guidance that will support the implementation of measures outlined in the bill. We have been clear that while the bill is, for the most part, flexible and permissive, we must ensure that health and care organisations are not restricted by overly prescriptive and rigid guidance. We look forward to supporting NHS England and NHS Improvement and the government to get this guidance right over the coming weeks and months.

Finally, the success of integrated working under a new statutory framework will depend much more on the relationships and culture between organisations at local level than it will on the details of this bill. We will therefore continue to promote positive case studies of collaboration at local level to help promote best practice and effective partnership working. Further to this briefing, we will set out more detailed positions on specific aspects of the bill in due course.

The bill at a glance

The bill is structured in six parts:

- Part 1: Health service in England: integration, collaboration and other changes
- Part 2: Health and adult social care: information
- Part 3: Secretary of State's powers to transfer or delegate functions
- Part 4: The Health Service Safety Investigations Body
- Parts 5 and 6: Miscellaneous and general

The key points of each of these six parts are summarised below.

Part 1: Health service in England: integration, collaboration and other changes

NHS England

- NHS England and NHS Improvement are legally merged under the name NHS England (NHSE).
- The Secretary of State is given the power to revise the NHS Mandate.
- Powers are introduced for NHSE functions (notably including commissioning functions) to be exercised by integrated care boards.
- The government may direct NHSE (and subsequently NHS England may direct integrated care boards) to use particular allocations of funding for the purposes of service integration.

Integrated care boards

- A duty is placed on NHSE to establish integrated care boards (ICBs) covering England. Details of the constitutions of ICBs (which must be published) are set out under Schedule 1b and clinical commissioning groups (CCGs) must propose the first constitution of the ICB in its area.
- CCGs are to be legally abolished and provisions are made for the transfer of CCG resources to ICBs and NHSE.
- Measures are set out to ensure ICBs mitigate against conflicts of interest, including a requirement for registers of interest to be maintained for board members and employers.
- Details are provided on the people for whom ICBs have responsibility.

Integrated care boards: functions

- A list is provided of the services that ICBs will be responsible for commissioning, notably including ambulance and nursing services, and dental services other than primary dental services. Schedule 3 confers functions on ICBs in relation to primary care services and contains other amendments relating to primary care services.
- ICBs will have a range of legal duties, notably including to promote the NHS Constitution, reduce inequalities, maintain patient choice and promote integration.

- ICBs must ensure that there is public involvement in the planning of commissioning arrangements and operational commissioning decisions.
- Regulations may provide for any prescribed functions of an ICB to be exercised jointly with a local health board.
- ICBs will have certain powers to raise additional income and make grants, for example to partner trusts.

Forward planning and reports

- ICBs must prepare and publish a plan setting out how they will exercise their functions in the coming five years. These plans must set out how the ICB plans to discharge its duties and the steps it will take to implement any joint local health and wellbeing strategy.
- Each relevant health and wellbeing board and any people for whom the integrated care board has core responsibility should be consulted in the preparation of this plan.
- Before the start of each financial year, ICBs and their partner NHS trusts and NHS foundation trusts must prepare a plan setting out their planned capital resource use.
- If the ICS and partner NHS trusts/foundation trusts revise either of these plans, they must publish this and share a copy with the ICP, each relevant health and wellbeing board and NHSE.
- ICBs must, in each financial year, prepare an annual report on how they have discharged their functions in the previous financial year.
- NHSE must conduct a performance assessment of each integrated care board in respect of each financial year, consulting each relevant health and wellbeing board.
- If the ICB is failing or is likely to fail to discharge its functions, NHSE may terminate the appointment of the ICB's chief executive and direct the chair of the board on their replacement. It may also direct the chief executive of another ICB to perform any of those functions.

Integrated care partnerships

- This section requires ICBs and each local authority to establish an integrated care partnership (ICP). Each ICP must then create an integrated care strategy, considering the NHS Mandate, Secretary of State guidance and involve people who live in the partnership's area.

- The responsible local authority and each of its partnership boards must prepare a 'joint local health and wellbeing strategy' setting out how they will meet the needs of the local area.
- Schedule 4 sets out that ICPs are to consist of (a) one member appointed by the integrated care board, (b) one member appointed by each of the responsible local authorities, and (c) any members appointed by the integrated care partnership.

NHS England's financial responsibilities

- NHSE must ensure that total spending for both capital and revenue do not exceed the limits set by the Secretary of State.

Financial responsibilities of integrated care boards and their partners

- NHSE may impose financial requirements on ICBs. ICBs must not spend more than they have been allocated each year for both revenue and capital.
- The Secretary of State is given powers to specify what counts as revenue and what counts as capital spending for an ICB.

Merger of NHS bodies

- Monitor is abolished and merges function with the new NHS England.
- NHS England must minimise or manage any conflicts that arise between their regulatory functions.
- NHS England, replacing previous Monitor responsibilities, must carry out an assessment of the likely impact of modifications to providers' licenses.
- The NHS Trust Development Authority is abolished.
- Various transitional arrangements are set out between the abolished bodies and NHS England for tax, property and legal purposes.

Secretary of State's functions

- The Secretary of State must, at least once every five years, publish a report describing the system in place for assessing and meeting the workforce needs of the health service in England.
- The Secretary of State may arrange for any of the public health functions of the Secretary of State to be exercised by one or more relevant bodies (including NHSE, ICBs and local authorities).
- The Secretary of State may direct NHSE or another public body to exercise investigation functions.

- In regards to power of direction over NHSE, the Secretary of State may give NHS England directions as to the exercise of any of its functions. When doing so, however, the Secretary of State must state that they consider this to be in the public interest. Appointments made by NHS England (including within trusts and foundation trusts) are excluded from this.
- Schedule 6 of the bill confers intervention powers on the Secretary of State in relation to the reconfiguration of NHS services, including deciding whether a reconfiguration proposal should, or should not, proceed, or should proceed in a modified form.
- The bill refers to guidance that will support such powers and states that the Secretary of State must publish any decision made about a reconfiguration and notify the NHS commissioning body. Schedule 6 confers intervention powers on the Secretary of State in relation to the reconfiguration of NHS services.

NHS trusts

- All NHS trusts and foundation trusts will have a 'duty to have regard to wider effect of decisions' relating to the 'triple aim' of (a) health and wellbeing, (b) the quality of services, and (c) efficiency and sustainable use of resources, as detailed in NHS England guidance.
- NHS England may give directions to NHS trusts about the exercise of any of their functions.
- NHS trusts must provide annual accounts to NHS England, rather than the Secretary of State.
- NHS England may make recommendations to NHS trusts about mergers.
- Applications to become foundation trusts no long need support of the Secretary of State, but will require their sign off.
- NHS trust chairs are to be appointed by NHS England, rather than to the Secretary of State.
- NHS England may set financial objectives for NHS trusts.

NHS foundation trusts

- NHS England can impose capital limits on NHS foundation trusts' expenditure for specific time periods, following a legal duty to consult the trusts.
- NHS England has a legal duty to publish guidance about the exercise of capital spending limits for foundation trusts.

- Specific requirements relating to the publication of NHS foundation trusts' accounts, reports and forward plans are loosened, for instance, no longer providing detailed information about income raised from activities not related to service provision, or requiring forward plans approved by FT directors.
- NHS foundation trusts may enter into arrangements for carrying out functions jointly.
- Applications for foundation trusts to merge no longer need support from the Secretary of State.

Joint working and delegation of functions

- NHS England, integrated boards, NHS trusts and NHS foundation trusts can exercise functions jointly with local authorities and combined authorities. Payment terms must be specified and functions cannot be sub-delegated.
- Joint functions can be exercised by (a) a joint committee or (b) by a specific organisation or joint committee through a pooled fund.

Collaborative working

- The Secretary of State and NHS England's respective duties to promote autonomy are abolished, removing potential conflict with duties for system partners to cooperate and consider the interests of the wider health system.
- Joint appointments can be made across NHS commissioners, providers and/or local authorities, subject to NHS England guidance.
- The Secretary of State may publish guidance on the discharge of the duty of NHS bodies and local authorities to cooperate to promote health and welfare.
- NHS England must have regard to the 'triple aim' when licensing healthcare providers.

NHS payment scheme

- The national tariff is renamed the NHS payment scheme.
- NHS England must publish rules for pricing healthcare services which must provide for a fair level of payment for providers of those services.
- NHS England must carry out an impact assessment (or rationale for not conducting an assessment) before publishing the NHS payment scheme. NHS England must consult relevant integrated care boards, providers and other relevant bodies on the payment scheme. It must also consider the impact on integrated care boards and relevant providers, and whether they would be disproportionately affected.

Patient choice and provider selection

- NHS England must impose ‘standing rules’ to protect patient choice and may investigate integrated care boards if they fail to comply. NHS England must publish guidance on such investigations.
- The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 (S.I. 2013/500) are revoked.
- The Secretary of State must issue procurement regulations for delivery of NHS services’ mixed procurements (such as with social care services), which ensure transparency, fairness and manage conflict of interest. NHS England may publish guidance that will set out how relevant authorities can comply with the requirements.

Competition

- The Competition and Markets Authority (CMA) will no longer regulate mergers between NHS organisations. Mergers between NHS mergers and non-NHS bodies, however, remain in scope. NHS England has a duty to assist the CMA with investigations.
- NHS England, as the national regulator, will continue to review proposed transactions, including mergers or acquisitions, to ensure there are clear patient benefits.
- All NHS foundation trusts and most other providers of NHS services (but not NHS trusts) must hold a provider licence.

Miscellaneous

- NHS trusts must keep proper accounts and records, as specified by the Secretary of State, which can be examined by the Comptroller and Auditor General.
- NHS trusts must share annual accounts with NHS England.
- The Secretary of State’s powers to make a property transfer schemes or a staff transfer schemes (in connection with the establishment or abolition of an NHS body) are repealed.
- The committees of Health Education England called local education and training boards (LTEBs) are abolished.
- NHS organisations’ ability to charge local authorities for failing to arrange a social care needs assessment is abolished.

Part 2: Health and adult social care: information

- Requirements for information standards around the provision of health and social care providers and circumstances in which requests can be issued and the role of the Information Centre are set out under this section, including a new chapter on information about adult social care (section 277A).
- Chapter 4 sets out enforcement provisions for failures to comply with an information standard, which under the Act can result in financial penalties.

Part 3: Secretary of State's powers to transfer or delegate functions

- The Secretary of State can transfer a function of one ‘relevant body’ to another for the purpose of improving the exercise of a public function.
- Relevant bodies include NHS England, Health Education England, the Health and Social Care Information Centre, the Health Research Authority, the Human Fertilisation and Embryology Authority and the Human Tissue Authority.
- The Secretary of State is unable to transfer a function of NHS England if this would make NHS England redundant.
- The Secretary of State can confer onto or abolish functions of a body, change the purpose of the body’s exercise of a function or the conditions under which the body exercises a function.
- These powers extend to the bodies’ name, appointment of the bodies’ chair, members and staff, its governing procedures and arrangements and its reports and accounts. There are provisions for modifying the funding arrangements of a body contained in sections 87 and 88.
- This power extends to England and Wales, Scotland and Northern Ireland.

Part 4: The Health Service Safety Investigations Body

- The Health Service Safety Investigations Body (HSSIB) is to be established and will be mandated to investigate incidents where the provision of healthcare services has or may have implications for the safety of patients. It will address those risks by facilitating the improvement of systems and practices in the provision of these services.
- The Secretary of State may direct the HSSIB to carry out an investigation of a particular safety incident or incidents.
- The HSSIB will be responsible for determining and publishing the criteria it will use to determine which incidents it investigates, and its principles and processes for carrying out investigations, ensuring that patients and their families are involved.
- When the HSSIB completes an investigation, it must publish a report on the outcome of the investigation and may publish interim reports on any matter relating to the investigation. The report will not be admissible in civil or criminal proceedings or appeals, or proceedings or appeals before an employment tribunal or regulatory body.
- If an investigator considers it necessary for the purposes of an investigation, they can enter and inspect premises, inspect and take copies of or seize documents, and inspect and seize equipment.
- By notice an investigator can require individuals to provide information in person, by providing specified information or documents, equipment or items, by a specified date. The specifications for notices are provided under section 103.
- It will be a criminal offence if the person intentionally obstructs the investigation or fails to comply with a notice without reasonable excuse.
- Where the HSSIB is carrying out an investigation and another organisation such as NHSE, the Care Quality Commission or an ICS board is carrying out an investigation into the same or a related incident, they must cooperate with each other regarding practical arrangements for coordinating those investigations. It must comply with any request by an NHS body (including an ICS) or NHSE to provide assistance in carrying out investigations of incidents.

Part 5: Miscellaneous

International healthcare

- The Secretary of State may make provision for the purpose of giving effect to a healthcare agreement (including provision about payments), for example by conferring functions on a public authority.
- The Secretary of State may make provision authorising the Secretary of State to make a payment (otherwise than under a healthcare agreement) in respect of healthcare provided in a relevant country or territory, but only where the Secretary of State considers that exceptional circumstances justify the payment.

Social care: regulation and financial assistance

- The CQC must conduct reviews of the exercise of regulated care functions by local authorities (adult social care functions under Part 1 of the Care Act 2014), assess the performance of those authorities following reviews and publish a report of its assessment.
- The Secretary of State must set (and if necessary revise) objectives and priorities for the Commission for assessment of local authorities.
- The CQC must determine (and if necessary revise) indicators of quality for the assessment of local authorities, subject to the approval of the Secretary of State. The Secretary of State may direct the CQC to revise these indicators.
- The CQC must put out a statement (approved by the Secretary of State) on the frequency of such reviews and the methods it will use to assess and evaluate the performance of local authorities.
- The Secretary of State may give financial assistance to bodies which provide social care services or services that are connected to social care services in England. This will enable the Secretary of State to make payments to private providers of social care services.

Professional regulation

- A profession currently regulated can be removed from statutory regulation when the profession no longer requires regulation for the purpose of the protection of the public.
- An order may abolish an individual health and care professional regulatory body, where the profession(s) it regulates continues to be regulated by another regulatory body or where the profession(s) has been removed from regulation.

- Health and care regulatory bodies will be able to delegate certain functions to another regulatory body, including the keeping of a register; determining standards of education and training for admission to practice and providing advice about standards of conduct and performance; and carrying out the fitness to practise function.
- These powers all extend to the currently unenacted provisions concerning social care workers in England.

Medical examiners

- NHS bodies will be able to appoint medical examiners. The Secretary of State will ensure that enough medical examiners are appointed in the healthcare system in England, that enough funds and resources are made available to medical examiners to enable them to carry out their functions of scrutiny to identify and deter poor practice, and to ensure that their performance is monitored.
- The Secretary of State will be able to give a direction to an English NHS body (including an ICS) in order to: require the body to appoint one or more medical examiners; set out the funds or resources that should be made available to such employed medical examiner; set out the means and methods that may be employed to monitor performance of medical examiners. The NHS body will not have any role in relation to the professional judgement of medical examiners.

Food and drink

- The bill contains provisions restricting advertising of less healthy food and drink which come into force on 1 January 2023.
- The Secretary of State will be able to impose requirements in relation to food or drink provided or made available to any person on hospital premises in England.
- The Secretary of State, as well as ministers in Scotland and Wales, will be able to amend requirements on food information and labelling contained in EU legislation outlining hospital food standards and for information for consumers.

Fluoridation of water supplies

- The power to initiate new water fluoridation schemes or make variations or to terminate existing schemes in England will transfer from local authorities to the Secretary of State.

Part 6: General

- The Secretary of State will have a power to amend, repeal, revoke or otherwise modify any provision within this bill or any provision made by or under primary legislation passed or made either before this Act is passed or later in the same parliamentary session.
- Regulations made under the following powers in the Act must be subject to the affirmative parliamentary procedure (that is, approved by both Houses): Clause 14 (4) which allows the Secretary of State to change the definition of the people for whom integrated care boards are responsible; Clause 87 and 88 regarding the power to transfer functions between arm's-length bodies; Clause 107 regarding HSSIB’s prohibition on disclosure; and Clause 130 if any regulations are laid using this power to amend primary legislation.

Next steps

The health and care bill is on course to pass into law by April 2022. This will be a huge relief to our members – in particular ICS leaders, who now have further clarity on their statutory accountabilities. Timelines are, however, still very tight and there much work to be done to finalise key elements of the bill that will impact our members across the health and social care system.

Before the bill reaches committee stage (expected in September), we will produce bespoke analysis for members via our networks, conduct a deep-dive analysis and work closely with health leaders across our membership to finesse our policy positions and proposed amendments. We will continue to seek to influence the content of the legislation at all levels and with external partners, where appropriate, to ensure that the forthcoming reforms are effective, proportionate and permissive. Given the complexity of our health and social care system, its diversity and culture, there is only so much that can be drafted in legislation. We will continue to work with the Department of Health and Social Care and NHS England and NHS Improvement as they produce further guidance and support to facilitate the changes envisaged by the bill.

As mentioned, we are clear that reforms to these health and care must be accompanied by other factors to be successful. In particular, we will continue to call for the government to publish much-anticipated social care reforms that is backed by a robust, long-term funding settlement.

Contact us

To find out more about the issues raised in this briefing, please email William Pett, our senior policy adviser.

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

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Somerset's Community adult mental health: an update to The Health and Well Being Board

27th September 2021

The DNA of the Somerset MHALD Ecosystem

- A collaboration between key partners replicated at every ‘level’ - a system not a hierarchy
- Those who seek support, and the people closest to them, are at the heart or centre of all we do.
- Based on strong relationships, shared ownership of benefits and risks, targeted resources, and all co-produced.
- Emphasis on ‘doing’ not ‘meetings’
- Agile and responsive:

“Record light and report once”

High level Timeline

- **Sep19** – Somerset wins Trailblazer status
- **Jan 20** – Open Mental Health wins MH contract
- **Jan-Apr 20** – Public Engagement and Consultation on the new model and relocation of some acute beds
- **Mar 20** – first lockdown
- **April 20** – Mindline goes all age & 24/7 within 8 days
- **Jun 20** – Spring Beds opened, (step up/step down)
- **Jul 20** – IAPT moves to see and treat model
- **Aug 20** – Family Safeguarding introduced
- **Sep 20** – Crisis spaces created
- **Oct 20** – Grant Fund launched
- **Nov 20** – Recovery College Launched
- **Jan 21** – Clic peer support goes live
- **Feb 21** all 4 crisis spaces opened with extended hours
- **Apr 21** – peer support worker programme launched for physical health checks
- **May 21** – Resilience Hub launched
- **Jun 21** – decision to align the Wellbeing Service with Open MH
- **July 21** – Stepladder, the men's suicide prevention initiative launched.
- **Jul 21** – evaluation phase 1 complete
- **Aug 21** – Contain Outbreak Management Funding awarded
- **Sept 21** – today's presentation

Open Mental Health

Health and Wellbeing Board

27th September 2021

Being an Expert by Experience

- Ellie – Co-Production in Somerset

- Sue – Example of Co-Production in Somerset –

  Design and delivery of training

  “Engaging with people with serious mental illness to encourage uptake of physical health checks”

  delivery of training throughout Primary Care in Somerset

What is Open Mental Health?

Open Mental Health is a Somerset network of local voluntary, community and charity organisations and the NHS. We are working in partnership to ensure that residents of Somerset get the support they need, when they need it.

Our shared ambition is to ensure that people living with mental health problems get the right support at the right time. Working together, we support people to live a full life, by enabling access to specialist mental health services, housing support, debt and employment advice, volunteering opportunities, community activities and physical exercise, to help support and improve their wellbeing and quality of life.

Key principles

- Preventative engagement
- Open access – (no wrong door – no shut door - no door at all)
- Co-production (VCSE, statutory colleagues, Experts by Experience)
- All inclusive – no one is left out because of, or in the absence of, a diagnosis, or presenting severity – no-one should hear ‘we can’t help you because you don’t meet the criteria
- Warm introductions in, across and between services
- Adopting a trauma informed approach across all partners
- Flexible and responsive to needs of the individual, outcome focussed, move away from transactional interactions
- Whole system approach – NHS and VCSE elements of the services are combined, not separated – we are all part of one team – equal partners – strong links with social care
- Building on community assets

Coproduced model

We've removed the barriers to getting mental health treatment and support, so anyone can contact the Open Mental Health hub for an assessment of what could help and what the person needs. Whether it is for yourself or if you're a GP, pharmacist,
social worker, police officer or concerned friend, we are Open for Mental Health in Somerset.

Open Mental Health VCSE Offer

Locality Teams:

- Locality Coordinator
- Volunteer Peer Volunteers
- Paid Peer Recovery and Wellbeing Workers providing 1:1/group/activity
- Non-peer Recovery & Wellbeing Workers "building on what's strong within organisations" providing 1:1/group/activity/organisation specialism
- CAB Caseworker
- SWEDA Specialist Worker
- Age UK Volunteers
- NHS SFT staff (psychologists, therapists, nurses, operations, admin)
- Crisis Safe Space provision

Countywide Support - VCSE:

- Trauma and complex emotional needs training, coaching, supervision (Second Step)
- Eating disorder specialist support (SWEDA)
- Money and housing specialist support (CAB)
- Peer support training & coaching, peer volunteer support and peer group development (Chard Watch)
- Volunteering infrastructure support (Spark)

Access Routes in to Open Mental Health

- Via 24/7 Mindline Helpline - 01823 276892
- Via support@openmentalhealth.org.uk
- Via GP transfer (could be GP directly or MH liaison nurse)
- Via any team member at a locality hub
- Via any network partner
- Eco-system/social prescribing workers/housing teams/social care/pharmacists should all be aware and able to introduce people to the network
- All clients transferred to OMH will have initial contact made within 3 working days

- Embedded video here

Key achievements

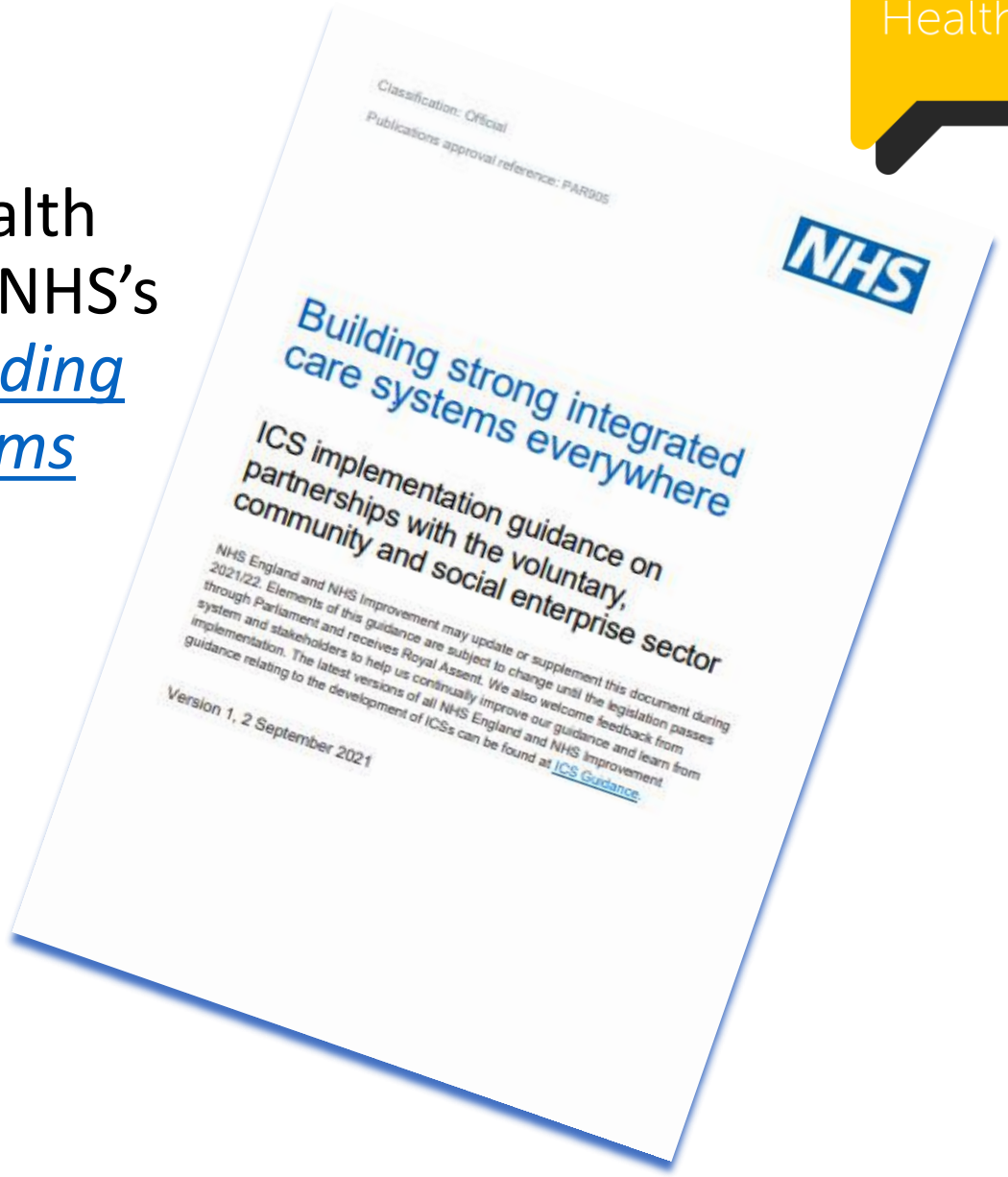
Today in Somerset there are:

- More people accessing support than previously:
  - 3,800 contacts on average per month seen by Open Mental Health (June 2021, the latest data, is 4,925 contacts)
  - 550 calls to Mindline per week on average
  - 350 appointments available per month at our crisis safe spaces
  - Capacity for 41 patients to be supported by our Next Steps service
  - 185 people being supported by our mental health employment support service
- Low waiting times for IAPT (psychological therapies) appointments and a recovery rate significantly higher than the national average
- No patients placed out of area, and SFT continues to be a national leader for its low levels of patients placed out of area
- 10 peer support workers within Open MH, with a further 5 in training and 4 recruited
- 4 Physical Health Support Workers working with people with mental illness to improve their physical wellbeing, supported by trained peer support workers
- No waiting time for care co-ordinators in the majority of localities.

And finally

- Somerset's Open Mental Health model has been cited in the NHS's national guidance in the *Building strong Integrated Care Systems everywhere* document as an exemplar.

- See page 8.



Any questions?

Thank you

Giving you the support you need, when you need it.

Lots of things can impact our mental health.
If you are an adult living in Somerset and need support Open Mental Health are here to help
24 hours a day, 7 days a week.

Contact our team at Mindline Somerset on 01823 276892

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Health and Wellbeing Board Work Programme 2021

Agenda item	Meeting Date	Details and Lead Officer
	27 September 2021	
Adult Mental Health covering self-harm, suicide, long term effects of COVID, open mental health new service and work being carried out by Healthwatch		Andrew Keefe-CCG, Louise Finnis-Healthwatch – 45 mins
ICS – covering structure and ICB and intermediate care, and housing shortage, employment		James Rimmer, Mel Lock, Mark Leeman - 30 mins in total
Somerset Health and Wellbeing Board and ICP – the way forward		Trudi Grant
	October 2021	
JSNA and APHR		Jo McDonagh (15 min)
PNA - Pharmaceutical Needs Assessment		Pip Tucker (15 min)
Somerset Health & Wellbeing Board and ICP – the way forward – further discussion plus monthly meetings / resourcing / ICS update		Trudi Grant
	10 November 2021	
Extraordinary Meeting on ICP proposal		Trudi Grant
	22 November 2021	

Health and Wellbeing Board Work Programme 2021

Healthwatch (including priorities)		Gillian Keniston-Goble (15 min)
Children & Young People Mental Health		TBA (45 min)
Better Care Fund		Andy Hill & Tim Bavestock (15 min)

Member information sheets:

Community Care Somerset Activities and Sport (SASP) Out of Hours 111 Service		TBC Clare Paul - TBC Devon Doctors

To add later:

Neighbourhoods & Communities		Mel Lock / Tim Baverstock
Economic Update – Covid related		James Gilchrist
Homeless Reduction Board (January)		Mark Leeman
Climate change & health (January)		Teresa Harvey
Director of Public Health Annual Report – Covid 19 wave 2 / learning from Covid / community support after Covid / prevention agenda		Trudi Grant