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Somerset Health and Wellbeing Board

Monday 22 November 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, Judith Goodchild, Trudi Grant, Julian Wooster, Alex Murray, James Rimmer, Mel Lock, Cllr Mike Best, Sup. Dickon Turner and Richard Schofield

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 - 12 November 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 22 November 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 27 September 2021** (Pages 9 - 16)

The Board is asked to confirm that 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 **JSNA - Verbal Update** (Pages 17 - 22)

To receive the verbal update and propose a development session.

6 **Children & Young People Mental Health Presentation** (Pages 23 - 138)

To receive the reports and presentation.

7 **Healthwatch Update** (Pages 139 - 158)

To receive the presentation.

8 **Better Care Fund Report** (Pages 159 - 172)

To receive the report and presentation.

9 **Integrated Care Services - Verbal Update**

To receive the verbal update (document on HWBB / ICP Structure and Governance Update to follow)

10 **Somerset Health and Wellbeing Board Work Programme** (Pages 173 - 176)

To discuss any items for the work programme. To assist the discussion, attached is the Board's current Work Programme and the tentative Work Programme for 2022.

11 **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 Monday 27 September 2021 at 11.00 am

Present: Cllr C Paul (Chair), Cllr F Nicholson, Cllr D Huxtable (Virtual), Cllr L Vijeh, Cllr C Booth, Cllr J Keen, Cllr B Hamilton (Virtual), Trudi Grant, James Rimmer, Mel Lock, Julian Wooster, Cllr Mike Best, Sup. Dickon Turner

Other Members present: Cllr M Chilcott, Cllr A Kendall, Cllr A Bown, Cllr T Munt, Cllr H Prior-Sankey, Cllr Bill Revans, Cllr Heather Shearer, Cllr Christine Lawrence, Cllr M Keating

Apologies for absence: Dr Ed Ford, Mark Cooke, Cllr Ros Wyke

Declarations of Interest - Agenda Item 2

There were no new declarations.

Minutes from the meeting held on 15 July 2021 - Agenda Item 3

The minutes were agreed without alteration.

Public Question Time - Agenda Item 4

There were no public questions.

Recommendations to Approve from Last Meeting - Agenda Item 5

The Somerset Health and Wellbeing Board approved all recommendations carried forward from the previous, non-quorate meeting.

Community Adult Mental Health - Agenda Item 6

Andrew Keefe of the CCG and his team made the presentation, including slides and a video. He noted that the original presentation was going to cover a wide range of issues, including not just adults but also children, but the range was too great for one meeting. Therefore, in discussing adult mental health, they will be specifically discussing the Open Mental Health initiative, which entails 11 providers, the NHS, the

CCG, and the local authority all working together. He and his team will be modelling today the new way of working, which gained them Trailblazers status in September of 2019. Persons receiving support and their families are at the centre, but all partners collaborate before acting. Covid has presented a real challenge, but their collaboration has allowed them to achieve great things.

The next speaker was Fern Pearce, representing Second Step and Sedgemoor. She noted that Open Mental Health was created to get rid of barriers and ensure that they provided help from the right service to the persons in need. She emphasised that mental health does not occur alone; there are complex and multiple factors, so this initiative uses a holistic approach. She then went over the Key Principles of Open Mental Health, noting that it's a co-production model with experts at every stage of the process:

- Preventative engagement rather than reacting
- Open access – no wrong door, no shut door, always a door
- Co-production VCSE, statutory colleagues, and "experts by experience"
- All inclusive – no one is excluded based on criteria or diagnosis
- Warm introductions in, across, and between services
- Adopting a trauma-informed approach by all partners
- Flexible and responsive to needs of the individual, outcome-focused
- Whole-system approach with NHS and VCSE elements combined – all one team
- Building on community assets

Eliana of Open Mental Health then spoke, advising that she and the next speaker, Sue Harbor, are leaders called "experts by experience". They have been users of the services themselves and have been made to feel like equal partners with all the other professionals in Open Mental Health. They don't just check in with users afterwards; they are involved from the very beginning at the strategic level including co-planning, evaluation, meetings, design planning, etc. She has been proud to speak with other CCGs across Somerset about how Open Mental Health is working; for example, the warm transfers where someone from their group accompanies the service user to their first appointment with a different service and keeps in touch with this person throughout the provision of the whole range of services (housing, addiction services, etc.)

Sue Harbor then noted that at Open Mental Health, she works on the design and delivery of training for those who work with hard-to-engage patients. She first spoke to the CCG about how to support new staff about engaging with person with mental health in a way that is empowering and without setting up barriers between themselves and new staff; and she reiterated Eliana's belief that they have been treated as equal partners from the beginning. They will deliver the training across Primary Care in Somerset; they have presented this designed training once so far and will continue to train volunteers and others. She is very proud to be involved with

Open Mental Health, because as a user of the service herself, she feels that it is so important.

Andrew then presented a video which showed service users speaking about their previous experiences (bad) and the new system, including services like the 'recovery college' to promote wellbeing, better access, expanded services like the 24/7 emotional support helpline, wrap-around support tailored to each service user, and far more people now being able to access services. The VCSE and NHS together are a great team to work with, and there is also collaboration with the police for safety support and de-escalation. People now know that local services are available and are part of a network where one can find services suitable for each individual in a streamlined process. All providers across Somerset are involved and now have more to offer people by sharing information and collaborating together.

Fern returned after the video to discuss the Open Mental Health VCSE Offer, which entails Locality Teams and Countywide Support-VCSE. Both sections include specialist workers, training, peer support, etc. She also discussed the access routes to Open Mental Health, which includes those listed below, noting that all clients transferred to Open Mental Health will have an initial contact made within three working days:

- 24/7 Mindline Helpline
- Email: support@openmentalhealth.org.uk
- GP transfer (GP or MH liaison nurse)
- Any team member at a locality hub
- Any network partner
- Introduction by social prescribing workers, housing teams, social care and pharmacists

Jane Yeandle then discussed the key achievements of Open Mental Health, including:

- More people accessing support (3800 contacts per month on average)
- Low waiting times and a recovery rate significantly higher than the national average
- No patients placed out of area
- Ten peer support workers with a further five in training and four recruited
- Physical health support workers helping people with mental illness to improve physical wellbeing
- No waiting time for care coordinators in the majority of localities

She noted that Somerset's Open Mental Health model has been cited as an exemplar nationally, so there is much to be proud of.

The Committee then asked questions; the first enquired what were the links with family safeguarding teams? Jane replied that this is being done differently through integrated Open Mental Health and its volunteer organisations, who can introduce

users and their families to other services and partners. It was asked with respect to family safeguarding how Open Mental Health services are connected up specifically with children and their families; Jane responded that the family safeguarding model is part of their own model, and Louise Palmer, commissioner at Open Mental Health, will be part of family safeguarding.

The Chair thanked everyone involved for their presentation and apologised for the technical difficulties.

The Chair noted that the Somerset Health and Wellbeing Board received and discussed the presentation.

Somerset Integrated Care System (ICS) - Agenda Item 7

James Rimmer made the presentation. He first thanked everyone who had spoken on Open Mental Health and their integrated care system and emphasised that Somerset ICS is all about everyone being in it together.

James then discussed the key functions of the proposed ICB (Integrated Care Board), noting on Slide 4 that the ICS will need such a board to focus on the health needs of the population, allocating resources to deliver the plan, establishing governance arrangements, etc. On Slide 6, there is a discussion of key functions of the ICP; James noted that both the Health and Wellbeing Board and the ICS need to bring together health and care to support the population. The ICP board will bring together partners to deliver the actions required through joint working. The composition of the ICP is discussed on Slide 7; there will be input from Directors of Public Health through arrangements agreed by local authorities and the area ICS, clinical and professional experts, representatives of adult and children's social services, and representation from health and care services, the VCSE sector, and Healthwatch, as well as volunteer organisations. They are setting up the ICP Board to be operative in April 2022, with the Health and Wellbeing Board and the ICS working together across health and care services covering 13,000-14,000 persons. The board's overriding vision is to keep the population well.

Mel Lock, Director of Adult Social Care, then discussed how the ICS is working together regarding Intermediate Care, which manages the flow of persons into and out of hospitals. It attempts to keep people out of hospitals in the first place, but once they are hospitalised, it facilitates their discharge. It involves health and social care working with providers to get people back home and give them support, including social workers, OTs, and other who will go to a person's home and work with them there to achieve desired outcomes. For those person remaining in hospital or care, intermediate care attempts to find beds in different facilities where these persons can be helped. This is a team effort that has received national recognition, but they don't

have enough people delivering care presently, so they hope that many will come forward to work in the care system. James added that the aim is to find the way to help people live well in their own homes and communities.

Mark Leeman then spoke about homelessness and Leading for System Change in Somerset, noting that Somerset is one of 7 local areas working with the NHS Leadership Academy to provide integrated services via the VCSE. There are 40 members and a range of partners involved, including Adults and Children Social Care, the CCG, the NHS, Public Health, the Somerset Foundation Trust, district councils, hospitals care providers, and GPs. There are two main topics involved: The first is place-based approaches, both rural and urban, which seek to effectively support local communities. This approach is very much tied to the coming unitary council. The second main topic is homelessness and the importance of providing care and housing, including dealing with complex homelessness/rough sleeping. They attempt to accomplish this through commissioning and early help, and he pointed out that the majority of the homeless have had childhood trauma, requiring the necessity to work with providers in stopping such trauma. To achieve this, they work closely with the Homelessness Reduction Board, as well as other boards. The next steps will entail the ICS engaging in New Ways of Working, which is a long process for which the national guidance has just been published. The good news is that Somerset's services are already joined up and working well, through a very large number of great providers. The legislation for New Ways of Working should go through Parliament in April of 2022.

There were no questions from the Committee; the Chair thanked James, Mel, and Mark for presenting their topics so well using good examples.

The Somerset Health and Wellbeing Board received and discussed the presentation.

Governance Arrangements for Health & Wellbeing in Somerset - Agenda Item 8

Trudi Grant, Director of Public Health, spoke on the coming ICP and noted that this update carries on from earlier conversations regarding ICS, ICP and the Health and Wellbeing Board's role. Somerset has a tidy ICS system, better than in other places, with one central Health and Wellbeing Board in the county. The new legislation calls for Integrated Care Partnerships (ICPs), which are designed to cover large geographical areas with multiple authorities and boards. She pointed out that there is a degree of duplication between the ICS and the Health and Wellbeing Board, the benefit of which is Somerset's strong system narrative of the Improving Lives agenda, which needs to be kept in place. We need to keep the coming system simple and avoid complicating it; we have made great steps forward toward joining up work, commissioning, etc. It is a requirement that there be an ICP, which is a statutory body, unlike the Health and Wellbeing Board, which is an organisation. There are similarities

within the delegated responsibilities of both the proposed ICP and the Health and Wellbeing Board, such as addressing inequalities, improving health, etc. The Health and Wellbeing Board has had clear statutory responsibilities since 2013, but there will be a number of new duties and responsibilities coming with the ICP, where the focus will be more on services. The Health and Wellbeing Board ad the local authority will have to have due regard for the ICP and vice versa. Statutory membership for the Health and Wellbeing Board has been proscribed by the Health and Care Act, whereas the ICP does not; the only requirements are members of local authority and the local NHS, with the recognition in the guidance that not all partners need to be included and the membership can be quite flexible. As far as governance, the Health and Wellbeing Board is a committee of the full Council and is a public meeting; the ICP will also be a public meeting, and it should be subject to scrutiny, but the guidance doesn't say. The Health and Wellbeing Board has not received delegated authority from the full Council; the ICP could delegate, but that has not been decided yet.

Trudi noted that there had been a discussion some time ago about the difference between a Health and Wellbeing Board system and a health and social care system, and the diagram they formulated may be needed to help design the HWB/ICP system, because the overlap of functions needs to be dealt with. With respect to the Improving Lives strategy and other related bodies/issues, she noted that some are statutory and some boards have statutory responsibilities, so it needs to be determined how to place the ICP within that system. Health organisations that are involved include the Growth Board, Safeguarding, Housing, Education, Safer Somerset, Climate Change Agenda, Fit for My Future, Homelessness Reduction, and others. They all need to be brought together, with a stronger focus on neighbourhoods at the local level.

There will be no conclusions regarding the HWB/ICP issue today, but the aim is to provoke thought about it. It is important to note that Somerset MUST have both boards; they cannot merge them, according to the guidance. She proposed that the Health and Wellbeing Board members have an informal workshop to discuss the matter and bring forward proposals to be presented to full Council.

The Committee made comments and enquiries, asking if, although it is clear they cannot have only one combined board, can the two have common membership? It was also stated that there was a need to ensure that enough organisations were included for economic activities, such as Chambers of Commerce. Trudi agreed that both needed to be discussed, noting that Chambers of Commerce sit on the Growth Board, and that they have brought in links with the wider determinants of health. James Rimmer offered that he and Trudi were aligned on this issue and noted that his Slide 7 discusses partnerships having coordination of members. However, the guidance on this is still working its way through Parliament. It was suggested that more people could always be brought into each board and would include members from the NHS and health/social care.

The Somerset Health and Wellbeing Board received and discussed the presentation and decided to move forward with a workshop on this issue.

Somerset Health and Wellbeing Board Work Programme - Agenda Item 9

The Chair noted that members can always email Lou Woolway with items for the work programme, but the board would now be looking at the current programme. It was questioned whether children's mental health would be discussed at the next meeting; Lou responded that there were too many items scheduled for November 22nd, and another meeting was planned for October where it could take place, but Julia Jones pointed out that October 8th will be a virtual meeting specifically to discuss the governance arrangements for HWB/ICP, followed by an extraordinary meeting on 10th November to decide the proposal for HWB/ICP that would be brought before the full Council. (Subsequent changes were made to the work programme, with children's mental health scheduled for the regular meeting on 22 November, along with a Healthwatch update, Better Care Fund, JSNA and APHR, and PNA (Pharmaceutical Needs Assessment.)

The Somerset Health and Wellbeing Board discussed and noted the Work Programme.

Any other urgent items of business - Agenda Item 10

It was observed that this meeting had been very difficult, with wifi problems and issues with being able to hear the speakers, leading to certain things being missed. The Chair agreed, but noted that there had been no decisions to be made on the issues presented at this meeting. Julia Jones apologised for the difficulties and stated that she will be discussing with relevant parties how these hybrid meetings could be better conducted in the future.

The meeting ended at 12:47 pm

CHAIR

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Somerset Health and Wellbeing Board
22nd November 2021
Verbal update for information

Somerset Health and Wellbeing

Joint Strategic Needs Assessment 2021 – *Somerset, Our County: COVID-19 in Somerset Communities*

Lead Officer: Professor Trudi Grant
Author: Pip Tucker
Contact Details: pztucker@somerset.gov.uk

Summary:	This JSNA report is an investigation into the impact of the COVID-19 pandemic in Somerset, focusing on the 10% highest-scoring neighbourhoods on the Index of Multiple Deprivation, as this is where most health and wellbeing need was to be found before the pandemic. It finds that the patterns are far less simple than just worsening pre-existing inequalities, and on many measures the deprived parts have, initially, fared the same or even better than more prosperous areas. Community resilience and enhanced benefit support (furlough and £20 Universal Credit uplift) may well have contributed; there is a risk that some need was not identified through lack of contact with services during lockdown. Nevertheless, significant need, especially in relation to food, was reported, and many elements of distress, including mental ill-health (particularly anxiety), appear to have been 'slow burn' problems that have continued to grow even as the direct health impacts of Covid have fallen from their peak. It also suggests that there may be cohorts or communities of 'new need' outside the previously most deprived areas.
Recommendations:	**That the Somerset Health and Wellbeing Board discuss the issues raised in this paper and suggest elements to be included in the final draft of the JSNA, with a view to approving a dedicated development session to explore the evidence in more detail.**
Reasons for recommendations:	This document has to be taken into account in the working of the Health and Wellbeing Board. This is an opportunity to discuss the findings so far and agree an opportunity to guide the finished JSNA so that it is as useful as it can be.
Links to The Improving Lives Strategy	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services: YES Safe, vibrant and well-balanced communities able: YES

	to enjoy and benefit from the natural environment	
	Fairer life chances and opportunity for all	YES
	Improved health and wellbeing and more people living healthy and independent lives for longer	YES
Financial, Legal, HR, Social value and partnership Implications:	There are no direct implications from this report. Its findings include the importance of informal, family support which has greatly helped many get through the pandemic, and the multi-faceted aspect of the impact implies the need for a partnership approach to tackling the recovery.	
Equalities Implications:	The report identifies the disparities in impact between areas of Somerset and population groups.	
Risk Assessment:	Any failure by commissioners to fully take into account the results of JSNAs and related data when taking commissioning decisions across agencies is very likely to have detrimental impacts on service improvement and delivery and the reduction of inequalities.	

1. Background info

1.1. Focus on the areas of greatest pre-existing need.

This is the first annual summary of Somerset's Joint Strategic Needs Assessment (JSNA) since the start of the COVID-19 pandemic. It is an initial investigation to understand its impact on the pattern of health needs in Somerset. It would be impossible to cover every aspect at once, so this focuses on the communities with the greatest concentration of need before the pandemic, using the 10% most deprived areas in the county, according to the Index of Multiple Deprivation (IMD). Comparison with the rest of Somerset allows some insight as to what is happening elsewhere.

1.2. It was not a simple exacerbation of existing inequality

This focus allows us to test whether the often-stated national effect of the pandemic worsening existing inequalities, applies here; we found that the impacts were far more nuanced than that. The contrast between more and less deprived areas was less than we might have thought.

1.3. Family resilience and benefit schemes helped these communities cope at the start

Coping mechanisms with social, and especially family support is really important in enabling resilience, especially at the start of the pandemic. Furlough and the £20 Universal Credit uplift have undoubtedly played a part: these were unprecedented responses to an unprecedented event.

1.4. Services found new ways to reach their clients

We heard about digital access, with poverty and confidence as barriers. Improving it helps service users and service providers alike. We heard from Citizens' Advice Bureau and Somerset Drug and Alcohol Service how effective new ways of working can be.

1.5. The impact has been slow but is growing

The impact on families has been a 'slow burn', with lockdown pressures increasing the risks of negative and potentially damaging behaviour, and for some, as we heard, "*It is the structure of life that went, really."* The end of furlough and the £20 Universal Credit uplift, combined with rising prices, could be expected to raise these pressures further. The reports of hunger amongst young people were perhaps the starkest statement of real need in these communities. However, it is unclear the extent to which the hunger might have existed before the pandemic or if it was caused by it, or whether it is transitory and occasional for some families, or a more long-term need.

1.6. Previously less-deprived communities may now have new needs.

Finally, the evidence of increasing need in previously less-deprived communities should be examined further. It may be that without established coping mechanisms, and exacerbated by access issues, there are cohorts who are newly in need whose concerns need addressing.

2. Improving Lives Priorities and Outcomes

2.1. A County infrastructure that drives productivity, supports economic prosperity and sustainable public services

YES - the report looks at the patterns of unemployment in the dramatic, COVID-led economic downturn, and the importance of digital access.

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

YES – the report looks at formal volunteering and includes qualitative findings on informal and family community support.

Fairer life chances and opportunity for all

YES – the report considers digital access and contrasts between impact in previously deprived communities and the county as a whole.

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

YES – the report includes detailed information on health conditions and treatment during the pandemic.

3. Consultations undertaken

3.1. This report has been prepared by the JSNA Technical Working Group (TWG) made up of representatives of all the organizations on the Health and Wellbeing Board, as well as Citizens' Advice Bureau, Spark Somerset, Community Council for Somerset, One Teams and Somerset Activity and Sports Partnership. Focus group work was conducted in the identified communities in Bridgwater by the community organisation, 'Hidden Voices' and the JSNA topic was discussed and contributed to in a 'JSNA Special' - Sedgemoor Conversation.

4. Request of the Board and Board members

4.1. That the Somerset Health and Wellbeing Board recognise the issues raised in this paper and agree to a development session, which will allow greater discussion, thereby finalising information for the final draft of the JSNA.

5. Background papers

5.1. Somerset Intelligence website
www.somersetintelligence.org.uk/jsna

6. Report Sign-Off

	Seen by:	**Name**	**Date**
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Professor Trudi Grant	Click or tap to enter a date.
	Cabinet Member / Portfolio	Cllr Clare Paul	Click or tap to enter a date.

	Holder (if applicable)		
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

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Children and Young People's Mental Health and Emotional Wellbeing Briefing Paper for Somerset's Health and Wellbeing Board

November 2021

Contents

Introduction

Across Somerset there is a higher than average prevalence of children and young people (CYP) who are presenting with self-injury, anxiety, and depression. Through talking to children and young people themselves, partners across education, health and care and parents, we now know that one of the key root causes of these mental health presentations, is the lack of consistent wellbeing support and early interventions for our young people. Therefore, children and young people's mental health and emotional wellbeing is one of our main system priorities, strengthening health promotion and prevention and early intervention through to effective targeted support as well as respond to the needs of children and young people with more complex needs.

This paper provides an update on the mental health and emotional wellbeing support for children and young people in Somerset and how this support has expanded over the past two years – despite the pandemic and its associated restrictions.

Somerset's CYP Mental Health Governance Structure

Children and young people's mental health and emotional wellbeing governance arrangements were reviewed and redesigned due to increasing commitment to collaboration across Somerset. The Children and Young People's Mental Health and Emotional Wellbeing Strategic Cell was established with membership from key leaders across the system. The Strategic Cell meets weekly and is composed of:

- Andrew Keefe, Deputy Director of Commissioning, Mental Health, Autism and Learning Disabilities, Somerset CCG
- Claire Winter, Deputy Director of Children's Services and Social Care, Somerset County Council
- Helen Price, Assistant Director of Children's Commissioning, Somerset County Council –
- Catherine Falconer (recently left), Public Health Consultant, Somerset County Council
- Claudine Brown, Head of CAMHS, Somerset NHS Foundation Trust (SFT)

- Nik Harwood, Chief Executive, Young Somerset and Somerset Big Tent Programme Lead
- Katherine Nolan, Chief Executive, Spark Somerset
- Beccy Wardle, Head of NHS Collaboration Rethink Mental Illness & Open Mental Health Lead.

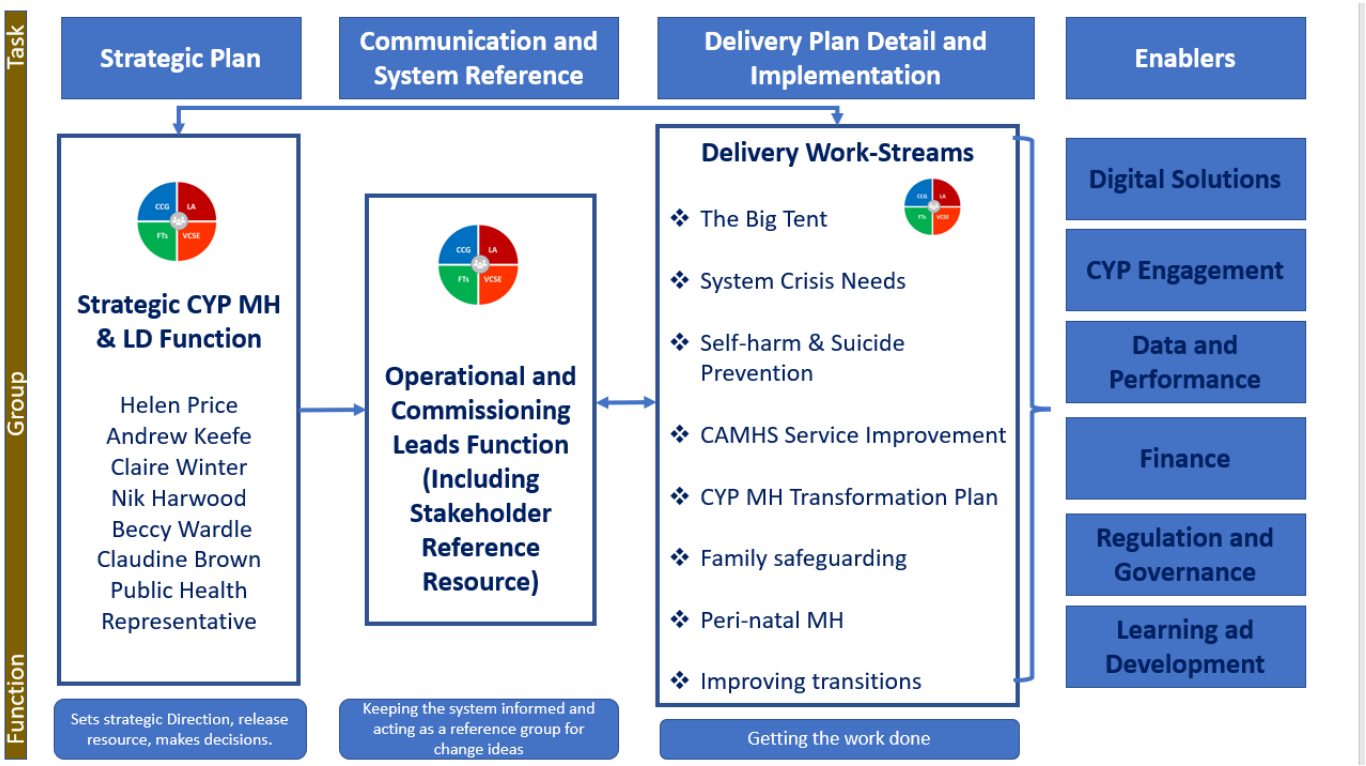
The whole approach, as represented in the graphic above, places young people and those close to them at the centre of all we do. The ethos of the Strategic Cells is one of being agile and responsive, 'doing' not 'meeting', and based on strong, trusting relationships.

The four quadrants represent 'the DNA' of how we aim to work together, namely that no decisions are made unilaterally by any single agency. 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 being replicated throughout the system in terms of delivery at every level in a coproduced manner.

The Children and Young People's Mental Health and Emotional Wellbeing Focus and Action Group (CYPMH & EWB F & A Group) was established in June 2021, and the group reports to the Strategic Cell, detailed above. The aim of the group is to provide whole-system strategic and commissioning oversight of the work to meet the mental health and emotional wellbeing needs of Somerset's children and young people.

CYPMH Eco System:



Context

Significant improvements have been made in the mental health services available for children and young people in Somerset over the past 2 years – though some challenges remain. This has been facilitated, in part, through increased investment from NHS England / Improvement as part of the NHS Long Term Plan, Future in Mind and Five Year Forward View directives (since 2015).

Along with the challenges related to the pandemic, the local Somerset system has seen significant financial pressures and historic low levels of investment in mental health services against a backdrop of increasing demands on CAMHS, social care, acute hospitals and schools.

Through our whole systems CYP MH & EWB F & A Group, we have embarked upon a new transformation plan, from Winter 2021. Our priorities are:

- Listening to young people and ensuring they are at the heart of everything we do
- Establish a whole system approach which aims to identify and meet need in a timely way
- Develop a system with partner agencies to deliver an extensive range of early help options by promoting resilience, prevent the worsening of mental health issues and supporting young people when they need it
- Ensure that accessing help is easy, referral pathways are simplified and transparent, and that support is offered as close to home or as accessibly as possible
- Provide urgent mental health services which offer effective crisis support and enable children and young people to regain an active, full life in a timely way
- Develop a more effective pathway for Children Looked After that takes account of their particular needs

In 2019 there were significant issues in CAMHS / Paediatric services in terms of significant waiting lists for ‘Tier 3’ community CAMHS, undue discharge delays for young people with mental health problems on Paediatric Wards. In addition, we have had higher than average self-harm prevalence presenting at Acute Hospital’s emergency departments and historic cases of child suicides which prompted comprehensive and deep-dive analysis by the Director of Public Health into Self Harm. Development of Somerset Wellbeing Framework, strengthening in CAMHS operational processes, establishment of Single Point of Access, increased investment in CAMHS, schools mental health and resilience education (SHARE) has helped to improve support for schools, primary care, young people and families.

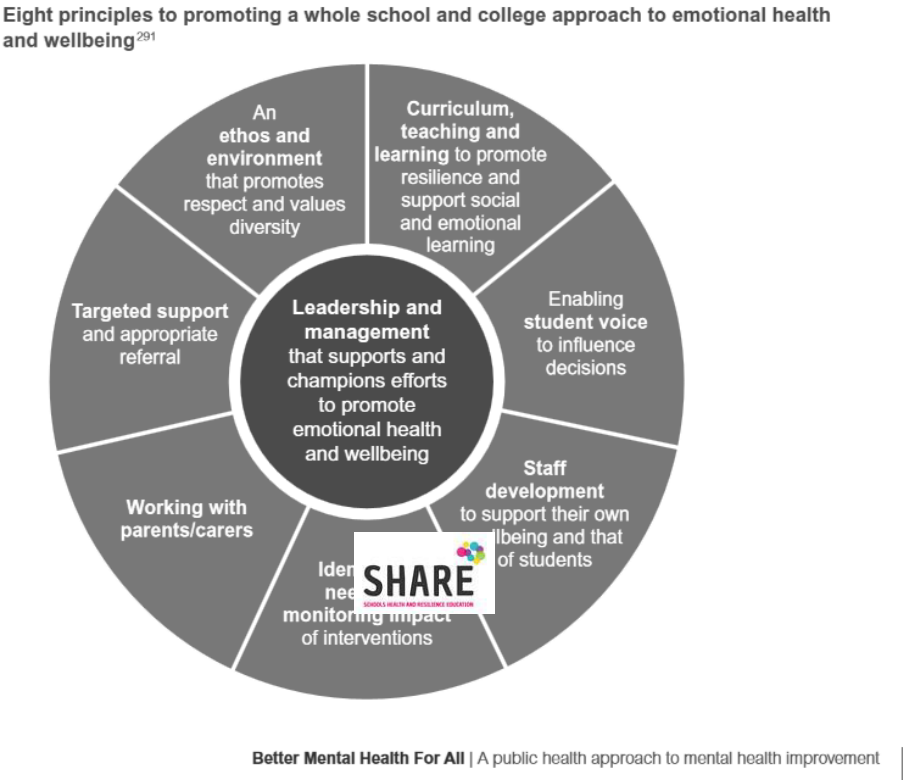
Increased investment into children`s mental health services over recent years grew from £3.6million in 2014/15 to £8.1million in 2020/21, with additional service investment in Tier 3 CAMHS, Enhanced Outreach / Psychiatric Liaison, CAMHS Single Point of Access, Community Eating Disorders, Kooth Online Counselling and CYP-IAPT Children and Young People Wellbeing Practitioners. The NHS Long Term Plan committed to increased investment in mental health support for every year of its duration, and for the increase in children and young people’s mental health to proportionately higher than that for adult mental health.

In 2019, prior to the impact of the pandemic we had already embarked on a number of improvement plans and initiatives including:

- **Somerset Big Tent**
    - Somerset Big Tent is a partnership of Charities, Charitable Incorporated Organisations and Community Interest Companies. These are voluntary, community and social enterprise (VCSE) organisations that provide a range of services including positive activities, therapeutic services and specialist support to increase positive wellbeing and improve mental health within children and young people aged 5-18 in Somerset.
    - In 2019, Somerset CCG, Young Somerset and other partners including Primary Care Networks (PCNs), and Spark Somerset established 2 groups to pilot projects in Yeovil and North Sedgemoor. The pilots set out the strategic direction of Somerset Big Tent and included mapping out provision and need for Somerset's children and young people.
- **NHSE/I / DfE funded trailblazer programme (MHSTs)**
    - In July 2019, a collaborative of local organisations including Somerset CCG, Local Authority Education and Public Health, Somerset NHS Foundation Trust and Young Somerset, made a successful bid for NHS England and DfE funding to develop two Mental Health Support Teams (MHSTs). This work is in response to the Government's Green Paper (2017) to improve mental health outcomes for children and young people.
    - Each MHST is responsible for delivering evidence-based interventions for children and young people with mild to moderate mental health issues, supporting the designated senior mental health lead in each education setting to introduce or further develop their whole school approach to wellbeing and providing timely advice to school and college staff, and liaising with external specialist services to help children and young people to get the right support and stay in education.
    - Each team covers c. 8,000 pupils aged 5-16 (or approximately 20 schools) within each of the selected areas and including primary, middle and secondary schools.
    - Each team is made up on Education Mental Health Practitioners (Young Somerset employees) supervised by Senior Mental Health Practitioners (CAMHS), supported by Educational Psychologists and Public Health to deliver a 'whole school approach'.
    - The 2 teams are hosted in Pupil Referral Units (PRUs) Taunton Deane Partnership College and TOR School (Mendip).
- **CYP-IAPT Programme**
    - Young Somerset's Wellbeing Service operates as part of the IAPT (Improving Access to Psychological Therapies) strategy in the UK. Children & Young People's Wellbeing Practitioners (CWPs) operate under-supervision as part of a multi-disciplinary team, delivering high-quality, outcome-informed; focused, evidence-based interventions for children and young people experiencing, mild to moderate anxiety and low mood,

- In 2019, Young Somerset employed 4 qualified CWPs with a further 8 trainee CWPs starting in January 2020. CWPs are increasingly aligned to the Somerset Big Tent operational localities and are designed to be embedded into community settings – offering both 1:1 and group work support.

- **SHARE (Schools Health and Resilience Education)**
  - SHARE is a school-based service aimed at children and young people aged 11-18 who are in middle and secondary school education, which ensures their needs are met in terms of mental health support, promotion of good mental health and wellbeing, building resilience and address emerging mental health difficulties early on for students.
  - SHARE consists of student-led projects, facilitated by 4 Liaison Workers, to build resilience, reduce stigma and increase understanding of mental health conditions among students, teachers and parents using a whole-school approach:



- **Somerset Self-injury Project (SIPP)**
  - The Somerset Self Injury Pathway Project was commissioned as a year-long project by Somerset CCG and was hosted by Somerset CAMHS. The project ended on the 31st March 2021.
  - The Self-Injury Project was delivered across Somerset schools, prioritising middle and secondary schools to increase knowledge and skills of school and related staff in Somerset to help reduce the incidence and impact of self-harm in children and young people.
  - The focus of the project was to create a suite of resources, provide free training and develop an improved pathway to help those supporting children

and young people with mental health difficulties, better understand and respond to self-harming behaviour in children and young people.
    - The learning, information advice and knowledge gained during this project will help inform the work of CAMHS core business, which will continue to build upon the valuable work which has already been done.

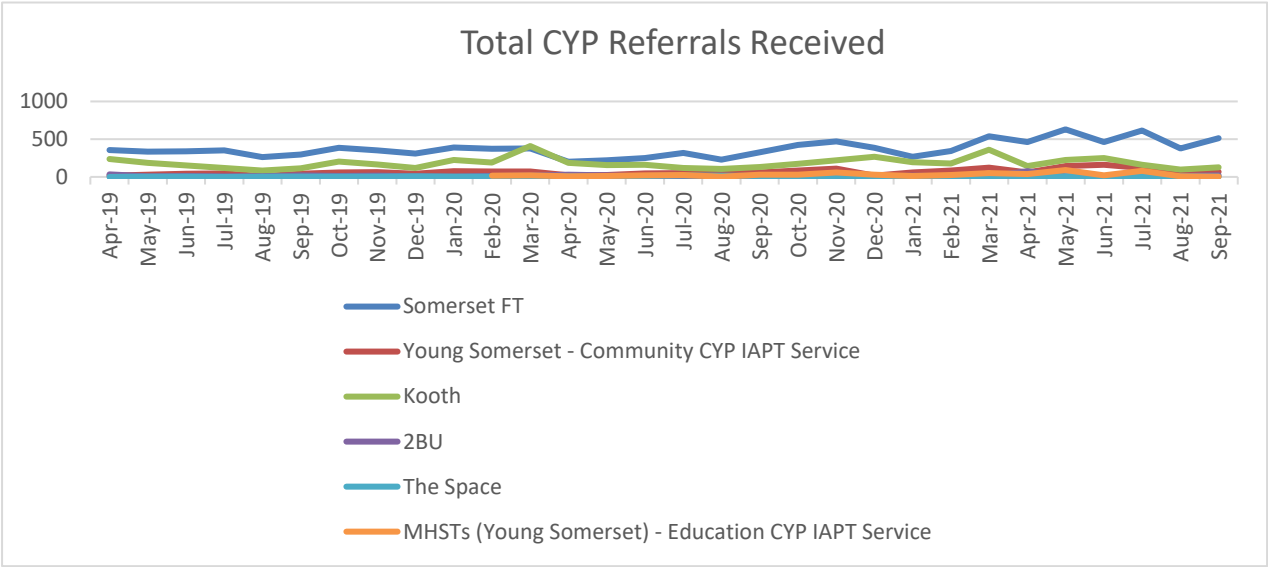
Impact of Covid-19 on mental health services

We are proud that our statutory and VCSE providers continued to operate throughout the pandemic with no support services stopping their provision, albeit in some instances the method of delivery changed. With education settings closed to all but the most vulnerable children, significant changes were needed to meet the growing pressures our children and young people were facing. A collaborative group including Somerset CCG, Somerset County Council and VCSE providers formed to focus on the planning and delivering of services in the Covid-19 climate. Organisations came together weekly to share information and guidance, understand the experiences, views and needs from children and young people, their families and carers, to enhance accessibility to mental health and emotional wellbeing services.

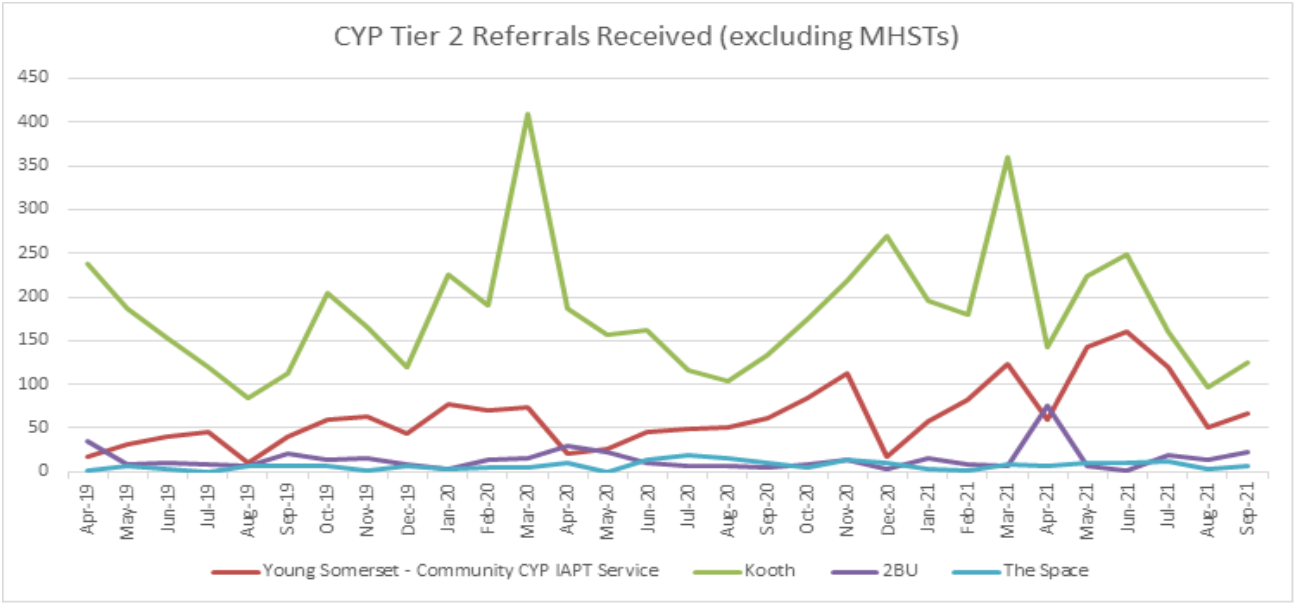
The group identified several issues resulting from the Covid-19 pandemic:

- There was no uniform reaction to covid 19, its associated lockdowns and restricted access to schools. For some, lockdown enriched their lives with increased quality time at home with family members. For others time at home was more problematic, some found the clarity of lockdown restrictions helpful, whilst others found them oppressive, and others found the coming out of lockdown with less clear guidance even more problematic.
- There was an increase in stress and anxiety for many of our young people who told us there was nothing else on the news; Covid-19 was the only thing being talked about
- Demand increased on services due to schools needing to restrict access
- There was a reported rise in online bullying – the use of digital platforms increased and there was an increase of hate incidents for the Asian community
- Increase in self-injury due to self-isolation
- Decrease in physical activity – young people feared challenge if out in the community
- Young people in a hostile home environment:
    - Unable to disclose their gender or sexual identity in a homophobic household
    - Young people not feeling they are able to access online appointments
    - Domestic violence in the home
- Somerset is known for its high levels of rural and deprived areas; a lot of families were unable to access equipment for virtual information and interventions
- Increase in complexities / acuity for those patients accessing services
- Increase in complexities for eating disorder services

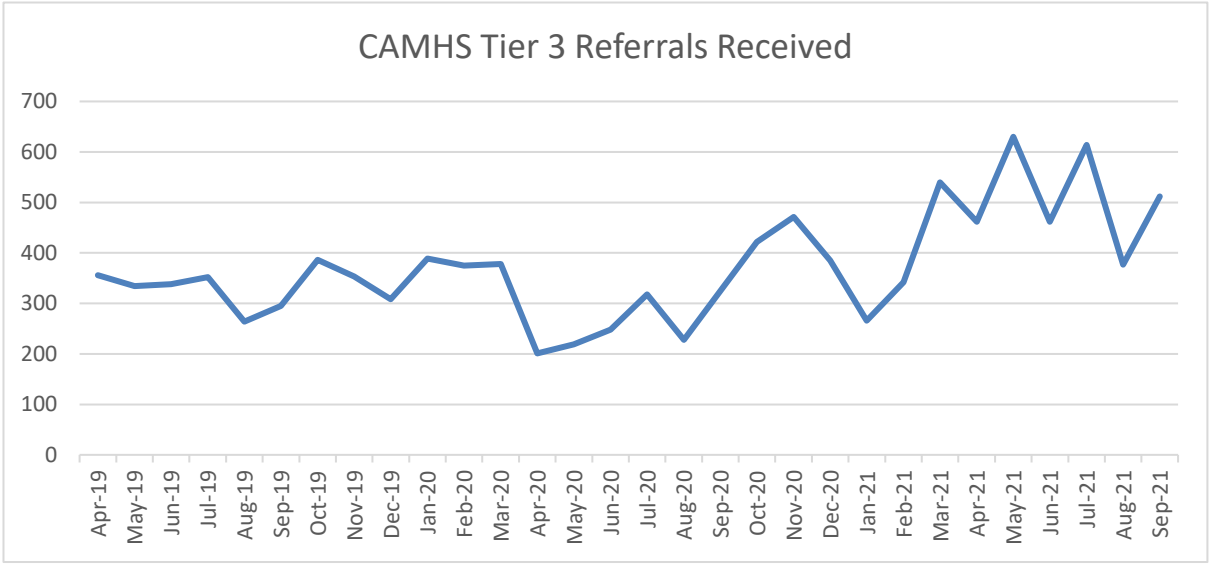
The following two pages present some of the activity data for the respective services over the past two years.



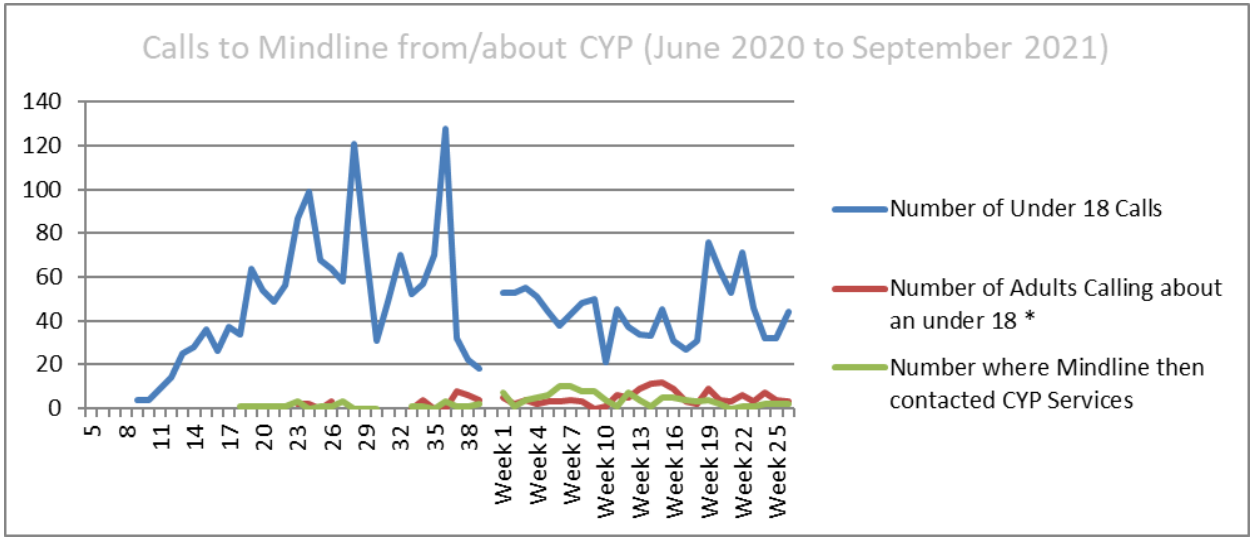
This graph shows the total number of referrals into CYPMH services from April 2019 to September 2021.
Referrals into services decreased from March 2020 which is when the UK went into lockdown. Referrals started to increase in September 2020 which may have been caused by the return to education settings.



This graph shows the number of referrals into tier 2 CYP mental health and emotional wellbeing support services from April 2019 until Sept 2021 spanning the VCSE providers – Young Somerset, Kooth, 2BU and The Space.



This graph shows the number of referrals into 'Tier 3' / Specialist Community CAMHS from April 2019 to September 2021.
In April 2019, Specialist CAMHS received 356 referrals, falling to 201 referrals in April 2020 and increasing to 462 referrals in April 2021. The fall from March – April 2020 is likely to present the service moving from face-to-face appointments before moving to the Attend Anywhere platform. Face-to-face appointments were still given to those young people who were presenting with mental health difficulties with a severe risk.



This graph shows calls to Mindline regarding children and young people from June 2020 to September 2021. Calls from CYP have decreased over time but there are a growing number of parents using the line. Data collection has improved however, Mindline relies on a CYP sharing their age.

In terms of volumes, about 5% of total Mindline activity is from CYP - this benchmarks well with our counterparts in the SW who have said that's about the same as their areas.

With increased effort and commitment, Somerset was well placed to respond to the pandemic in terms of increasing capacity and the variety 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:

- Extension of the operational hours of the Somerset Mindline so it operates 24/7 and can respond to callers of all ages
- Moving face-to-face services online, though face to face were maintained where clinically required.
- Launch of Somerset Big Tent website and network
- Kooth created and published topics and articles relating to the pandemic
- Increasing communication to schools
- 2BU LGBTQ+ Youth Support, when able, developed safe outreach groups in the community
- The Space increased the number of counsellors providing support
- A new virtual pathway for those accessing CAMHS through the Single Point of Access
- Educational Psychology Service introduced a telephone helpline for parents and carers
- Wellbeing for Return Project following funding from the Department for Education to Local Authorities to deliver a national package of training for education staff to support wellbeing in relation to the return of school. Somerset's EP Service coordinated free, virtual training to schools to:
    - Increase knowledge of the potential mental health and wellbeing impact of Covid-19 on staff, children and young people, and parents and carers
    - Build understanding of evidence-based and straightforward responses and resources to support recovery
    - Raise awareness of specialist and wider support services

Increasingly through and following the pandemic, joint working between the Somerset Clinical Commissioning Group, Somerset County Council, Somerset NHS FT and the VCSE sector has become the preferred way of developing ideas, addressing challenges, and taking forward service developments. Integrated working and strategic groups are in place to both generate solutions and identify potential areas for improvement and joint development. This has been a significant change and has resulted in plans and work towards joint service development.

Where we are now:

This section provides an update of where we are now moving to a position of 'living with' Covid-19 in terms of our core offer for mental health and emotional wellbeing services in Somerset for CYP:

Public Health (inc. Somerset Wellbeing Framework)

Public Health Children and Young People's Team hosts a local website to support schools, colleges, early years settings and anyone that works with or carers for children to improve the mental health and emotional wellbeing of children, young people and families in Somerset.

The website also includes the Parent & Carer Toolkit which has been designed to support parents and carers to find the information they need to help with their role of 'being a parent'. The Mental Health Toolkit provides information and support about mental health and emotional health & wellbeing including Self-Injury Guidance. The website also includes the Somerset Wellbeing Framework which is our local programme for delivering a 'Whole School Approach' to mental health that allows schools, colleges and other settings to record their health and wellbeing work, leading to their formal recognition by Public Health Somerset as health improving organisations.

The Somerset Wellbeing Framework has been developed in partnership with colleagues in schools, health, Education Psychology, CAMHS, SASH, SAPHTO, SENSE, Somerset Youth Parliament and the Somerset Parent Carer Forum. It is designed to help build wellbeing into the ethos, culture, routine life and core business of a school. It's a process that moves beyond learning and teaching to pervade all aspects of school life and has been found to be effective in bringing about and sustaining emotional resilience and mental health benefits for the whole of a school population.

Over a third of Somerset schools have used The Somerset Wellbeing Framework. The Framework helps schools to create a graduated response that includes:

Universal provision for 'all' that promotes and cultivates a culture of wellbeing where pupils develop:

- Resilience
- Emotional literacy
- Self-esteem
- Social skills
- Being healthy
- Kindness and gratitude
- A sense of purpose

Targeted Support with access to interventions and help for those that need more:

- Skilled staff and wellbeing leads
- Prompt identification of children and young people that need more
- Appropriate school-based intervention
- Links to local specialist provision
- Reviewing and monitoring mechanisms

The Somerset Wellbeing Framework uses the eight principles developed by Public Health England to achieve holistic approach to wellbeing, focusing on the Thriving element of the iThrive model. The principles underpin an effective whole-school approach and provide the scaffolding needed to cover every aspect of school life.

MeeTo Pilot App Usage
There are currently 179 users signed up to MeeToo in the pilot area.
Users in the pilot have made 974 posts and 1,263 replies on MeeToo since the beginning of the pilot.

MeeToo Peer Support App

MeeToo supports the mental health and emotional wellbeing of children and young people through a pre-moderated peer support, award winning, NHS approved app where young people can safely talk about difficult issues and learn how to help themselves by helping each other.

MeeToo and Somerset CCG embarked on a pilot in Spring 2020 to observe the potential benefits of digital peer support for early intervention and prevention on a small, targeted group of young people.

Interrupted by the Covid-19 pandemic, the MeeToo pilot was restarted in Summer 2020 with permission to extend until the 31st December 2021 to ensure the project was able to engage with schools and to enable young people to continue using the app, providing more time to test engagement activities.

"The MeeTwo app has had a positive effect on our students. Our students are able to anonymously type how they are feeling, but also get the comfort of knowing that there are professional practitioners that are looking and checking on the posts. We have been able to get all of our students on the portal via the app on their phones. The MeeTwo discussions in RSHE have been stimulating and the directory has really helped this. At SSPS we would be very grateful if the funding would be extended."

Ian Welch, Assistant Pastoral Lead for Medical and Mental Health Provision, South Somerset Partnership Schools

Eight education settings were chosen to take part in the pilot, based on need and deprivation. These included Stanchester School, Huish Episcopi, TOR School, Taunton Deane Partnership College, Somerset Partnership School, the Bridge School, Wadham School and Chilton Trinity School. These schools and PRUs have created their own bespoke information portals for their students aged 11-18, including a directory of services which provide low level mental health and emotional wellbeing support. The portals also enables young people to connect directly to the support services offered via Somerset CCG, including Young Somerset, KOOTH, 2BU, Mindline, ChatHealth and LifeBeat.

Since the pilot began, schools have shared positive feedback from students and staff. A full evaluation of the pilot will take place in January 2022.

Somerset Big Tent (SBT)

The SBT established an Executive Group consisting of members that were originally involved in the previous Yeovil and North Sedgemoor pilots. The Group formalised a quality assurance structure to enable organisations to join the alliance in which over 40 applications to become a member of Somerset Big Tent have been received so far.

A website has been developed with the future aspiration to create an app for children and young people to find support that would suit their needs, and SBT merchandise has been distributed to local GP surgeries, CAMHS and alliance members for promotion.

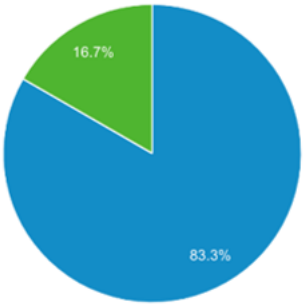
The Executive Group has now been renamed as the Participation Group; accountable to the Young People's Executive Group who makes key decisions and recommendations and drives the strategic vision going forward.

In May 2021, the first Somerset Big Tent Festival was showcased, in which over 100 people attended, and young people were given the chance to share their personal stories. You can watch it here: https://www.youtube.com/watch?v=N6ZOzu27dAg

Audience Data

Number of Website Views:	24,746
Number of Individual Website Users:	5057
New Visitors:	5040
Returning Visitors:	1008
Bounce Rate:	48.94% (Excellent)

Percentage of New / Returning Somerset Big Tent Website Visitors



Service Topic Views

Service Topic Name	Service Topic Page Views
Anxiety	935
All Services	927
Depressed	364
Self Harm and Suicidal Thoughts	333
Body Image and Low Self Esteem	213
Services for Parents and Guardians	297
Community Opportunities	181
Obsessions and Compulsions	132
Support for Survivors of Abuse	134
Family and Relationship Concerns and Bereavement	253
Sexuality and Gender Identity	164
Loneliness and Isolation	160
Ethnicity and Cultural Identity	61

Mental Health Support Teams (MHSTs):

Following the successful provision of 2 MHSTs in Summer 2019, Somerset was subsequently awarded 2 more MHSTs in July 2020, and 2 more in March 2021. This meant we were able to expand our current model and our 4 currently operational teams are now hosted in all 4 of the Somerset PRUs: Taunton, Mendip, Sedgemoor and South Somerset.

Mental Health Support Teams Data

From February 2020 to September 2021, the MHSTs have received 582 referrals and have had 861 contacts with children and young people

Whilst the model between CAMHS and Young Somerset is complex, the partnership are continuing to work effectively and is overseen by the Mental Health Support Team Executive Group (chaired by Somerset CCG). The MHSTs engagement with schools has increased and the Education Mental Health Practitioners (EMHPs) are working well supporting young people by offering one-to-one, high-quality, low intensity cognitive behavioural therapies (CBT), group work and psycho-education in which they are supervised by Senior Mental Health Practitioners.

With the support from Educational Psychology (EP), Mental Health Leads in Schools has been established whom receive support from the MHSTs around advice and guidance and support around how to refer into the service. The EPs are also offering support to the MHLs to develop school audits as well as Continuing Professional Development (CPD) training to the EMHPs.

The MHSTs will continue their training and developing the 'Whole School Approach' offer to schools, and the learning from SHARE and the Self-Injury is now part of the MHSTs core business.

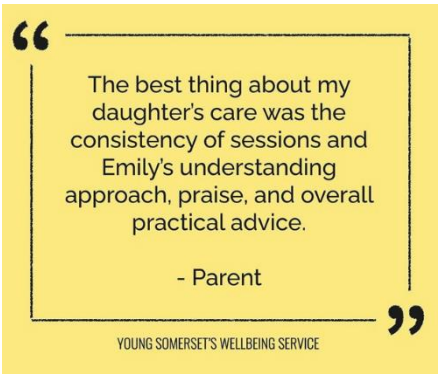
"Can I take this opportunity to say a huge thank you for all the support your team are offering the children and families at Beech Grove! I know our families are extremely grateful for all the knowledge and guidance the EMHPs are providing"- Beech Grove Primary

Community Wellbeing Team Data
From April 2019 to September 2021, the Community Wellbeing Service have received 1905 Request for Supports and have had 1623 '1 contacts' with children and young people

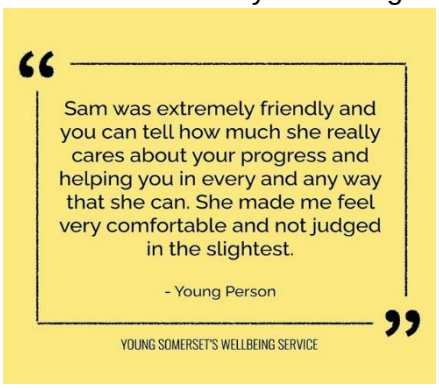
CYP-IAPT / Young Somerset's Wellbeing Service

Since 2019, Young Somerset's workforce has increased to meet the needs of children and young people in Somerset, and currently employs 8 qualified Community Wellbeing Practitioners (CWPs) and has 6 trainee CWPs who started their training at the University of Exeter in January 2021. They're expected to finish their training and qualify, early next year.

Young Somerset's Community Wellbeing Service has seen an increase in recent months in Requests for Support and an increase in complexities such as ASD, ADHD, learning difficulties and trauma and requests for young people with significant risk, such as attempting suicide and ongoing self-injury. The majority of referrals received into the service are self-referrals, followed by GPs and education settings. Young Somerset are currently identifying trends and are developing training and education packages for referrers.



Young Somerset has been running successful parenting, wellbeing and art groups, and are in the process of looking to increase their offer of group work to include sessions around low self-esteem, friendship issues, healthy relationships and transitions. Community Wellbeing Link Workers have been employed to offer non-clinical support around areas such as sleep, relaxation and mindfulness. The Link Workers are also key to reduce pressure on the Community Wellbeing Practitioners by co-ordinating the Request for Support process and providing varied engagement work for the Wellbeing Service.



2BU

Somerset CCG has commissioned 2BU – a youth support group supporting the LGBTQ+ young people in Somerset by making a difference and raising awareness of what many young people face in coming to terms with their gender or sexual identity.

2BU provides central youth support which meets weekly on a Wednesday evening (6-8pm) for young people aged 13-18 who identify as lesbian, gay, bisexual, transgender or who are questioning their gender or sexual identity. In this safe environment, social activities are covered as well as relevant LGBTQ+ topics.

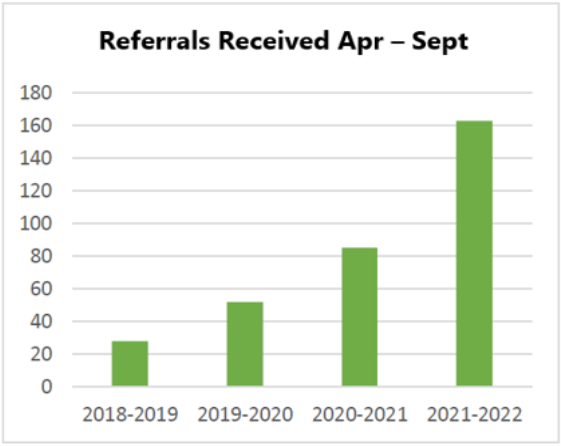
Other groups include 2BU Social which are monthly meetings for LGBTQ+ young people who are over 18 years; support sessions and groups ran on college campuses; 2BU 'T'Time' for transgender young people and their parents / carers; Outreach groups and one to one sessions. 2BU also has an online space where young people are given a login which enables that young person to create a profile; gallery; status updates; live chat; private messaging; forum boards and a 'what's on' calendar. Under 13 years of age has a separate login area to 13-18 years of age.

2BU attended Yeovil Pride in August 2021 and young people managed to organise a Pride March to support each other and the Yeovil LGBTQ+ community

The numbers – April to September 2021 Comparison

Contacts	To date – 2021	To date - 2020	% +/-
No. of CYP accessing support	140	87	+60%
No. of CYP accessing group support via 2BU	101	63	+60%
No. of CYP accessing 1:1 support via 2BU	89	50	+78%
Contacts via 2BU support groups	838	554	+54%
Contacts via Outreach (community) groups	236	227	+4%
Direct 1:1 support for CYP	256	190	+34%
Training / Awareness Raising	795	25	+3,080%

2BU Referral Insights



Referral Source:
Education Service 34%
Self-referral 30%
Parents / Carers 15%
VCSE 8%
School Nurse 3%
Social Services 2%
CAMHS 1%
Police 1%
GP 1%
Other 1%

The Space Data
From April 2019 to September 2021, The Space have received 211 new referrals and supported 278 young people

The Space

"Actively listening to me helped me to sort out my problems and giving me information helped me understand more about myself"

The Space is a service we support in direct response to the tragic death of a 16 year old young person in 2017, in Cheddar. The aim of the service is to support and improve the mental health and emotional wellbeing of children and young people aged 4 – 18 years living in the Cheddar Valley area of Somerset.

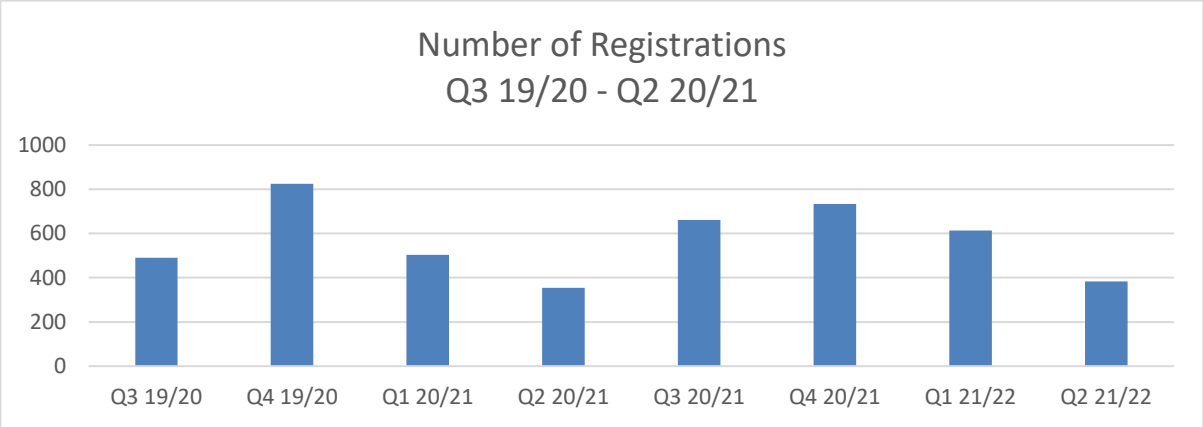
The Space offers a wide range of support including:

- Counselling – a counselling service for young people aged 9-18 years (telephone or online during Covid-19 pandemic)
- Youth activities – to encourage and increase the wellbeing of young people aged 13-18 years
- Youth Club – a safe space open to young people aged 10-13 years
- Wellbeing garden – to provide a safe and welcome space for children, young people and their families to use gardening as a therapeutic tool to improve their physical and mental health
- Working with schools – direct support such as wellbeing workshops and peer to peer training

Somerset CCG has recommissioned The Space, extending their contract until 2023.

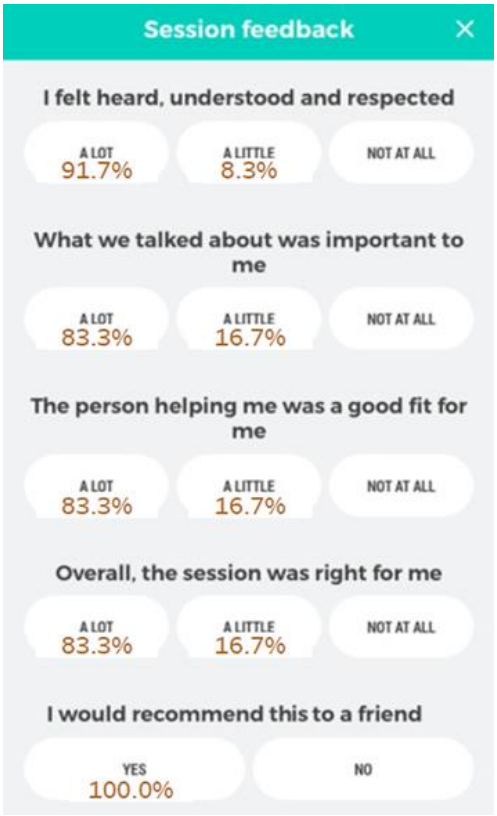
Kooth

Kooth is commissioned by Somerset CCG to provide anonymous and personalised mental health support for children and young people.



Kooth is designed to meet the Thrive Framework for System Change (Wolpert et all 2019), a NICE informed clinical model which helps children and young people (CYP) feel safe and confident in exploring their concerns and seeking professional support. Kooth's live counselling functionality allows CYP to receive professional support from qualified practitioners with significant experience in working with children and young people.

Kooth has employed an Engagement Lead who is currently in the process of promoting the online counselling service to schools, GP's, parents and carers.



Kooth Session Feedback
July – Sept 2021 Service Users

Session feedback is collated from completed questionnaires that appear at the end of every chat session.
The questions are focused on capturing the effectiveness of the therapeutic alliance. Research shows that Service Users are more likely to achieve positive outcomes when they score the intervention highly.

CAMHS 2+ Team
In April 2021, Somerset CCG has commissioned CAMHS, working in partnership with Young Somerset to extend the current mental health and wellbeing offer with the CAMHS 2+ service.

The CAMHS 2+ service offers children and young people who do not meet the criteria for specialist CAMHS support, but still require specific support and intervention around their mental health to access tailored support. The team supports children and young people with a range of conditions including support for those self-injure, have phobias or who suffer from anxiety or depression.

The service builds on the valuable project work that has been done over the last few years by Schools Health and Resilience Education team (SHARE) and the Self Injury Pathway Project. The team, made up of Young Somerset's Children's Wellbeing Practitioners working alongside CAMHS specialist staff, deliver comprehensive mental health assessments to children, young people, their families, or carers.

Phoenix Service
The Somerset Phoenix Service is provided by Barnardo's who works with Somerset and Avon Rape and Sexual Abuse Service (SARSAS) as a sub-contractor. The service was procured and started in March 2017. This was developed as a bespoke service and commissioned by Public Health as the lead commissioner with support from Somerset CCG and NHSE.

This service focuses on providing support for children up to 18 years and their families who have experienced sexual abuse but who fall outside the threshold for admission to specialist mental health services and /or other specialist services. Together with the direct support service Phoenix also provides training, resources, consultation service and a schools champion challenge.

Jigsaw Project (CAMHS & YS)
In partnership between Somerset NHS Foundation Trust CAMHS and Young Somerset, the Jigsaw Project (formerly the Diversion Programme) was commissioned following the successful winter pressure support provided for young people in Yeovil District Hospital (YDH). The Jigsaw Project is for young people who have had a recent hospital admission for their mental health difficulties or low emotional wellbeing.

Using a youth work approach, youth workers support the young person, and their family, through the use of activities and one-to-one work using a strengths focused outcomes model so the young people can go on their own journey to alleviate their mental health difficulties. The aim of the project is to reduce readmissions to hospitals for young people as they make their own informed decisions for change in the future. Youth workers can also provide some support, advice and guidance and signposting for the whole family within the home and advocate for the family in situations where they do not feel like they have a voice.

Care Leavers Counselling Service
In May 2020, Somerset Counselling Centre received a grant funded by Somerset Community Foundation, Somerset County Council and Somerset Clinical Commissioning group to develop a bespoke counselling service to Care Leavers who are experiencing mental health difficulties.
From September to December 2020, 11 Care Leavers were referred to the service for assessment for either one-to-work and / or group therapy. The assessments completed resulted in Somerset Counselling Centre reflecting and putting in measures in place to enhance pre-engagement and build relationships due to some of the young people not engaging with the service. As a result, the awareness of service was improved, and Somerset Counselling Centre were able to retain their young people for multiple and on-on going sessions.

From February 2021 to present, the service has been working with 7 Care Leavers and has managed to deliver over 100 counselling sessions. Key themes of the difficulties the Care Leavers are facing includes:

- Bereavement
- Early Trauma
- Relationships
- Anger
- Anxiety

Homes and support for the most complex children and young people
Rethinking the response to the most vulnerable young people (including those in significant crisis). Following significant Somerset County Council investment, a competitive dialogue process and the successful appointment of a strategic partner (homes2inspire) to deliver children's homes, high-needs fostering, and therapeutic education has been completed. This involved the full SCC, CCG and SFT staff at all levels. Aligned closely with the Crisis provision (which is being developed by SFT CAMHS) it represents a significant change in the way these young people, with complex lives and needs are supported. Recognising that a range of help, which builds on the breadth of expertise that is needed to offer these young people a different and more aspirational future. This work has been identified as leading the way nationally.

These services will gradually become operational from Spring 2022 onwards. Interim solutions are being explored to ensure a robust multi-disciplinary response for young people in the meantime.

Children Looked After (CLA)
In Somerset, 46% of CLA have emotional wellbeing that is a cause of concern. The CCG, SCC and SFT CAMHS jointly fund an emotional wellbeing service for this particularly vulnerable group of young people. The team are currently reviewing the provisions available to support the emotional health and wellbeing and mental health needs of our looked after children and care leavers to ensure they have accessible access to self-help resources, to simplify access to the services they need and to ensure the workforce around this cohort have the right skills and experience.

Investment into Children and Young People's Mental Health Services

Somerset is now exceeding the 1% standard for investment as set out by the children's commissioner. The profile below provides an overview of the historic investment into CYPMH services and details our investment plans for 2021/22:

CYP Mental Health Services - Annual Investment Profile

Total Commissioner reported spend on CYP Mental Health Services (including eating disorders)

	18/19	19/20	20/21	2021/22 (Half year)
	£'000	£'000	£'000	£'000
Somerset NHS FT	5,416	6,229	6,475	3,610
Rapid Improvement Scheme CYP - Expanding Crisis Provision (EOT)		120	221	
Other providers (including Somerset County Council and charitable sector)	358	363	782	391
CYPMH Green Paper Trailblazer Project / MHST Waves 1 to 4 (SDF)	90	254	779	649
CYP MHSTs Waves 5 and 6 (SDF)*				110
CYPMH Crisis and Community (SDF)			29	299
Mental Health Winter Pressure Funding - CYP Psychiatric Liaison		40		
CYPMH Crisis and Community (SRF)				201
CYP Eating Disorders (SRF)				54
	5,864	7,006	8,286	5,313
Revenue Resource Limit (adjusted for Primary Care Delegation funding and allocations related to the Covid-19 pandemic to ensure consistency of comparisons)	761,787	800,997	868,274	466,624
CYP MH spend as % of total in year resource allocation	0.77%	0.87%	0.95%	1.14%

As part of 2021/22 planning, Somerset CCG set aside a significant amount of funding (£600k) under the Mental Health Investment Standard growth, which was effectively ringfenced for the CYP programme. This meant the CYPMH was not "competing" with adult services for funding growth.

We also received non-recurrent allocations for CYP programmes from the national Spending Review. This was specifically made available for eating disorders and crisis services, as there has been significant growth in demand and complexity for these services, over the Covid-19 period.

A NHSE/I was very prescriptive about how the allocations should be utilised, we worked closely with NHS, Local Authority and VCSE partners to determine how best to meet the national requirements in Somerset, with clinical involvement throughout this process.

Wider investment which supports children and young people's mental health (and parental mental health includes:

Somerset County Council investment to develop homes for children and young people, small children's homes, high needs fostering and therapeutic education £70million over 10 years.

Somerset County Council investment (£493,467 a year) in the Open mental health arrangements to address parental mental health issues in Family safeguarding teams.

Key Long Term Plan Deliverables for CYPMH:

Eating Disorders: 95% of urgent patients should be seen within 1 week of referral	Rolling 12 months to May 2021: 82.9% Latest month: 100% (July 2021)	Improving	Of 35 patients over the last 12 months, 29 patients were seen within 1 week of referral, and all 35 within 4 weeks - The non-achievement of the CYP ED urgent metric was in part due to people self-isolating and so couldn't be seen. Small numbers mean higher proportional impact from 1 breach. Overall, we have increased our year on year spend on eating disorder services by 34%
Eating Disorders: 95% of routine patients should be seen within 4 weeks of referral	Rolling 12 months to May 2021: 67.0% Latest month: 80% (July 2021)	Improving	Of 93 patients seen over the last 12 months, 63 patients were seen within 4 weeks
CYP Access: 35% of CYP with diagnosable mental health conditions will receive an evidence based community mental health offer	1 contact: 38.8%* rolling 12 months (unvalidated) 2 contacts: 24.1% rolling 12 months (unvalidated)	Improving	*Applying the same methodology as the 2 contact standard; however, NHSEI are moving away from an access rate target to defined activity targets and are yet to confirm what Somerset's share of the national target is

Where we're going:

NHS England has asked Somerset CCG to work with commissioners and providers across health, social care, education, youth justice and the VCSE sectors to develop a local transformation plan for children and young people's mental health.

We are currently formulating our approach and priorities for our plan in collaboration with children, young people and their families. Our plan will set out how we will invest resources to improve children and young people's mental health across Somerset. The plan will be a live document and expected to be published by the end of 2021.

This section provides information on the current plans we are undertaking to improve our offer of mental health services for Somerset's children and young people.

Focus	Plans	Expected Outcomes
CYPMH Service Provision	The CCG, SCC and SFT will review of the CYPMH Provision introduced during the pandemic so we can better how effective these services were, understand the improvements we need to take.	Increase the understanding of CYPMH provision for service users. Improve services to better meet the children and young people's needs.
Somerset Big Tent (SBT)	Somerset CCG plans to evaluate the current progress of Somerset Big Tent so far so we can understand the improvements we need to make and discuss with the system how we can better align SBT with the adults Open Mental Health programme.	Increase the access for children and young people (CYP) to VCSE services and provision to reduce the number of referrals into CAMHS. Improve the transition from CYP MH services into adult MH services, should further support be necessary.

Mental Health Support Teams (MHSTs)	With 8 new Education Mental Health Practitioners (EMHPs) starting their training in January 2022, we plan to expand our reach of MHSTs into Frome and West Somerset, with a focus on Elected Home Educated children and young people. By 2023/23, we plan to cover 60% of Somerset to deliver early intervention to CYP.	Increase in CYP with a diagnosable MH condition accessing services. Continue the offer of virtual & face-to-face appointments so CYP can get the right help, at the right time, in the right setting. Reduction in the numbers of pupils not attending school due to wellbeing issues. Increase in schools adopting a whole school approach to emotional wellbeing and mental health.
Community Wellbeing Service (Young Somerset)	Young Somerset are currently in the recruitment process to train 8 more Community Wellbeing Practitioners in January 2022 to increase the capacity for mild-moderate mental health and emotional wellbeing conditions for CYP. Training for the CWPs will be given by the University of Exeter.	Increase in CYP with a diagnosable MH condition accessing services. Meet the demand for those CYP with a diagnosable MH condition.
Procurement of a new Online MH Digital Solution for CYP	Somerset CCG are formalising their plans to procure a new online service in Somerset for children and young people who are experiencing mental health and emotional wellbeing issues.	Increase in CYP with a diagnosable MH condition accessing services. Increase the mental health and emotional wellbeing portfolio for Somerset.
Single Point of Access	In April 2021, CAMHS Single Point of Access offered a new self-referral process for CYP aged 16-17, we now plan to increase this offer for CYP aged 12+. In Somerset, there are aspirations to achieve a multi-agency, single point of access to more effectively respond to the mental health needs of children and young people in crisis, out of hours. Building on the existing work towards a single point of access for children and young people	Supporting the prevention of escalating need by providing earlier and easier access to CYP CAMHS and wider support networks, through more intensive support packages at home thereby reducing the need for hospital admissions.

	experiencing emotional and mental health difficulties, it is a system aspiration to extend this to offer a fuller range of support and approaches, recognising that children and families lives span services and solutions, and support needs to reflect this.	
CYP Eating Disorders and CYP Crisis	CAMHS CED Team are currently in discussions to work in partnership with a VCSE sector provider to develop a 'step down, step up' approach for CYP with eating disorders and those with dysregulated eating patterns. Somerset has chosen to blend their approach with eating disorder and crisis investment due to clinical need. A new Intensive Treatment Support Team is in development that will be integrated into the CAMHS Enhanced Outreach Service. Recruitment is underway and clinical models are being formalised jointly between CAMHS and Paediatrics, along with CYP co-production groups. There are currently no specialist eating disorder beds within the South West region. Somerset are aspiring to deliver an effective crisis offer within the county to meet the needs of children and young people with the most severe levels of needs. It has been apparent for some time that young people presenting to services out of hours and who may be in short term crisis tend to get a limited response and service. The consequence of this can be to disempower or not support parents and carers sufficiently, resulting in loss of confidence. Equally the services that are available and responsive may have limited experience of coping with high emotion and extreme behavioural crisis. This can result in inappropriate admissions, splitting of multi-agency approaches and disruption and difficulties in a wide range	Developing a greater range of support for children, young people and their families. Reduction in inpatient admissions for people with an eating disorder and or dysregulated eating patterns. Maintaining levels of CYP needing to access CAMHS provision. Better, earlier and timely support for vulnerable young people with significant mental health concerns. Reduction in inappropriate admissions to paediatric beds. Reduction in escalated admissions to more restrictive environments such as Tier 4 CAMHS beds or Secure Welfare children's homes. Young people's families and carers are better involved in resolving crisis situations, using their strengths, and avoiding disempowering situations. Enabling young people to make relationships that can support them out of crisis, ensuring continuity of care for young people and their carers or families.

	of already pressurised services. Somerset CAMHS and Social Care are seeking to establish a joint, out of hours intensive support team to offer short-term support to children, young people and their families in the following situations: • Young people detained under section 135 or 136 of the Mental Health Act • Young people presenting to ED who are medically fit for discharge but are unable to be discharged – alternative to paediatric admission • Young people with a placement breakdown who cannot be found a short-term home • These young people will have suffered significant trauma and will have severe emotional distress.	

Challenges

There are a number of challenges that face the local CYP mental health and emotional wellbeing services going forward. A number of these challenges are nationally well documented and so will not be expounded upon here e.g., national recruitment and retention challenges for skilled clinicians and practitioners, an increase in expected demand in children and young people's emotional wellbeing generally, and the longer term impact of the pandemic and its related effect on young people's development, educational and employment opportunities.

Specific to the Somerset system, one of the significant pressures that we are experiencing is the shortage of suitable short term and intensive support for young people with complex emotional distress needs, who do not have a clear mental health diagnosis. Often the needs of these individuals manifest themselves in disruptive and high risk behaviours which are difficult for staff to manage. Over recent months a number of young people have been admitted to paediatric wards following crisis episodes. They have become stuck due to the lack of appropriate alternative support with right the skills and expertise to enable their families to look after them. Due to the lack of this community resource, they have been placed in exceptionally high cost placements which also struggle to meet their needs effectively. We know the recent appointment of a strategic partner (The Shaw Trust) help us together to develop a shared resources to meet this need in the medium to longer term is most welcome, but this will not be coming on stream until the summer of 2022. Consequently, alternative interim crisis support solutions continue to be actively explored.

We know we have engaged more fully with children and young people to hear their voice in the development and co-production of services, but this is an area we know we would like to improve further and communicate better to CYP (as identified and welcomed by the recent Healthwatch report).

Also, specific to Somerset we know we do not have the same training opportunities for skilled staff to support our recruitment pressures like other localities (i.e., there is no university in Somerset). However, there are university and education suppliers who are keen to work with the system to develop our workforce locally. Also, as a system we continue to develop our workforce strategy to address this deficit and look to more initiative roles and ways of working.

In order to underpin and build on the joint work so far, development of the ICS will need to consider how governance and strategic planning will support aspirations (and associated investment) towards a more joined up and cross system approach to meeting children, young people and families' needs.

Achievements to date

In the attached CYPMH Benchmarking Report, key finding of achievements have been identified in Somerset:

- 2nd highest locality in the SW in relation to the number of referrals received (per 100k of population)
- Highest number of referrals accepted
- Lowest in region for waiting times for both first and second appointments (and lowest in the country for 2nd appointments).
- Lowest in region for conversion rates, i.e., assessed and accepted onto CAMHS caseloads, (in part due to the see and treat model – getting it right first time)
- Lowest in region caseload sizes per whole time equivalent (WTE) staff member
- 2nd highest in region for the number of contacts per WTE (and above national average)
- Lowest in region for proportion of digital contacts – i.e., significantly higher number of face-to-face contacts as of May 2021
- 2nd highest in region contacts per day per WTE – and above national average
- Lowest number of beds in the region
- 2nd lowest bed occupancy rates
- 2nd lowest length of stay

Conclusion

This report has sought to demonstrate that despite all the challenges faced by children, young people and their families over the past two years – including the disruption of a pandemic and the associated restrictions – that the mental health and emotional support services in Somerset have responded with remarkable commitment.

The starting point towards the end of 2019 was a more fragmented and traditional in their approach. There were emerging plans for improvement that were in some instances failing to achieve the required traction. However, since then the systems partners spanning health, social care, education and VCSE have all collaborated, resulting in significant service improvements.

There remain significant challenges and risks facing children's and young people's services, and we intend to continue to listen to them and place their needs at the heart of all our future plans.

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Somerset Children and Young Peoples Mental Health Benchmarking Analytics Workshop

Analysis V1.0

10th November 2021

Contents

Executive Summary

This report outlines the analysis of data relating to children and young people's mental health (CYPMH) services across the UK, and places a particular focus on the South West of England, and the Somerset CYPMH system in particular. Data has been drawn from multiple sources and will inform a targeted seminar with representatives from the Somerset system to understand the major issues playing out in CYPMH services, and how these apply in the Somerset context.

Key findings from the analysis include:

South West demographic

- The total population of the South West is around 5.7 million, with children and young people accounting for 1 in 5 of the population (19%). Forecasts from the Office for National Statistics (ONS) predict an 11% increase in the all age population within the next 20 years, but notably, the 0-18 population in the South West is predicted to be lower in 20 years than it is at present.
  The Ministry of Housing, Communities and Local Government's Income Deprivation Affecting Children's Index (IDACI) suggests that in the South West 14% of children and young people are reported to be living in income deprived households.
- Public Health England data suggests the South West has a higher prevalence of school pupils with social, emotional and mental health needs (3.3%) than the national average (2.7%).
- Data from Somerset confirms issues with increasing demand as the system copes with issues related to mental health being the new morbidity in child health. The impact of demand growth is felt not just by the NHS but by partners including the education and justice sectors.

Social care

- National data from the Department for Education shows there are fewer looked after children per capita in the South West than the national average. Around 0.7% of all children in England are looked after.
- Analysis of referrals to children's social services shows a wide variation across the region from 280 referrals per 10,000 population in Bath and North East Somerset to 769 referrals per 100,000 population in Plymouth. Across the UK around 5% of children are referred to social care each year. Rates of children reported to be in need or neglect in Somerset are around 10% higher than England average rates. Homelessness rates in the county are around a third lower than England average rates.

Executive Summary

Investment

- The NHS Mental Health Dashboard data shows lower CCG expenditure per capita on CYPMH services in the South West than the national average. However, there is variation evident across the region. Somerset CCG invest £61 per head (0-18) in CYPMH services, below the England average position of £72 per head.

CYPMH community services

- Referral rates across CYPMH services in the South West are lower than the national average, with referral acceptance rates also below the national average. Referrals to CYPMH services have though doubled in the last 8 years with a further acceleration evident as the Covid recovery continues.
- CYPMH services in the South West reported shorter waiting times for 1st appointments than the national average. Similarly, referral to treatment (2nd appointment) times were slightly lower than the national average.
  Providers in the South West reported a lower than average number of children and young people on caseload per capita than the national average.
  The CYPMH community workforce in the South West is around 25% larger than the national average per capita. The multi-disciplinary team working in CYPMH services possesses a strong therapeutic core and has been expanding in size in recent years in line with national policies.

CYPMH inpatient services

- Across the South West, CYPMH services reported an average of 11 general admission beds per organisation, compared to a national average of 17, with a bed occupancy rate slightly lower than the national average at 54%. Low bed occupancy rates in CYPMH conflict with many of the established anecdotes about poor access to CYPMH services.
- The number of admissions per general admission bed in 2019/20 was slightly lower in the South West than the UK average.
- Length of stay in CYPMH inpatient services is around twice the level reported for adult acute mental health admissions. ALOS in the South West largely maps the national average although Somerset reports shorter stays which generally improve access to care.
- The quality of the inpatient ward environment is a discussion point across the NHS with the inpatient team skill-mix demonstrating a smaller therapeutic core than CYPMH community services and the use of restrictive practices being much higher than in adult mental health services.

Somerset CYPMHS Benchmarking Analytics Key Findings

0.92 (0.99)

Average all age MH needs index score

93 (96)

Community workforce per 100,000 population

14% (17%)

Children affected by income deprivation

219 (199)

Children in Need due to abuse/neglect per 10k population

58% (65%)

General Admission CYP bed occupancy excluding leave

£61 (£72)

CCG investment in young people's MH services per capita

0.12% (0.19%)

Of families are homeless

12.4%* (11.5%)

Of 16-24 year olds are not in education, employment or training

3.3% (2.8%)

Of school pupils have social, emotional or mental health needs

*South West average

The figures in parentheses are the national average, given for comparison where available.

Introduction

This report details the results of an independent analysis of Children and Young People's Mental Health (CYPMH) services across the South West of England. The project explores the position of each ICS area in turn with this report focusing on the Somerset system. The work was undertaken by the NHS Benchmarking Network (NHSBN). The project was commissioned by NHS England and NHS Improvement South West and took place between March and July 2021. Data to support the project's analytics was accessed from both public domain and NHSBN sources. Consent to use data was obtained from providers across the region.

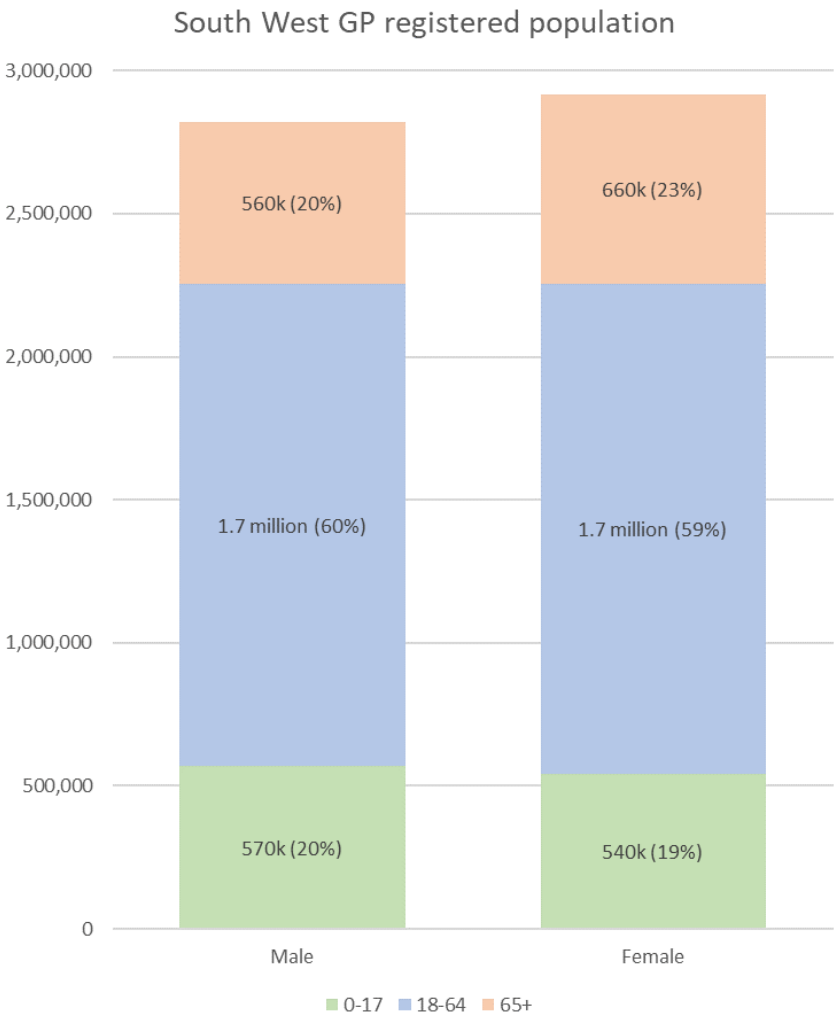
The report covers data from multiple publicly available data sources such as the Department for Education, Public Health England and the Ministry of Justice as well as data from NHS Benchmarking Network's Children and Young People's Mental Health annual benchmarking collection. This year is the 9th year that the NHS Benchmarking Network has provided comprehensive analytics for the UK mental health sector including services for children and young people at a Trust level.

The report explores variation at a local (Somerset), regional (South West), and national level in the context of:

- Demographic profiling of the South West
- Social care
- Education
- CCG and LA investment on CYP mental health
- CYPMH community services (activity and workforce)
- CYPMH inpatient services (activity and workforce)

South West demographics

GP registered population



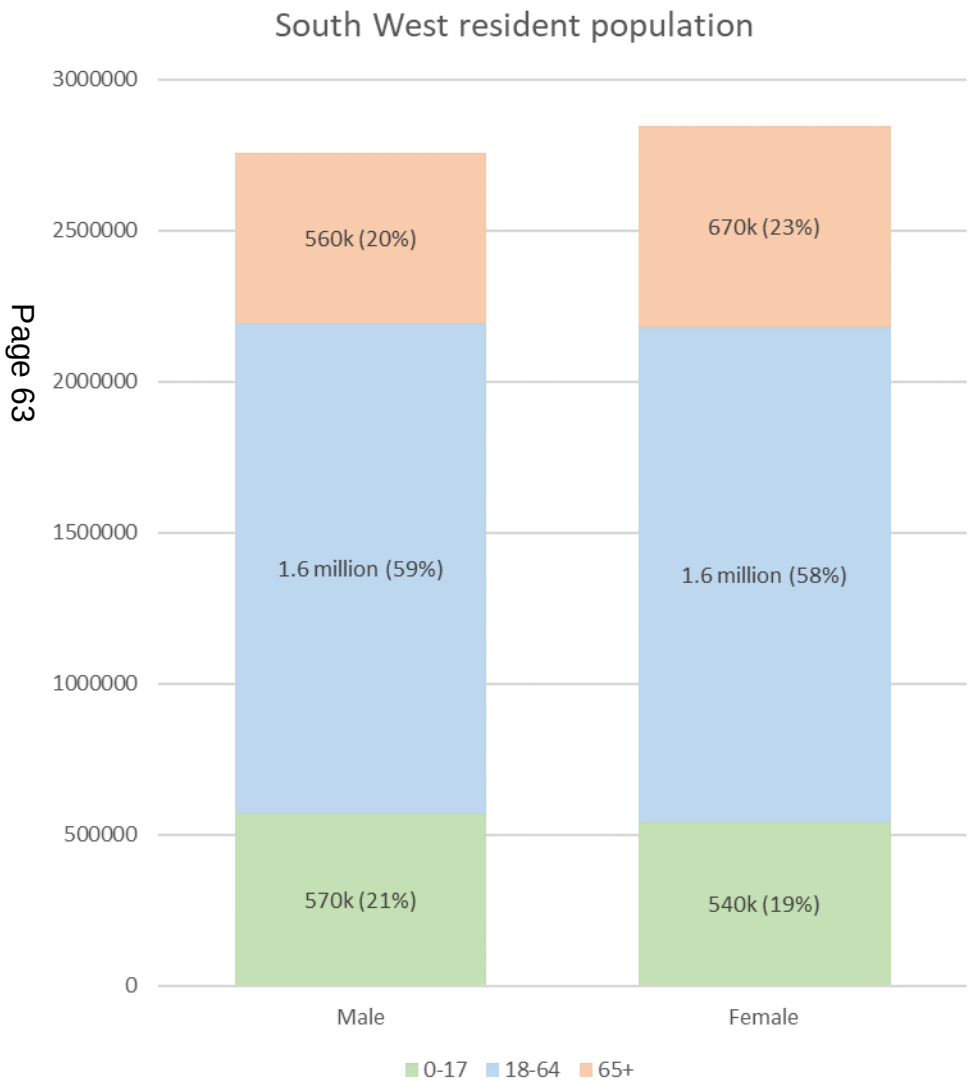
The latest NHS England data on population shows around 5.7 million people currently live in the South West, with a 51:49 split of females to males.

The chart to the left explores the population in the South West, split into three categories: children and young people (0-17), working age adults (18-64) and older adults (65+).

Children and young people are shown in the green area of the chart and account for just under 1 in 5 (19%) of the population in the South West.

The following pages analyse the South West's population at CCG level and the population prediction for the near future.

ONS resident population



The data from the 2018 mid-year ONS stocktake estimates there are 5.6 million residents within the South West region of England.

Similar to the GP registered population, there is a 51:49 split between female and male residents.

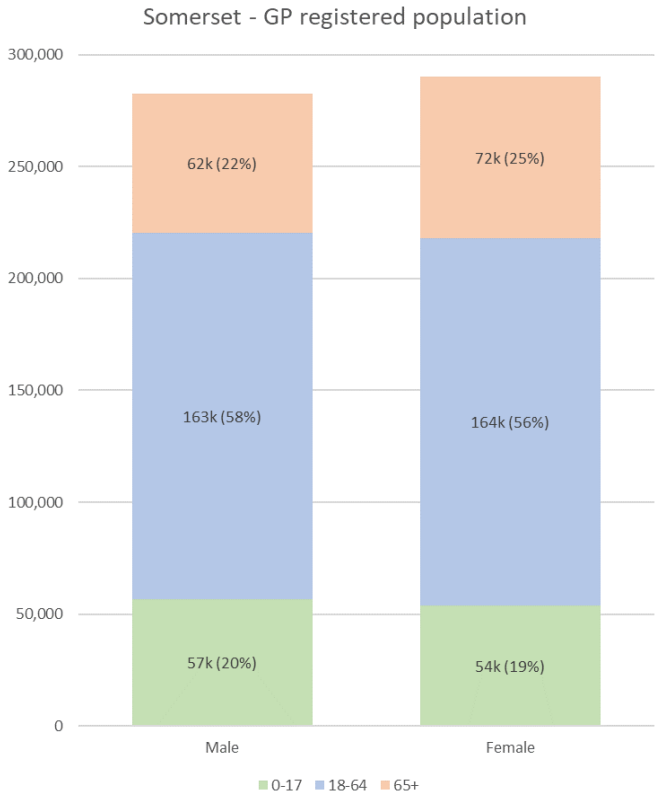
However, the proportion of children and young people aged 0-17 is marginally higher, with roughly 21% of males aged 0-17, and 19% of females.

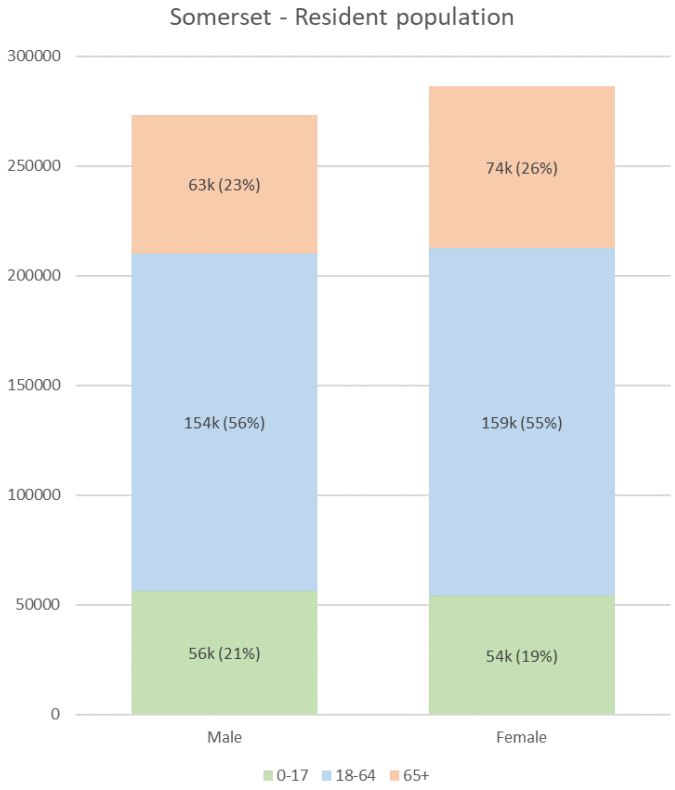
Somerset population

The charts below explore the GP registered population and ONS resident population of Somerset CCG.

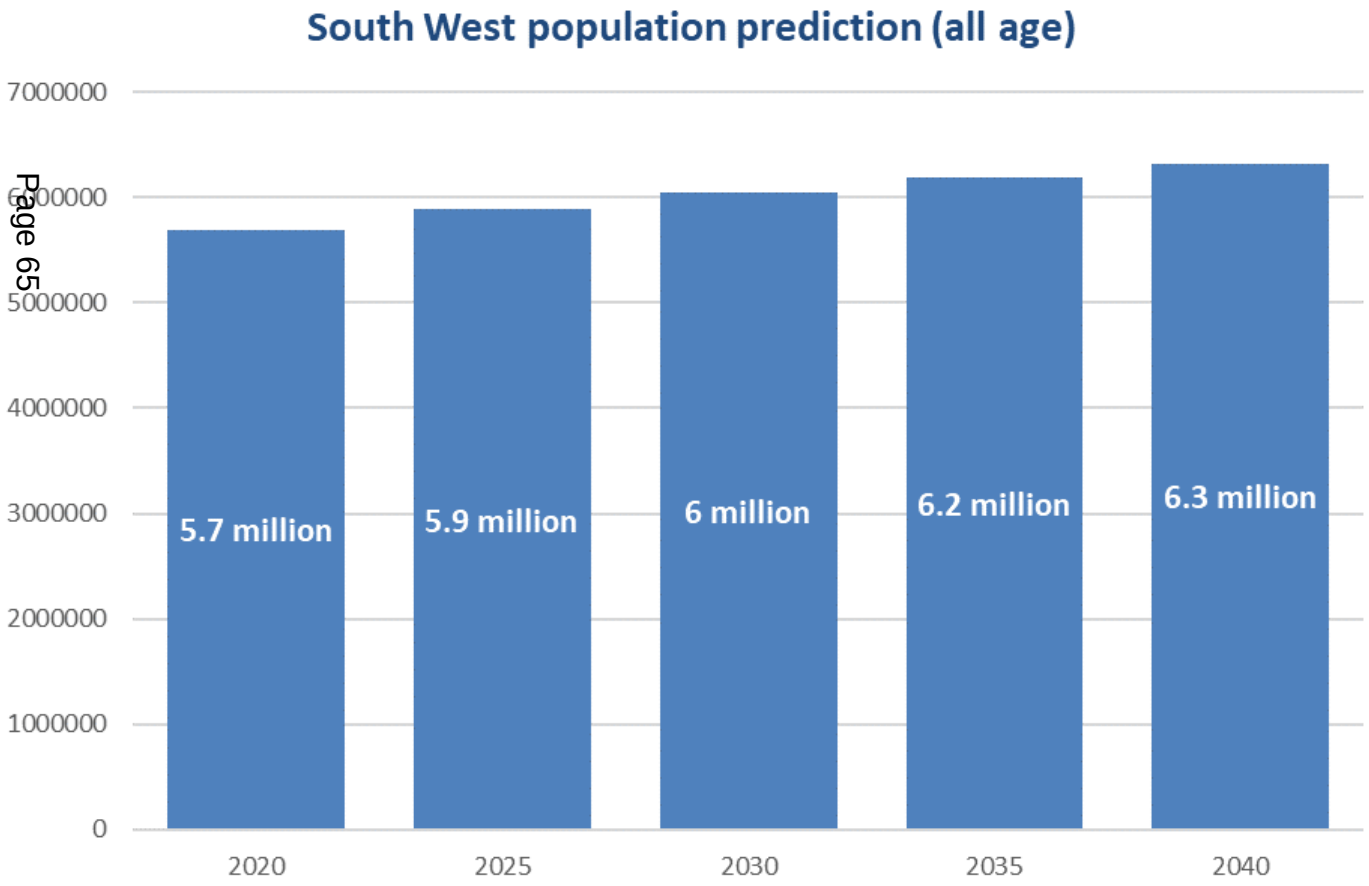
The NHS England GP registered population estimates there are around 570,000 people in Somerset CCG, which is similar to the figure reported by ONS, which reports there are 560,000 residents within Somerset CCG.

The charts below split the registered and resident population of Somerset CCG by gender and age. Similar to the South West region as a whole, Somerset CCG reports that children and young people (aged 0-17) account for around 1 in 5 of the population (19%).





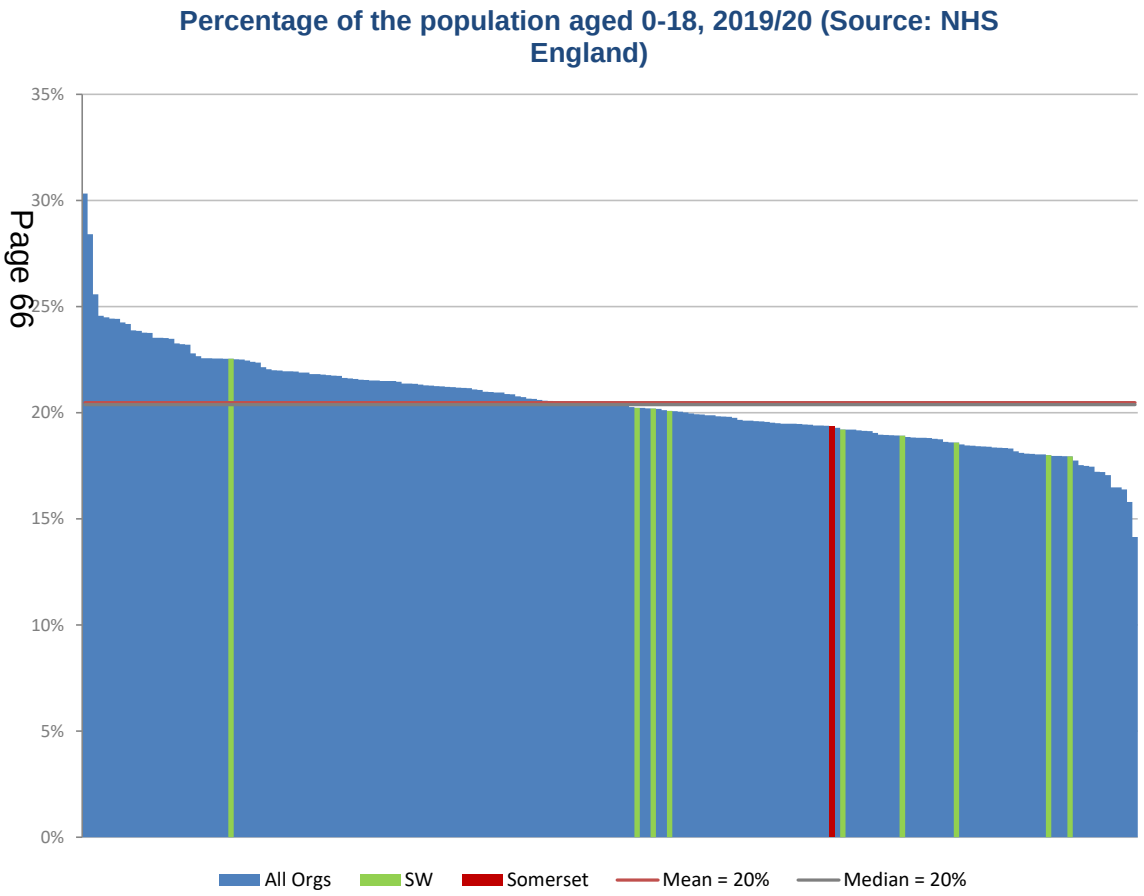
All age population change predictions



The population data from the Office for National Statistics (ONS) predicts an 11% increase in the South West region's population, from 5.7 million in 2020, to 6.3 million in 2040. The increase of 600,000 people roughly equates to the population of Sheffield.

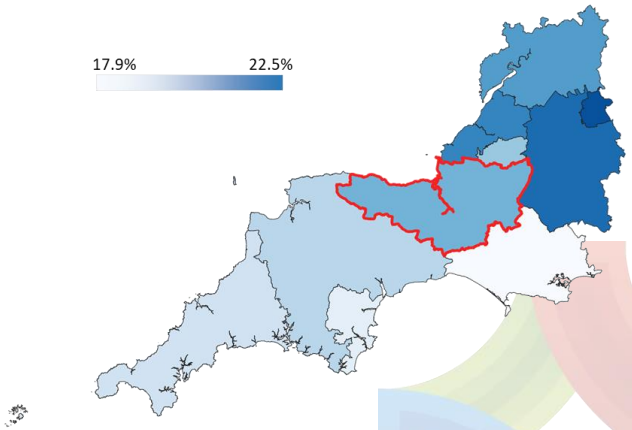
The chart to the left depicts the predicted population increases in the South West in five year periods from 2020 to 2040.

Population

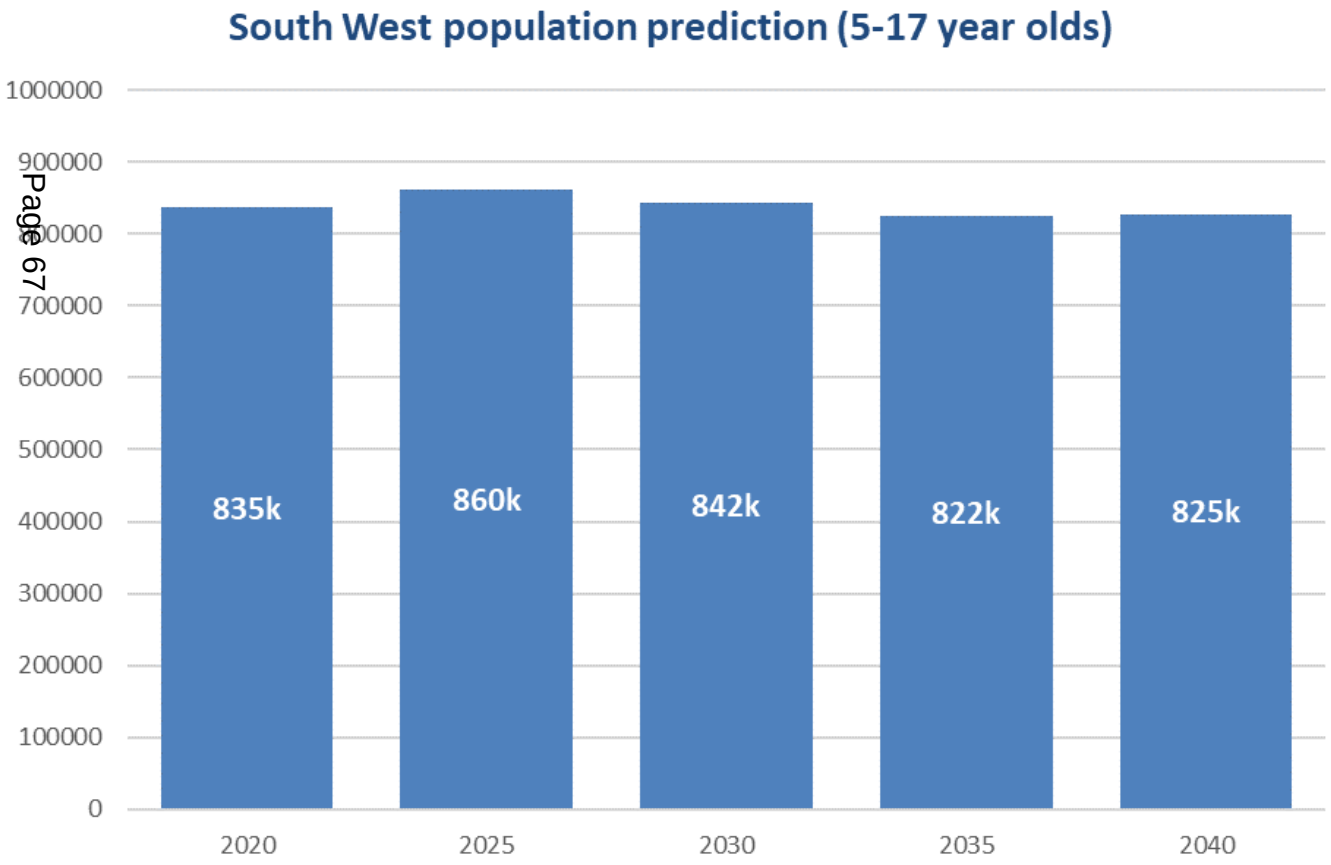


The map below shows that there are higher concentrations of young people in the North and East of the region. Across the South West, 20% of the population are children and young people, in line with the national average for England.

There is variation in the proportion of children and young people (aged 0-18) across the South West region, from South Devon and Torbay (18%) to Swindon (23%). In Somerset, 19% of the population are aged 0-18, close to the national mean of 20%.



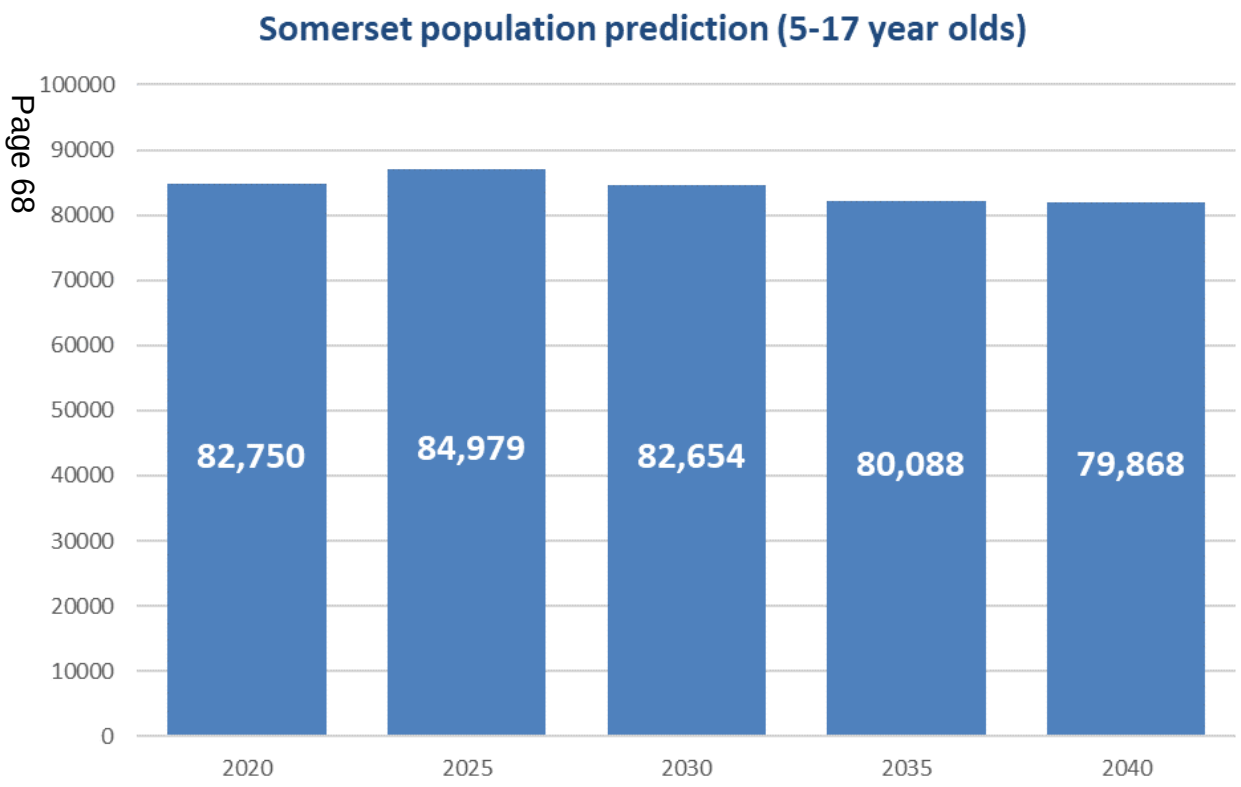
South West population profile (school-age)



Data from the Office for National Statistics predicts the number of children and young people aged 5-17 in the South West will fluctuate over the next 20 years.

After initially rising to 860k in 2025, the prediction forecasts a drop of around 38k from 2025 to 2035, before a slight rise to 825k in 2040.

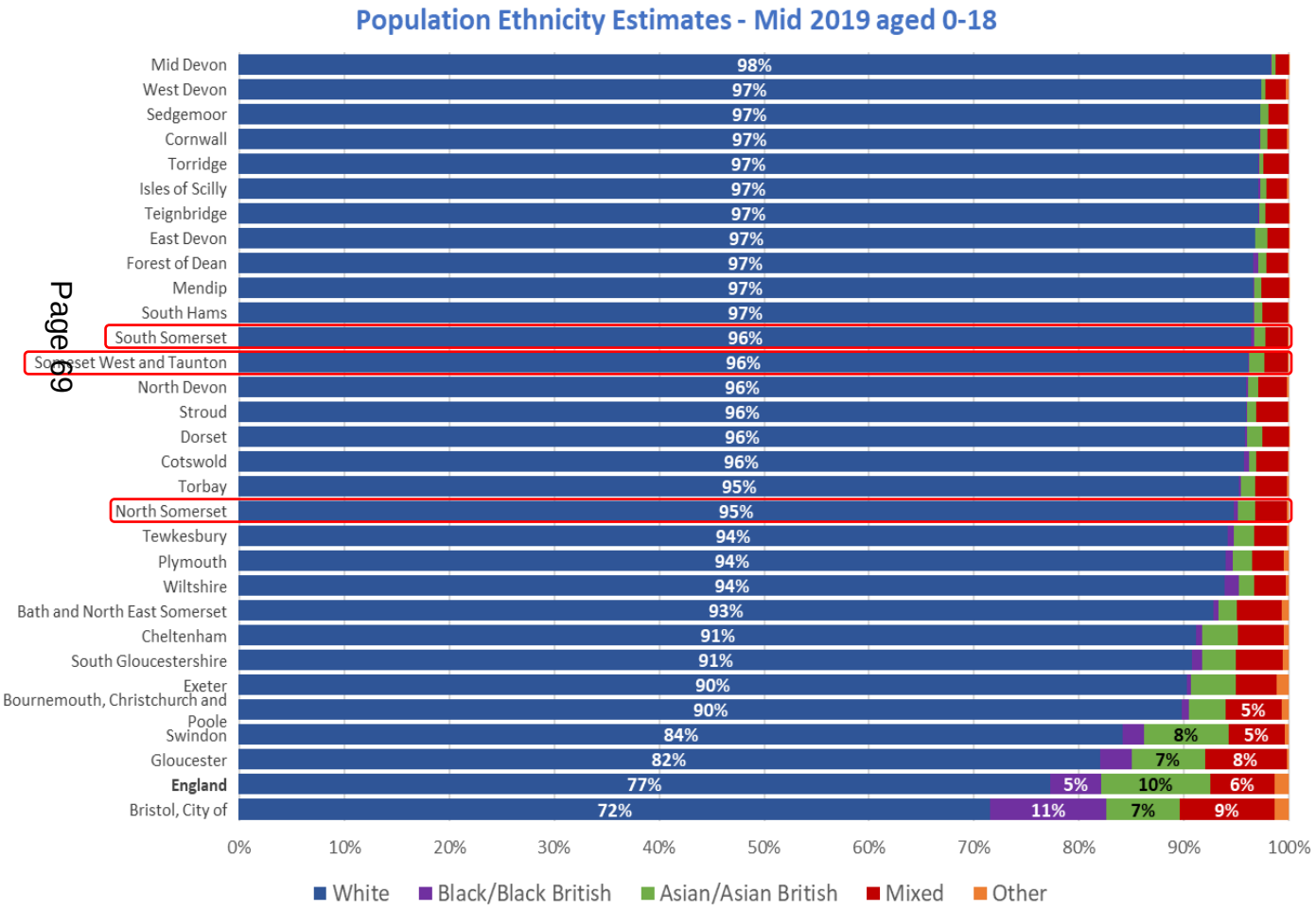
Somerset population profile (school-age)



The chart to the left explores the Office for National Statistic's prediction on the school age population (aged 5-17) of Somerset CCG over the next 20 years.

The trend follows a similar pattern to the South West region, with an initial rise in 2025, to 85,000 school age children, before dropping to just below 80,000 by 2040.

Ethnicity



The chart to the left displays the ethnic breakdown of the 0-18 population in local authorities across the South West of England.

The data shows that there is minimal variation in the ethnic mix of children and young people across the South West local authorities with low levels of diversity evident.

Only one borough (Bristol) in the South West of England had a larger proportion of Black, Asian and Minority Ethnic (BAME) young people than the England average.

Somerset's local authorities show low levels of BAME diversity for the population aged 0-18.

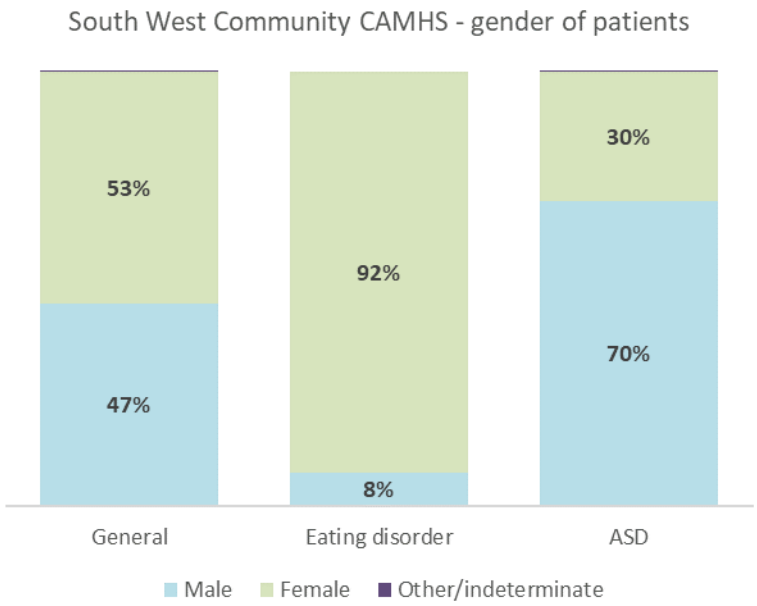
South West gender profile

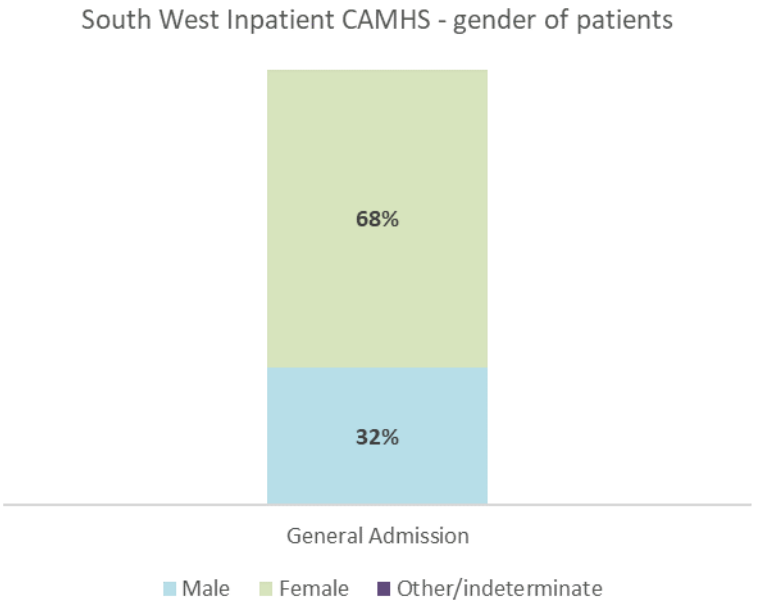
The charts below explore the gender split for children and young people on community caseloads and for those admitted to inpatient beds across the South West of England.

In community CYPMHS, providers in the South West reported slightly more females (53%) in general and behavioural CYPMHS, while in eating disorder community teams, the vast majority of patients were female (92%). This largely mirrors the national picture where females account for 89% of eating disorder caseloads.

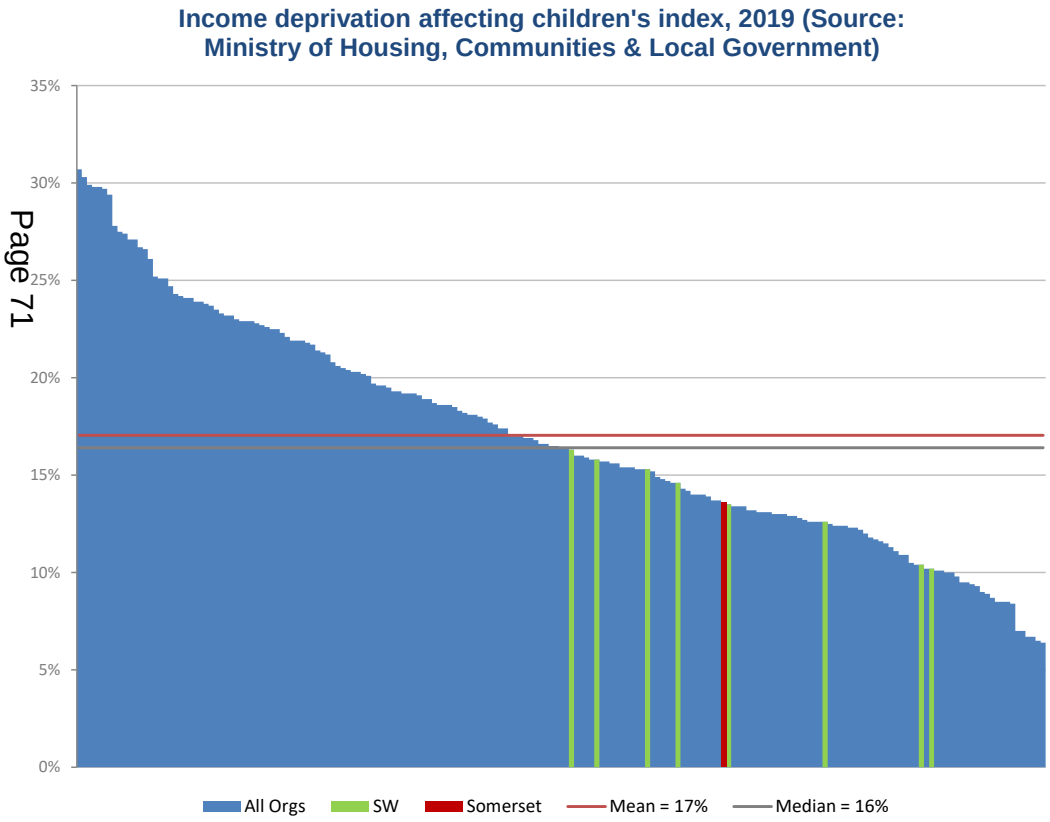
In inpatient CYPMHS, there is a 2:1 ratio of females to males within general admission CYP wards across the South West. This is slightly less than the UK average, where the ratio is 3:1 female to male.

In Somerset NHS Foundation Trust, the gender profiling within community teams is similar to the South West, with 58% of patients on general and behavioural CYPMHS caseloads being females, and 91% of patients on the caseload in eating disorder community services being female. In general admission services, Somerset NHS Foundation Trust reported 39% of admissions were male, marginally above the region's average of 32%.



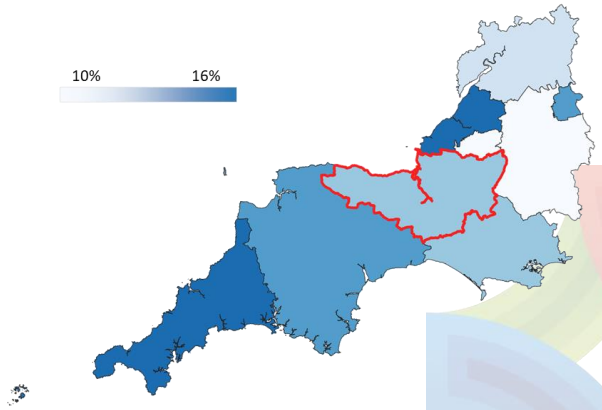


Income deprivation

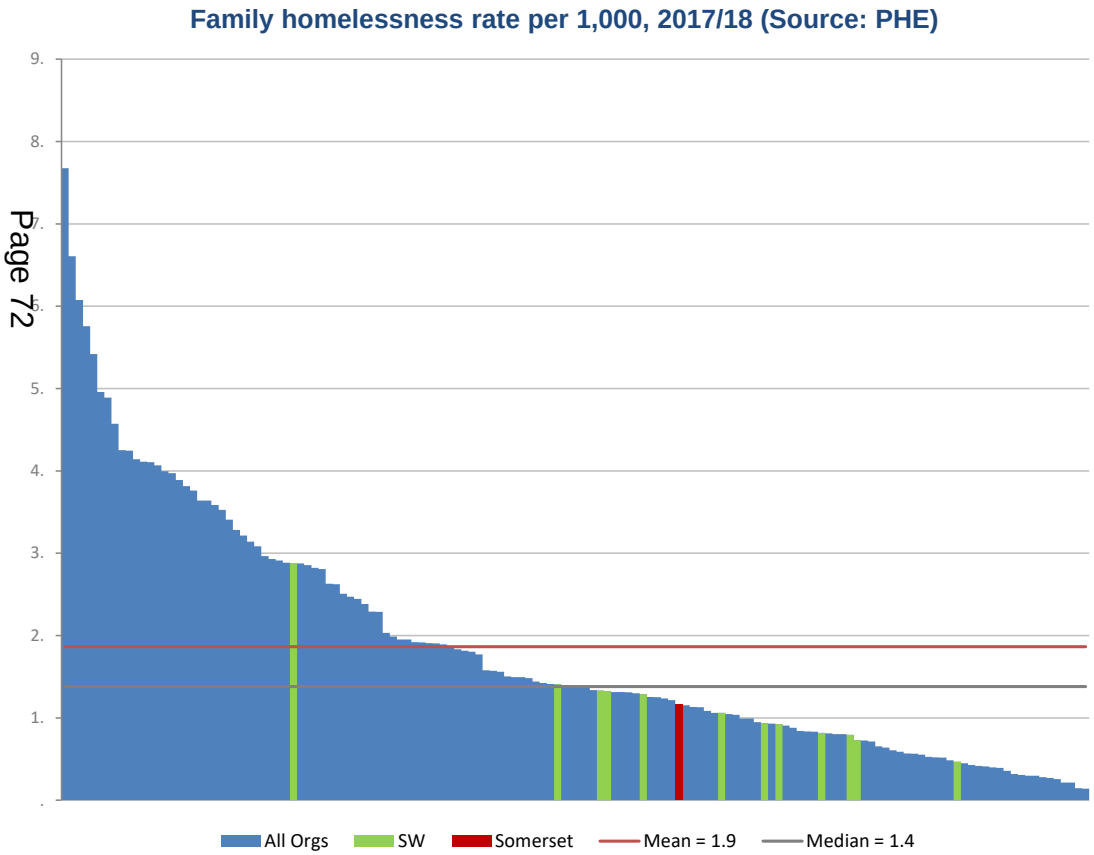


The Income Deprivation Affecting Children's Index (IDACI) details the proportion of children and young people aged 0-15 years living in income deprived households. Across the South West, 14% of children and young people are reported to be living in income deprived households, with all CCGs in the South West reporting lower levels of income deprivation than the national average of 17%. In Somerset, 14% of children and young people were living in income deprived households, in line with the regional average.

The map below shows a concentration of children living in income deprived households in the North West and South West of the region. The proportion of children living in income deprived households ranges from 10% in Wiltshire to 16% in Kernow.

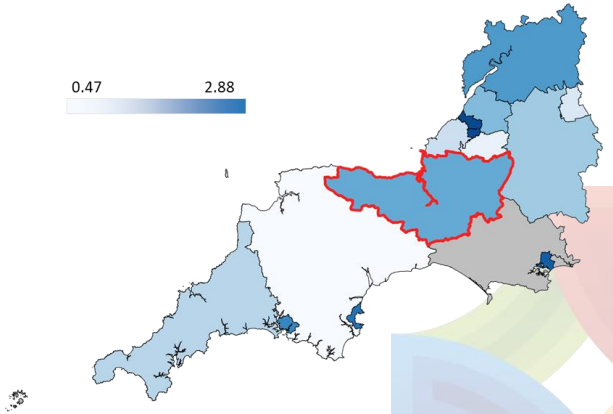


Homelessness



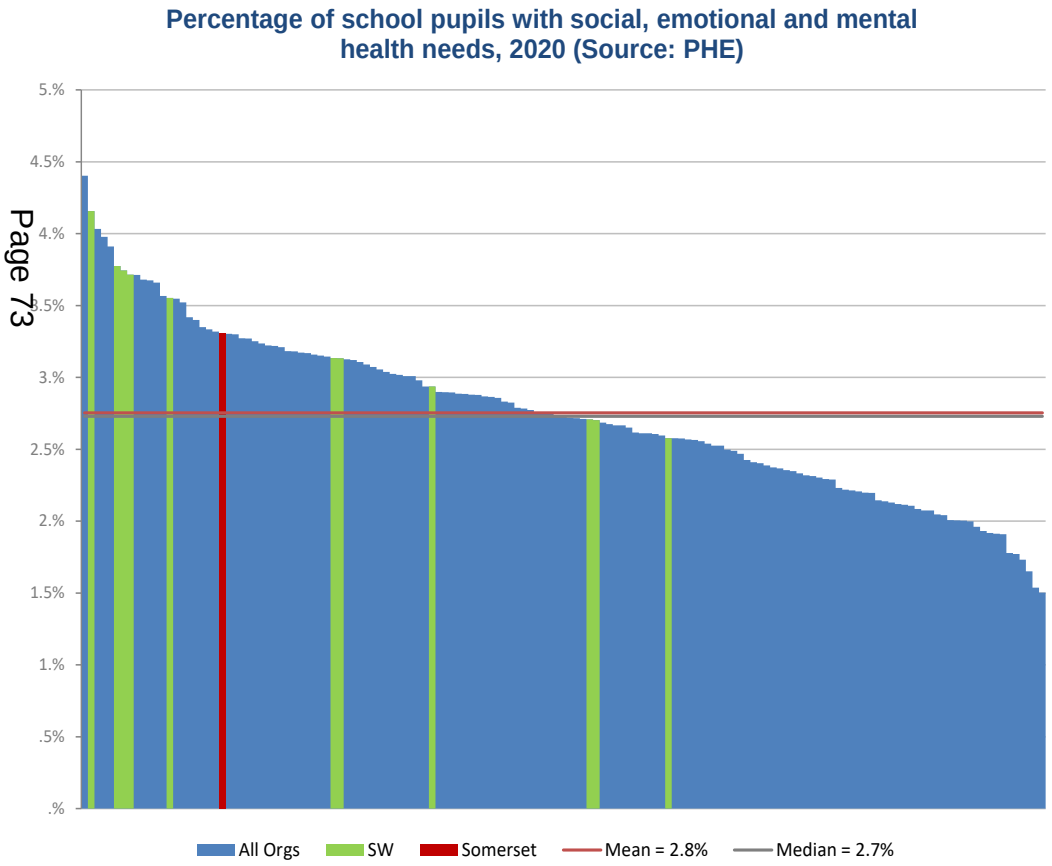
The chart to the left explores data from Public Health England on the number of households with dependent children or pregnant women who were unintentionally homeless per 1,000 households.

Nationally, there is family homelessness in 0.19% of households (1.9 in every 1,000 households). In the South West this is lower, at 0.12%. Somerset specifically also has a value of 0.12%. However, there is a wide degree of variation across the region, from Devon, with 0.5 homeless families per 1,000, (0.05%), to the City of Bristol with 2.9 (0.29%).



NHS Benchmarking Network

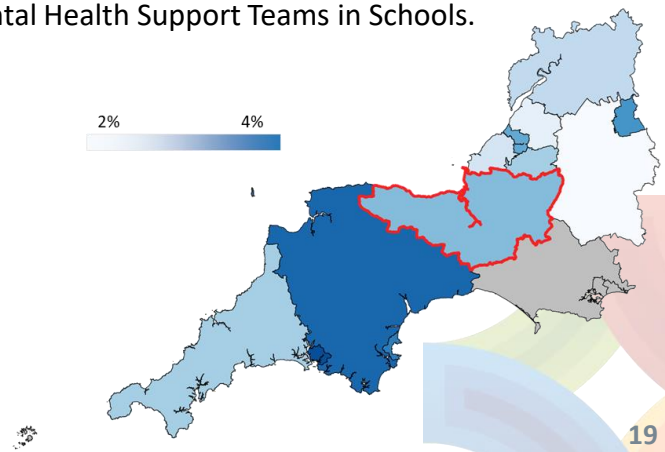
School pupils with social, emotional and MH needs



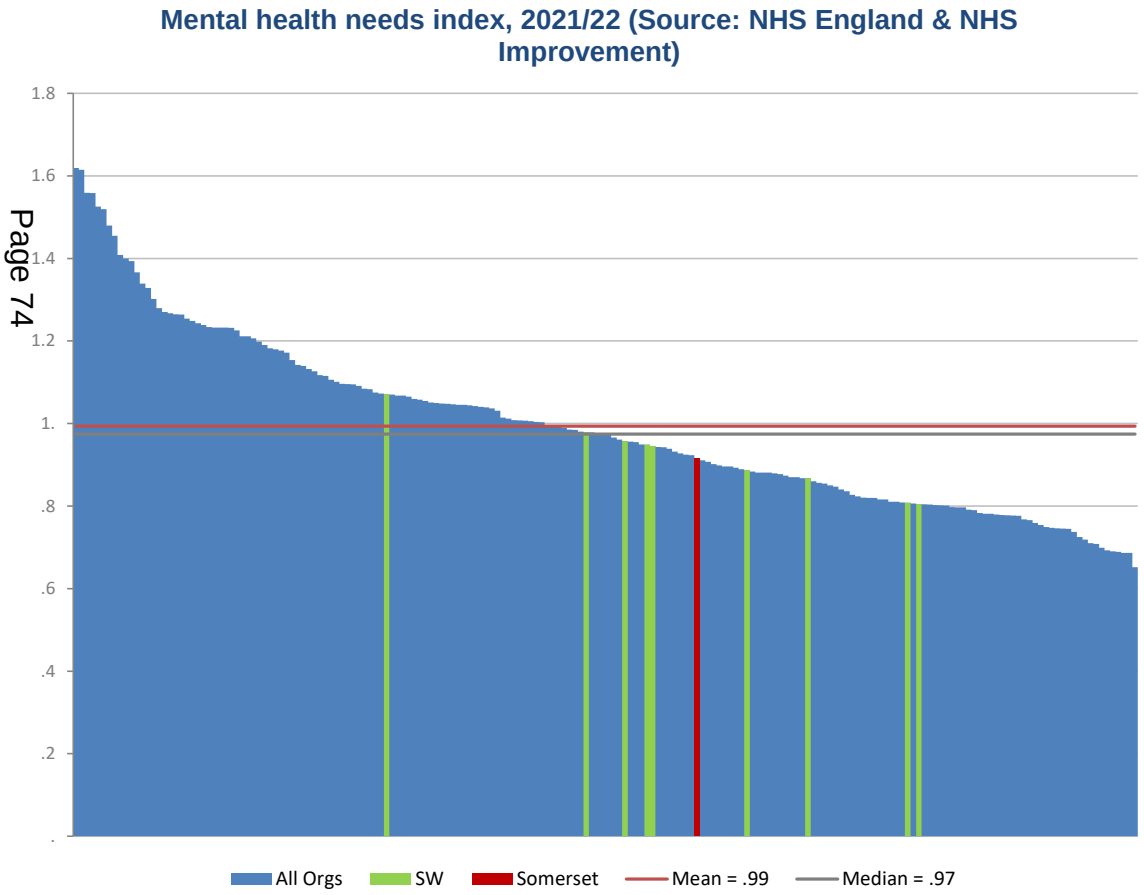
Public Health England provides data on the estimated prevalence of school pupils with social, emotional and mental health needs.

The most recent data from 2020 shows that on average, 3.3% of school pupils across the South West reported social, emotional and mental health needs. This is higher in most South West local authorities than the national average of 2.7%.

The map below shows the large variation across the region, with needs lowest in Wiltshire (2.6%) and highest in Plymouth (4.2%). Somerset reported 3.3%, in line with the regional average but placed in the top quartile when a UK wide position is taken. The above average prevalence of needs recorded in the school environment marks Somerset as a high demand area within the educational setting and points to the importance of ensuring adequate coverage for new initiatives such as Mental Health Support Teams in Schools.



Mental health needs index (all age)

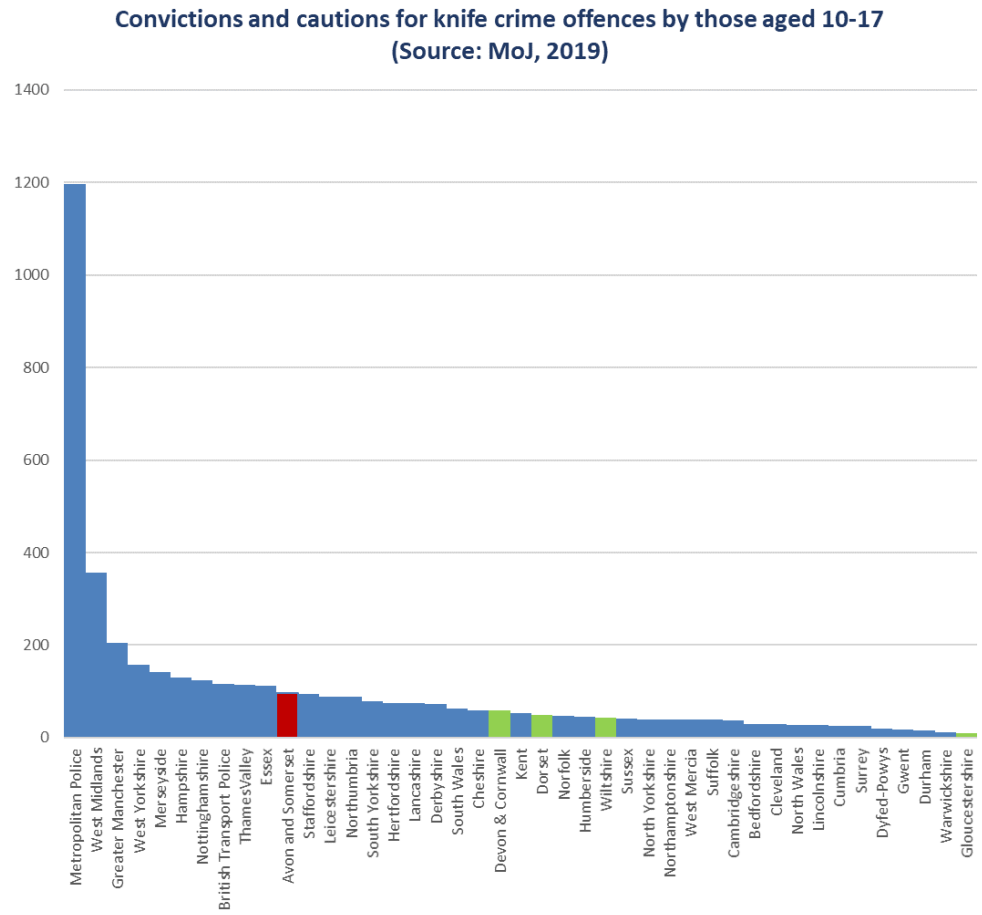


The 2021/22 CCG allocations outline mental health needs as an index contributing to each CCG's baseline funding position. The mental health needs index is a multifactorial index derived from the PRAMH formula and is developed from GP Practice level data which is consolidated at CCG level.

Across the South West, there is some variance in the mental health needs index, from Wiltshire (0.80) to South Devon and Torbay (1.07). Somerset has a mental health needs index score of 0.92, the same as the regional average. This compares to a national average of 0.99.

Please note that the England-wide mental health needs index is predominantly based on adult needs. Children and young people's mental health needs are viewed in this sense as context within wider mental health needs, in the absence of an effective children and young people mental health specific needs index.

Knife Crime

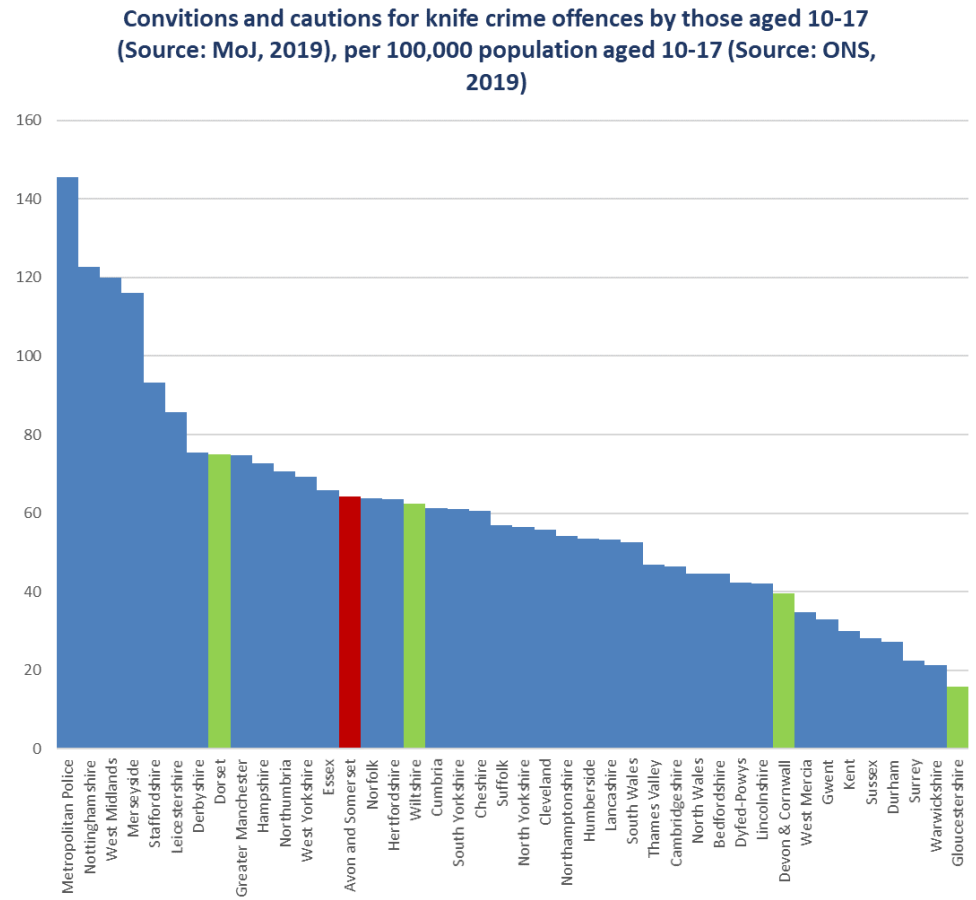


The Ministry of Justice publishes data on the number of cautions and convictions for knife crime offences. The figures are based on counting the number of caution and sentencing occasions for offences committed by young people who were prosecuted by police forces in England and Wales. Offenders may be counted more than once where they have been cautioned or sentenced on multiple occasions.

The chart to the left shows the number of convictions and cautions given to people aged 10-17 for knife crime offences by police forces in England and Wales. The bars highlighted in green depict the police forces within the South West of England.

Avon and Somerset police force, highlighted in red, had the highest raw number of convictions and cautions given to people aged 10-17 for knife crime offences of the four police forces in the South West of England.

Knife Crime per capita



The chart to the left explores the number of convictions and cautions given to people aged 0-17 for knife crime offenses benchmarked per 100,000 population (0-17) for each police force.

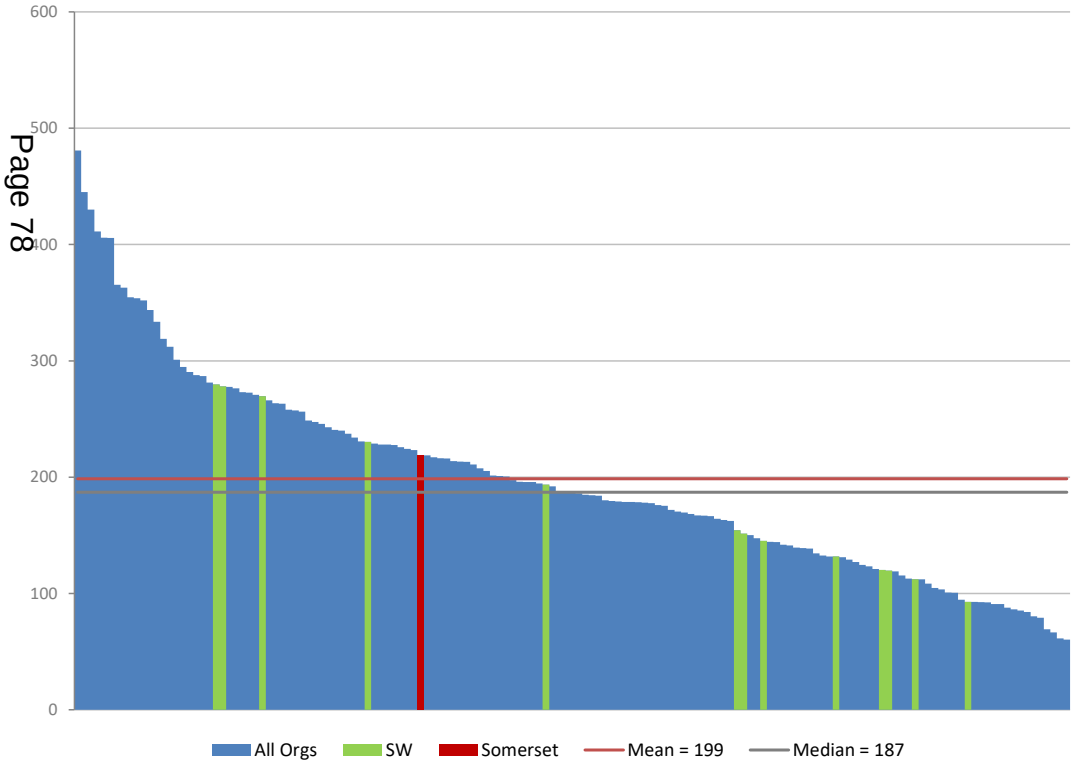
This shows a notable degree of variation in rates of youth knife crime across the South West region, from 16 convictions/cautions per 100,000 population in Gloucestershire to 75 per 100,000 in Dorset, almost a five fold difference. Dorset Police appears in the top quartile for UK recorded knife crime by young people.

Avon and Somerset police force had a rate of 64 convictions/cautions per 100,000 population, just below the national mean average of 66 per 100,000 population (but above the national median position and the second highest of the region's police forces)..

Social care

Children in need

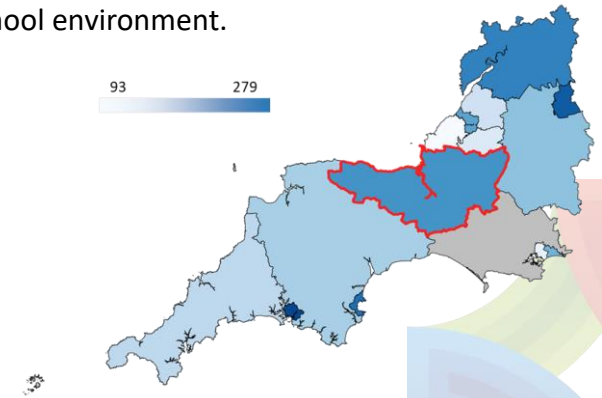
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years, 2018 (Source: PHE)



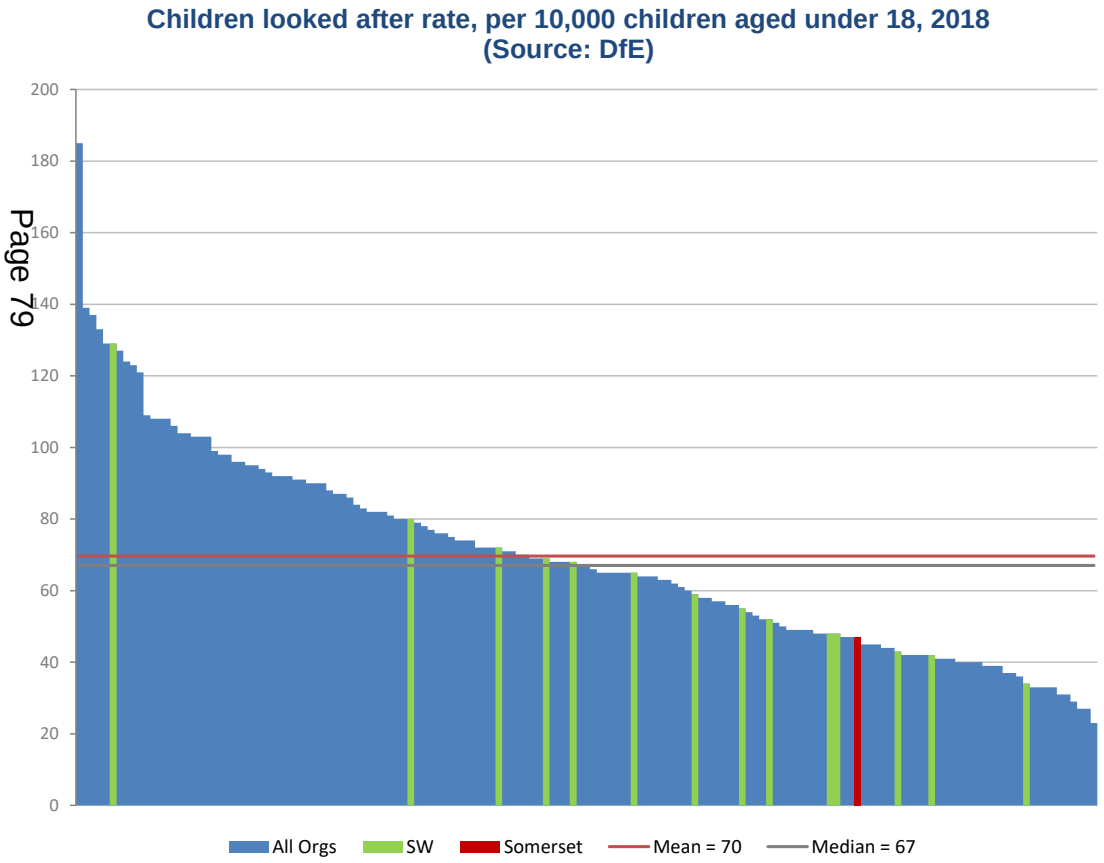
Public Health England provides data on the number of children identified as 'children in need' due to abuse or neglect across the country.

In 2018, an average of 199 children per 10,000 population (0-17), were identified as children in need due to abuse or neglect across England. In the South West, the average was slightly lower, at 178 per 10,000 population; however in Somerset, the children in need rate was higher than both the national and South West average, at 219 per 100,000.

The map below explores the variation across the region, with the lowest rate of children in need due to abuse or neglect per 10,000 children in North Somerset (93) and the highest in Plymouth (280). Somerset's position is 10% above the national average and confirms some of the additional needs which are also reported in the school environment.

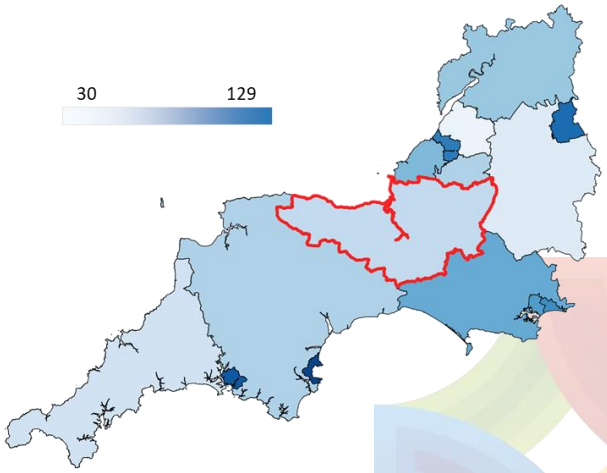


Looked after children

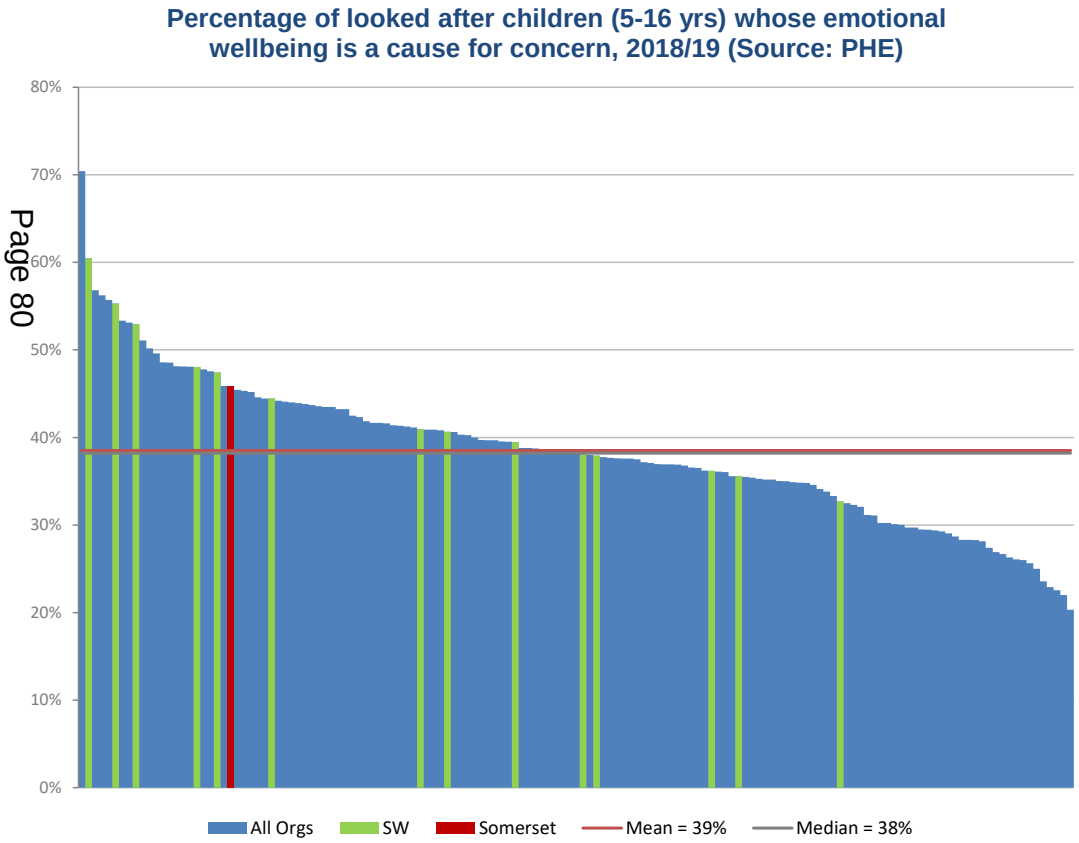


The Department for Education provides data on the number of children who are looked after by Local Authorities. In 2018, the data showed that on average, 70 children per 10,000 population were looked after, with the most looked after children per capita being in Blackpool. There is visible variation across the South West region.

On average across the South West, 61 children per 10,000 population were looked after. South Gloucestershire has the lowest rate within the region, at 34 per 10,000 population and Torbay had the highest rate of looked after children, with 129 per 10,000. Torbay is ranked 6th highest in England for looked after children numbers per capita. Somerset had a lower rate of looked after children than both the national and regional averages, at 47 per 10,000 population.



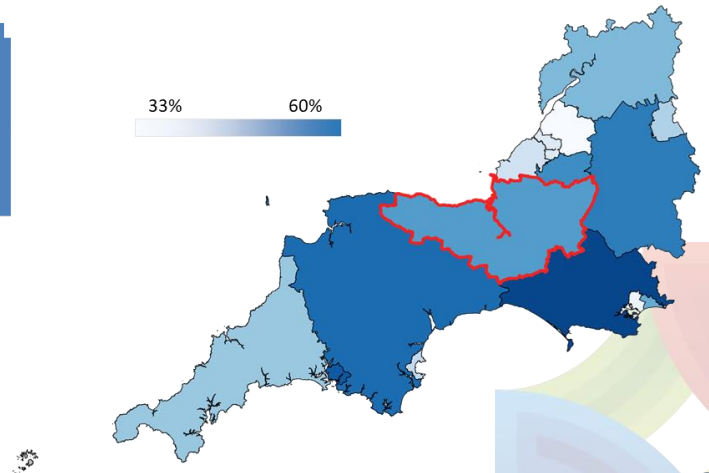
Looked after children - wellbeing



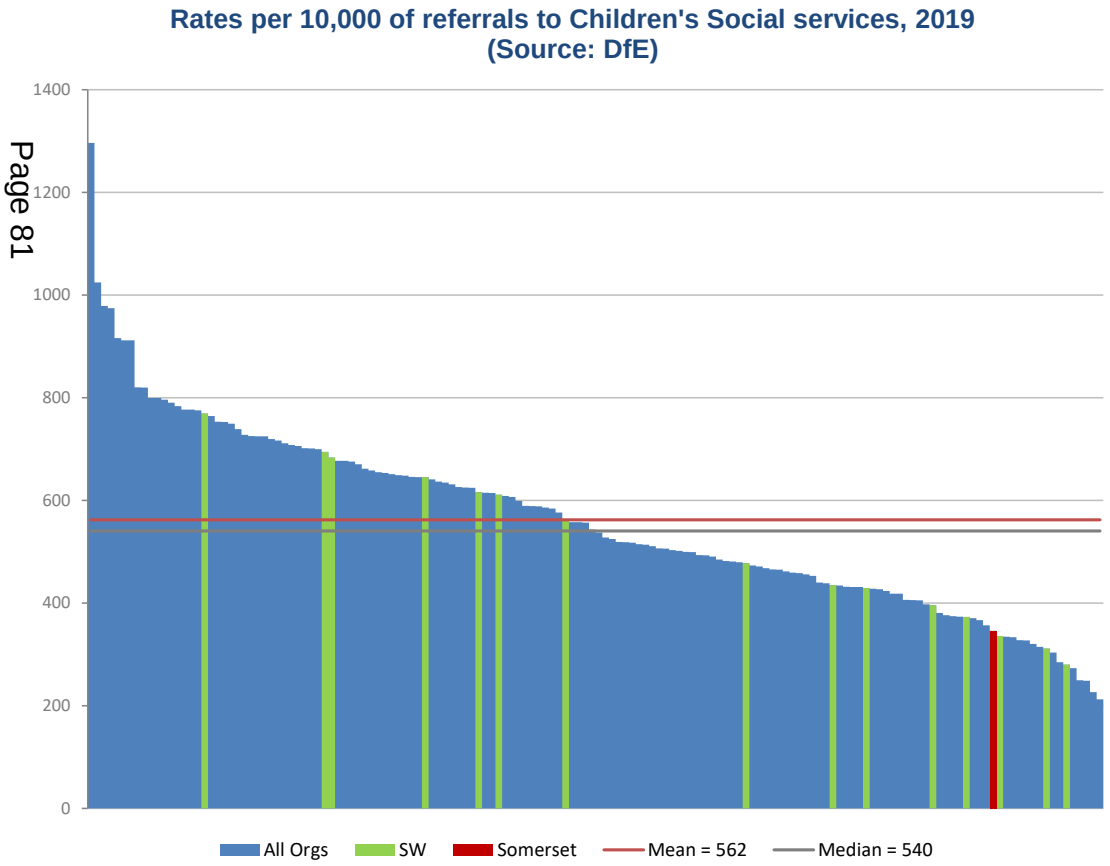
The chart to the left explores the percentage of looked after children whose emotional wellbeing is a cause for concern.

Across the South West, 44% of looked after children have emotional wellbeing that is a cause for concern. This is slightly above the national average of 39%. The average for Somerset is 46%, above both the regional and national averages.

Within the South West region, South Gloucestershire has the lowest rate of wellbeing concerns for looked after children, at 33%, while Dorset has the highest at 60%. Around half of South West local authorities are placed in the top quartile for above average needs for the emotional wellbeing of looked after children.



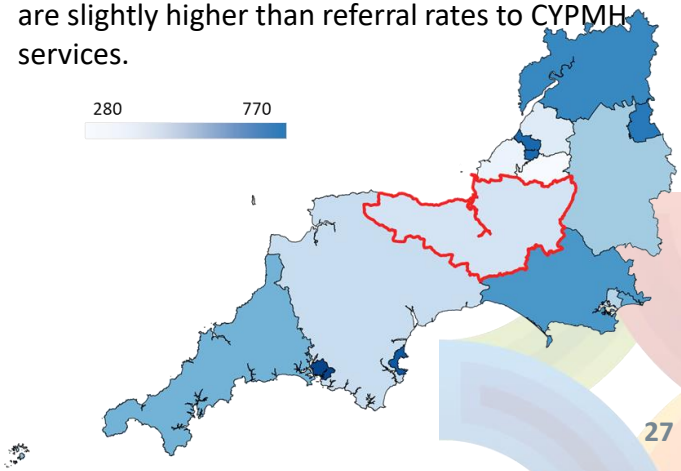
Referrals to Children's Social Services



In 2019, the Department for Education reported that there were on average 562 referrals to children's social services per 10,000 population.

Across the South West, there is a wide range of referral rates to children's social services, with a regional average of 498 per 10,000 population. Somerset had a notably lower rate of referrals to children's social services than both the national and regional average, with 346 per 10,000 population which placed the county in the lower quartile for English local authorities.

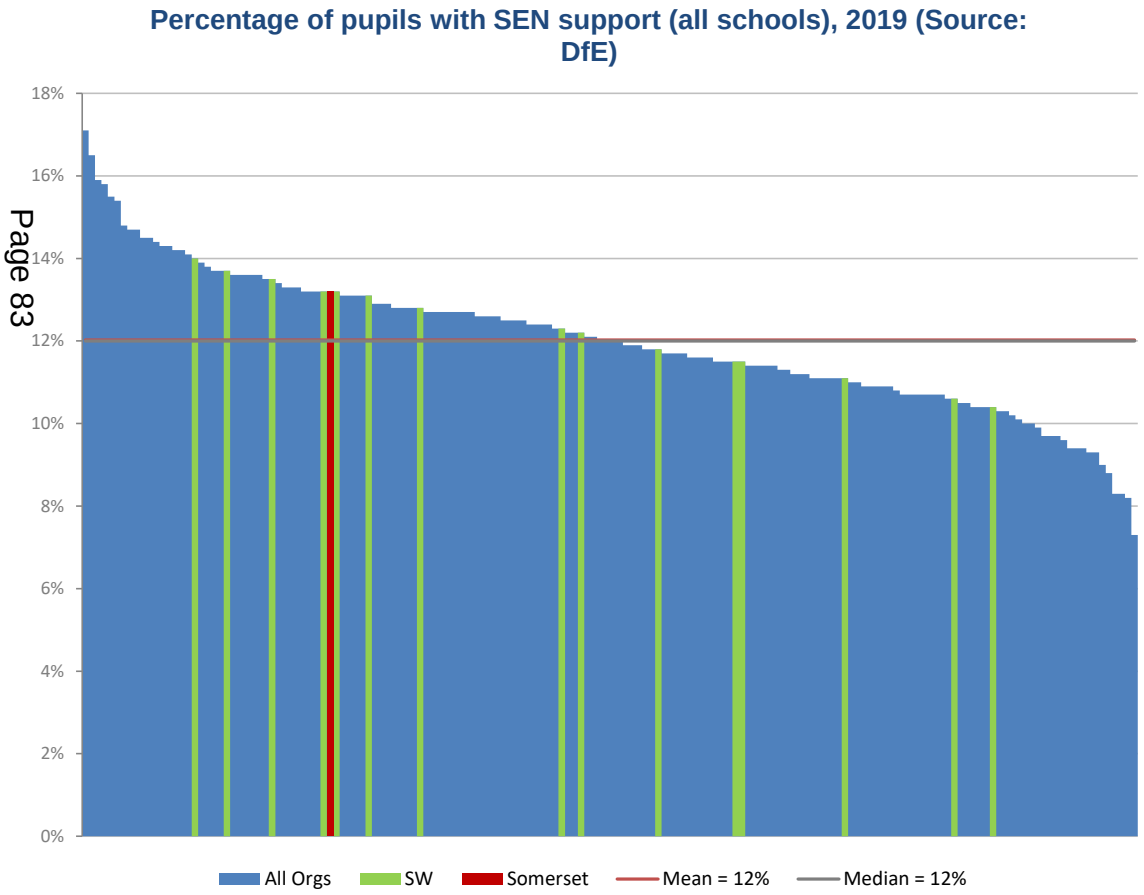
Within the South West region, the lowest rate of referrals to children's social services was in Bath and North East Somerset, at 280 per 10,000 population, and the highest was in Plymouth, at 769 per 10,000 population. Referral levels to children's social services across the South West are slightly higher than referral rates to CYPMH services.



NHS Benchmarking Network

Education

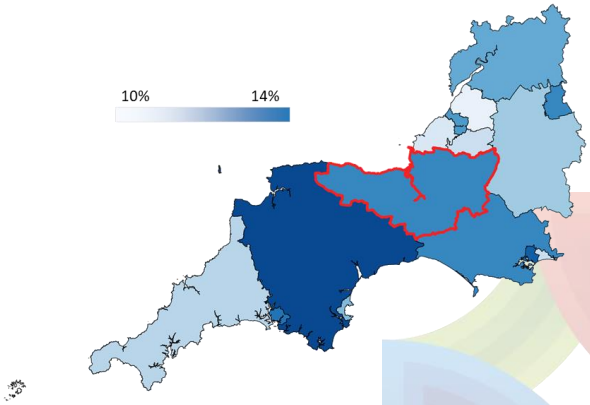
Pupils with special educational needs (SEN) support



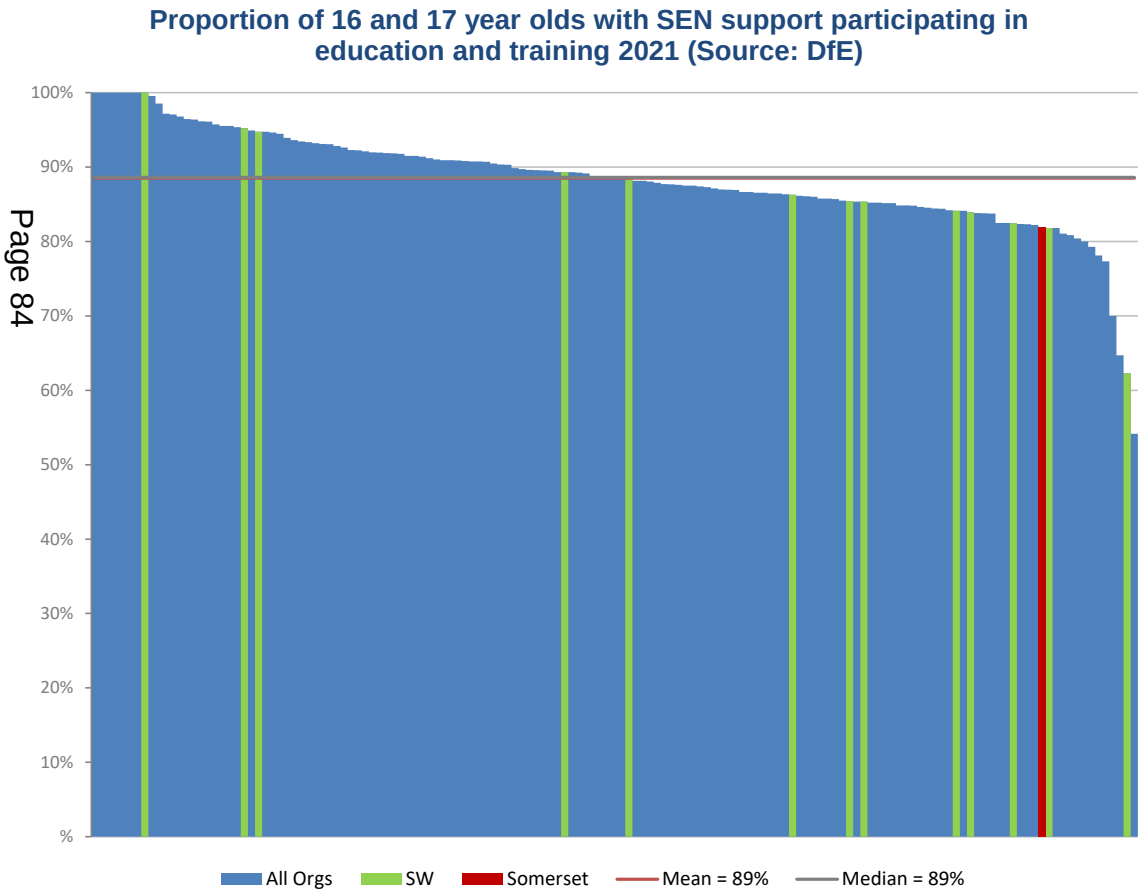
The chart to the left displays data from the Department for Education on the percentage of pupils who receive special educational needs (SEN) support.

In 2019, 12% of pupils in the South West received SEN support, exactly in line with the national average. In Somerset, 13% of pupils received SEN support, slightly above the regional and national averages.

Within the region, The Isles of Scilly has the lowest rate in the region at 10%. Devon has the highest rate of pupils receiving SEN support at 14%.



SEN in education and training

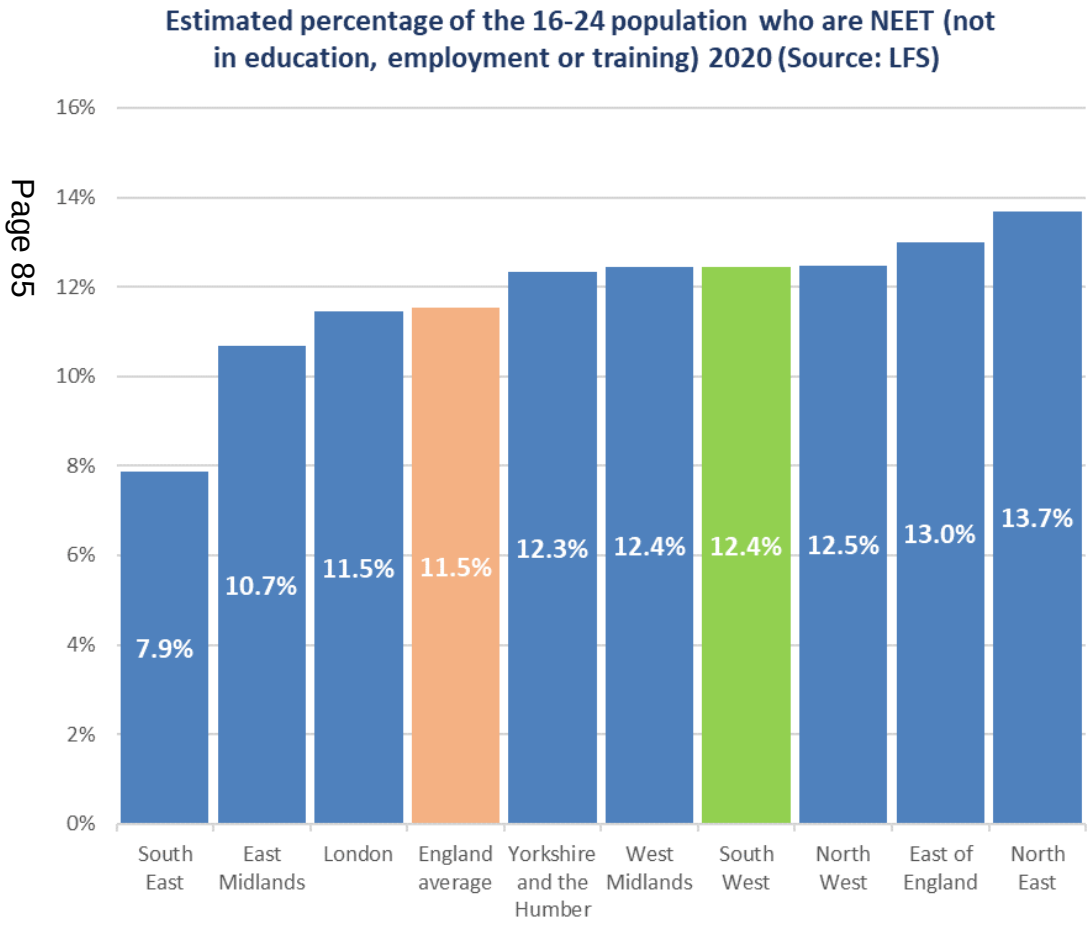


This chart shows the percentage of 16 and 17 year olds with special educational needs who were participating in education and training as of March 2021.

Across the South West region this varies from 62% in the City of Bristol, to 100% in the Isles of Scilly.

In Somerset 82% of 16-17 year olds with SEN were participating in education and training. This is below the regional average of 86% and one of the lower positions reported for local authority areas.

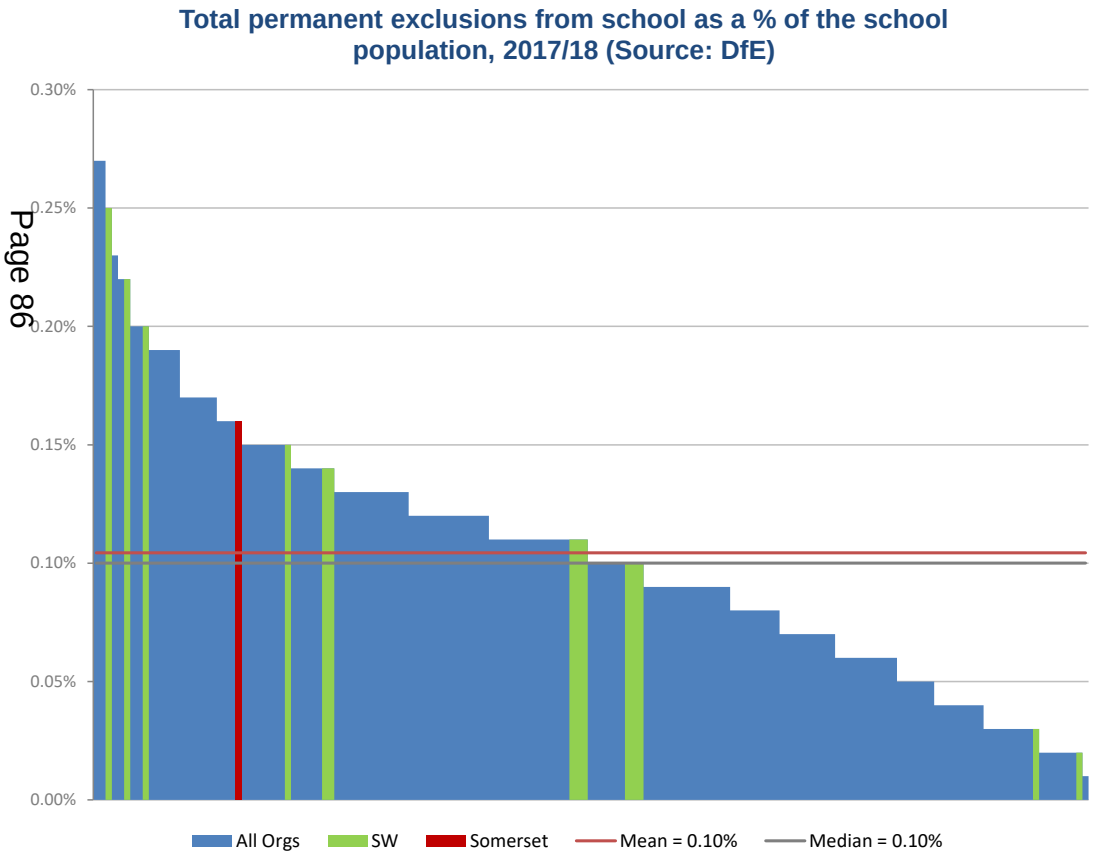
NEET (not in employment, education or training)



The chart to the left explores the latest estimates on the proportion of 16-24 year olds who are not enrolled in education, employment or training (NEET) by region. Data is available at regional level but not accessible for individual local authorities.

Data from the Labour Force Survey estimates that there are roughly 660,000 16-24 year olds who are NEET across England. In the South West, 12.4% of 16-24 years are not in employment, education or training, slightly higher than the national average. This positions the region between the North West and West Midlands in terms of overall economic potential for young people.

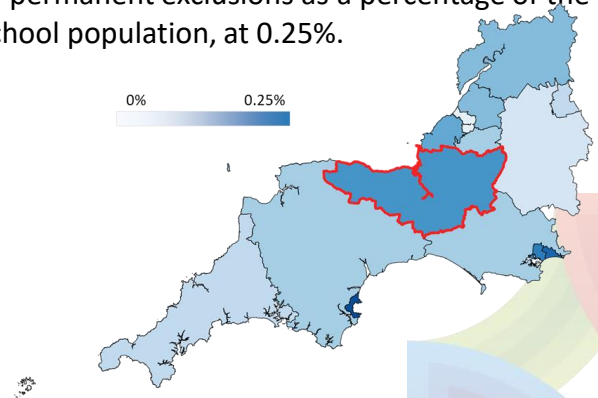
Permanent exclusions



The rate of permanent exclusions from school is a metric which gathers data on a very small percentage of the overall CYP population, but it has been included as a potential risk factor for children's mental wellbeing.

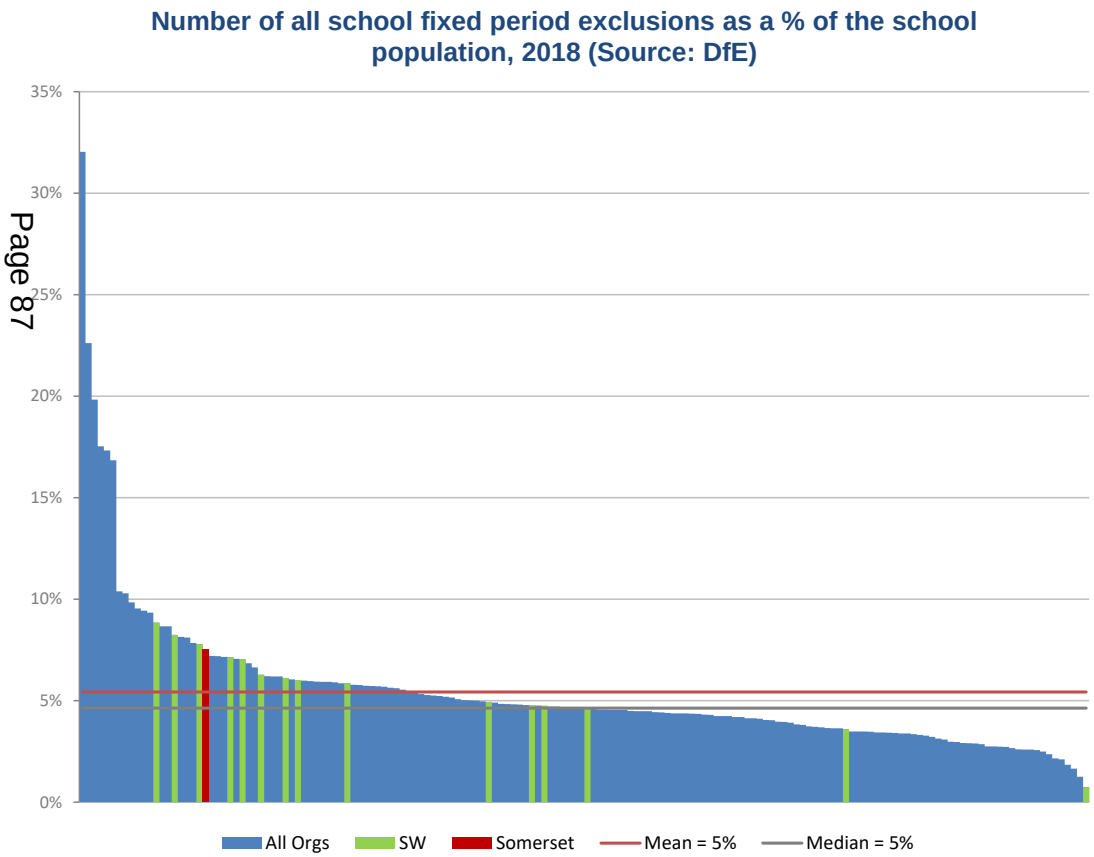
There is wide variance across the South West. The regional average is 0.13%, marginally higher than the national average of 0.10%. In Somerset, the rate of permanent exclusions is above the national and South West averages, at 0.16%. This metric again confirms the importance of the CYPMH offer being responsive to the school environment where Somerset consistently reports above average incidence of demand for additional support.

The city of Bristol has the lowest rate in the South West of England and second lowest rate nationally at 0.02%. Torbay has the highest rate of permanent exclusions as a percentage of the school population, at 0.25%.



NHS Benchmarking Network

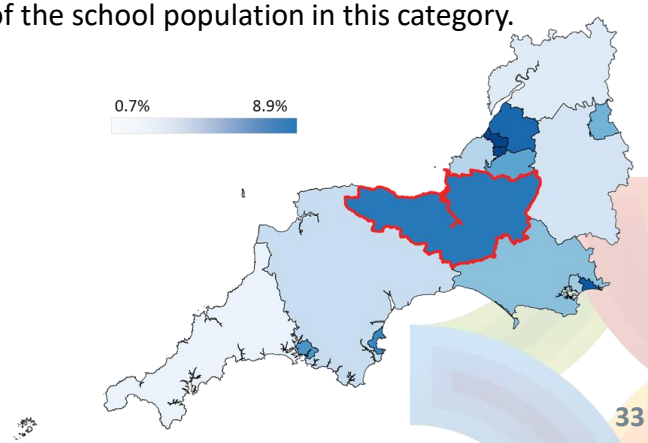
Fixed period exclusions



Data on fixed term exclusion encompasses a slightly larger section of the CYP population than permanent exclusions.

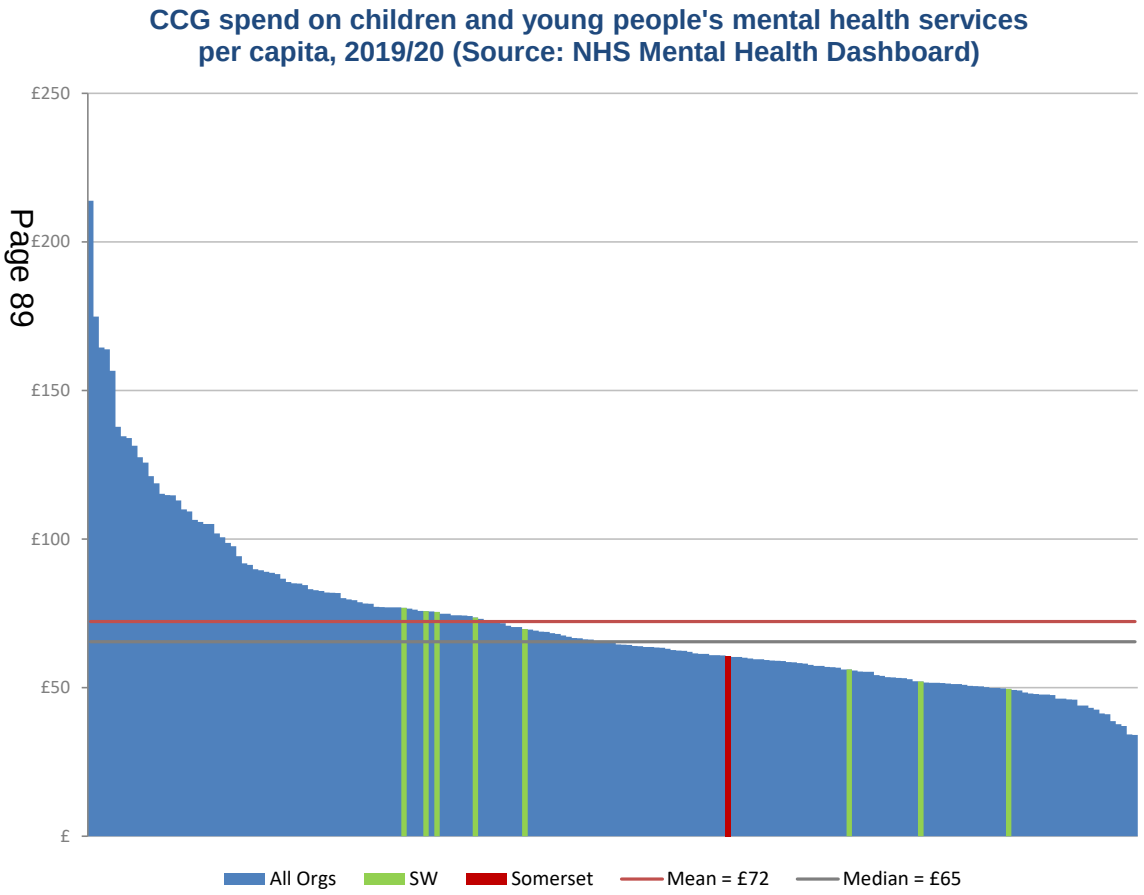
The South West has a regional average of 6% of the school population experiencing fixed period exclusions, marginally higher than the national average of 5%. In Somerset this is 8%, above both the regional and national averages and again supporting the hypothesis of higher levels of need and challenging behaviour in Somerset.

The Isles of Scilly have the lowest rate nationally, at 1% of the school population. The City of Bristol has the highest rate of fixed period exclusions in the region, with 9% of the school population in this category.



Investment in CYPMH services

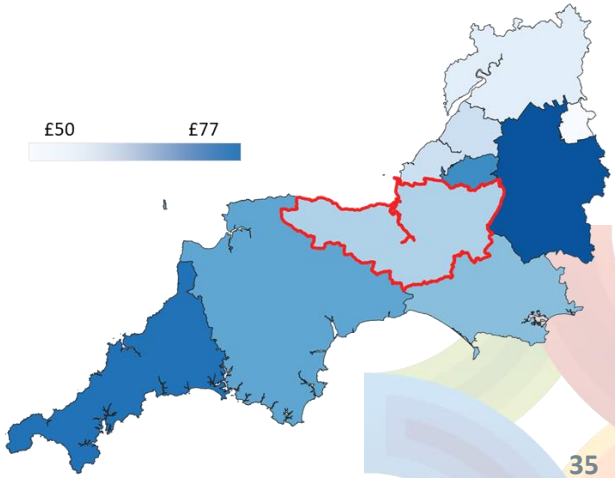
CCG investment



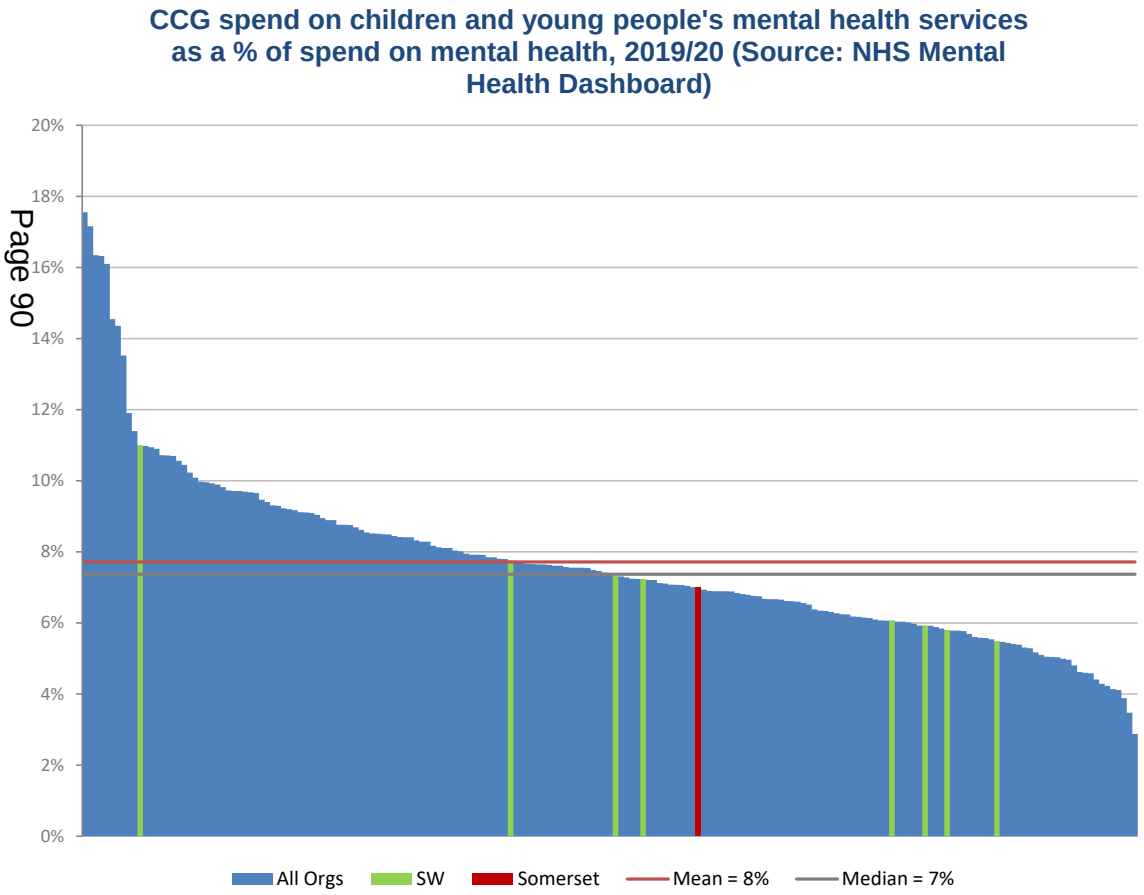
CCG investment in CYP mental health services is reported via the NHS England and NHS Improvement Mental Health Dashboard. When benchmarked per capita (0-18), the national average investment is £72.

The average across all South West CCGs was £66 per capita. This is slightly below the national average but largely consistent with the all-age relative needs position reported in the mental health needs index. In Somerset, the CCG spend per capita was £61, below both the regional and national averages.

Within the region, Swindon has the lowest spend per capita at £50, and Wiltshire has the highest at £77. Expenditure levels by CCG do not always align well with reported needs levels in each CCG.



Spend on CYPMHS as a % of mental health spend



The NHS Mental Health Dashboard provides insight into CCG spend on children and young people's mental health services as a percentage of total spend on mental health.

In Somerset, the CCG allocated 7% of their mental health spend to CYPMH services, in line with the regional average (7%). This is comparable to the national average of 8%. Within the region, the lowest percentage spend was Dorset (5%), and the highest was Wiltshire (11%).

Nationally, the lowest reported spend on CYPMHS as a percentage of total spend on mental health was North Staffordshire CCG (3%), with the highest being South Norfolk CCG (18%).

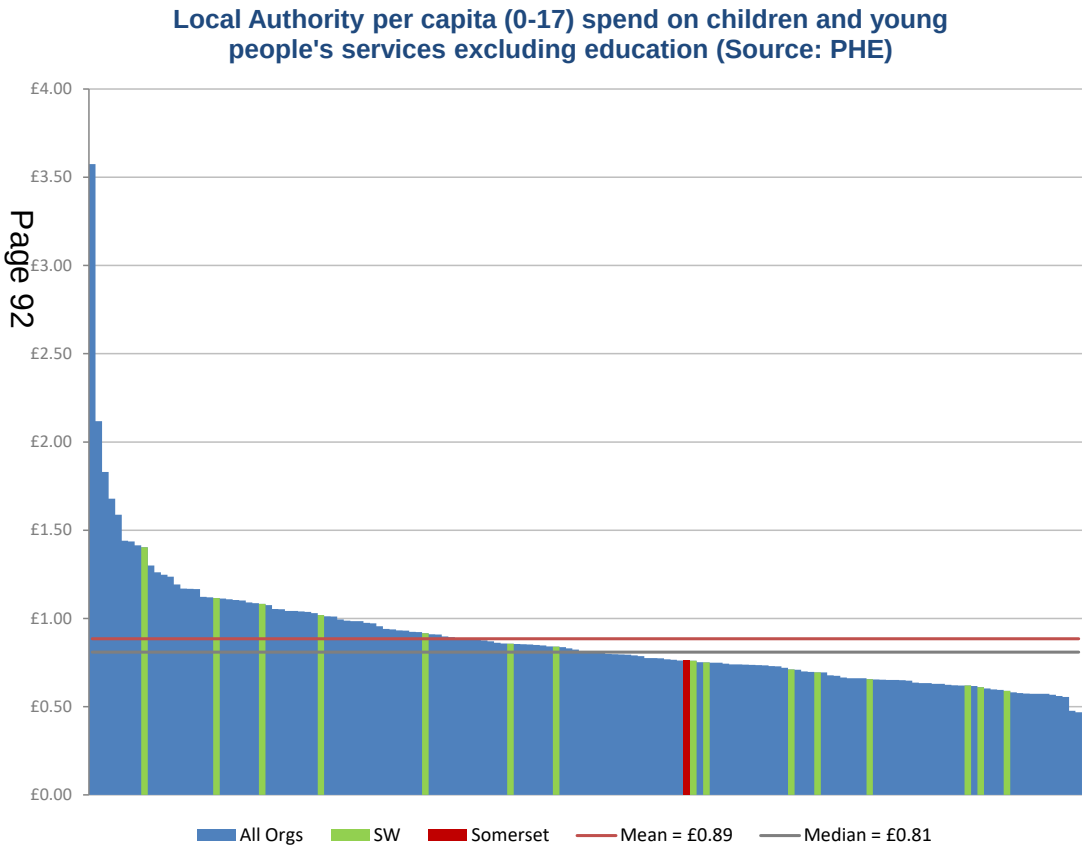
CCG investment

The table below compares the spend on children and young people's mental health services per capita and the spend on children and young people's mental health services as a percentage of overall spend on mental health for South West CCGs

The table shows Wiltshire CCG spending the highest percentage and most per capita on CYPMH services within the South West. Conversely, Swindon CCG spent the lowest on CYPMH services per capita whilst Dorset CCG spent the lowest as a percentage of their overall spend on mental health. Somerset CCG spends the lowest per capita on CYPMH of any of its contiguous neighbours.

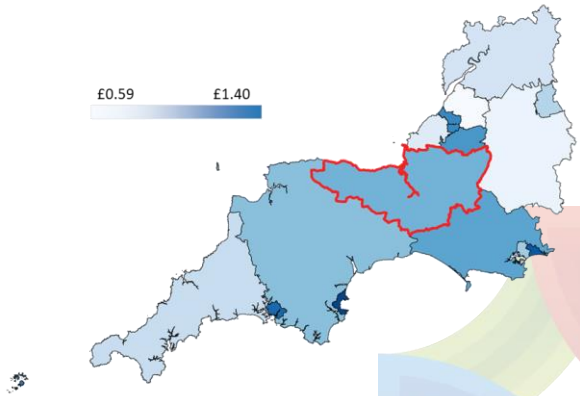
CCG	CCG spend on children and young people's mental health services per capita	CCG spend on children and young people's mental health services as a % of spend on mental health
NHS Bath and North East Somerset CCG	£75	8%
NHS Bristol, North Somerset and South Gloucestershire CCG	£56	7%
NHS Devon CCG	£74	6%
NHS Dorset CCG	£70	5%
NHS Gloucestershire CCG	£52	6%
NHS Kernow CCG	£76	6%
NHS Somerset CCG	£61	7%
NHS Swindon CCG	£50	7%
NHS Wiltshire CCG	£77	11%

Local Authority investment



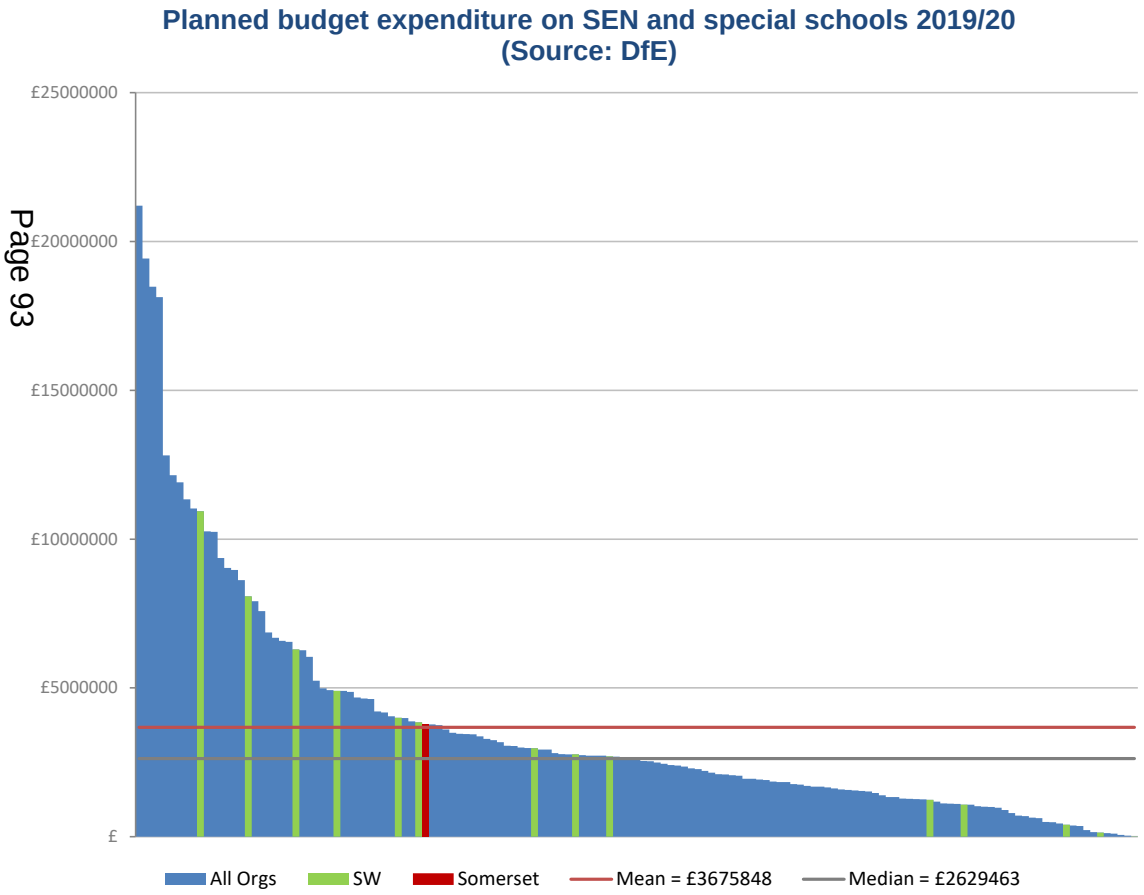
There is notable variation in investment in children and young people's services by Local Authorities (LAs) across the South West. South Gloucestershire has the lowest relative spend within the region, at £0.59 per capita. Torbay spends the most on children and young people's services, at £1.40 per capita, while Somerset spends £0.76.

The South West regional average of £0.84 is marginally lower than the national average of £0.89. It should be noted that local authority expenditure levels are now at around 1% of the value of NHS expenditure levels on CYPMH. The reduction in local authority expenditure can be aligned to the austerity period experienced by LAs and confirms the NHS as the lead commissioner and provider of CYPMH services within a multi-agency environment.



NHS Benchmarking Network

SEN and special schools budget expenditure



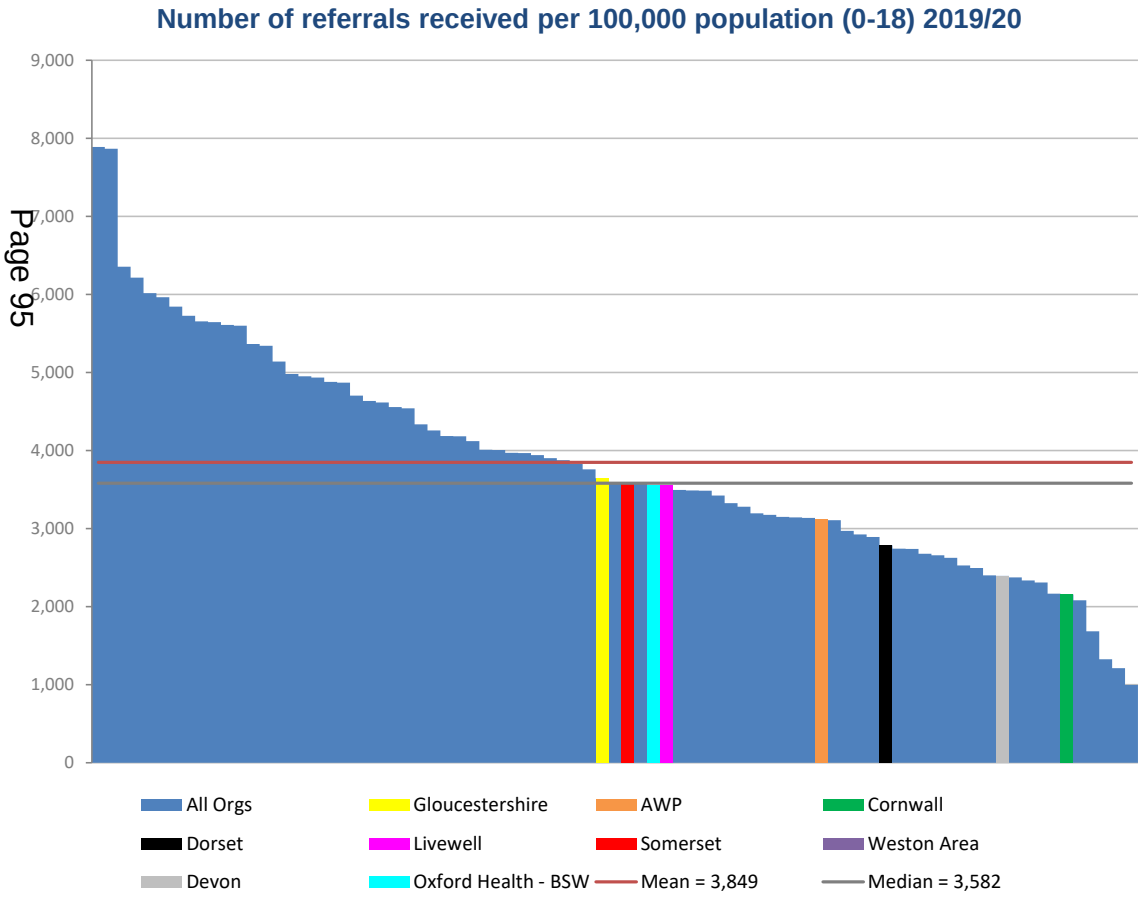
This chart demonstrates the planned budget expenditure on Special Educational Needs and Special schools in 2019/20.

It shows a high degree of variation, both nationally and across the South West region, from £2,799 in the Isles of Scilly, to £10.9 million in Devon. However, it is important to note that this metric is not benchmarked by population, so is likely to be heavily impacted by the differing population sizes covered by Local Authorities.

Somerset has a planned expenditure of £3.8 million, which is roughly in line with both the regional average (£3.5 million) and the national average (£3.7 million).

CYPMH community services

Referrals to CYPMHS

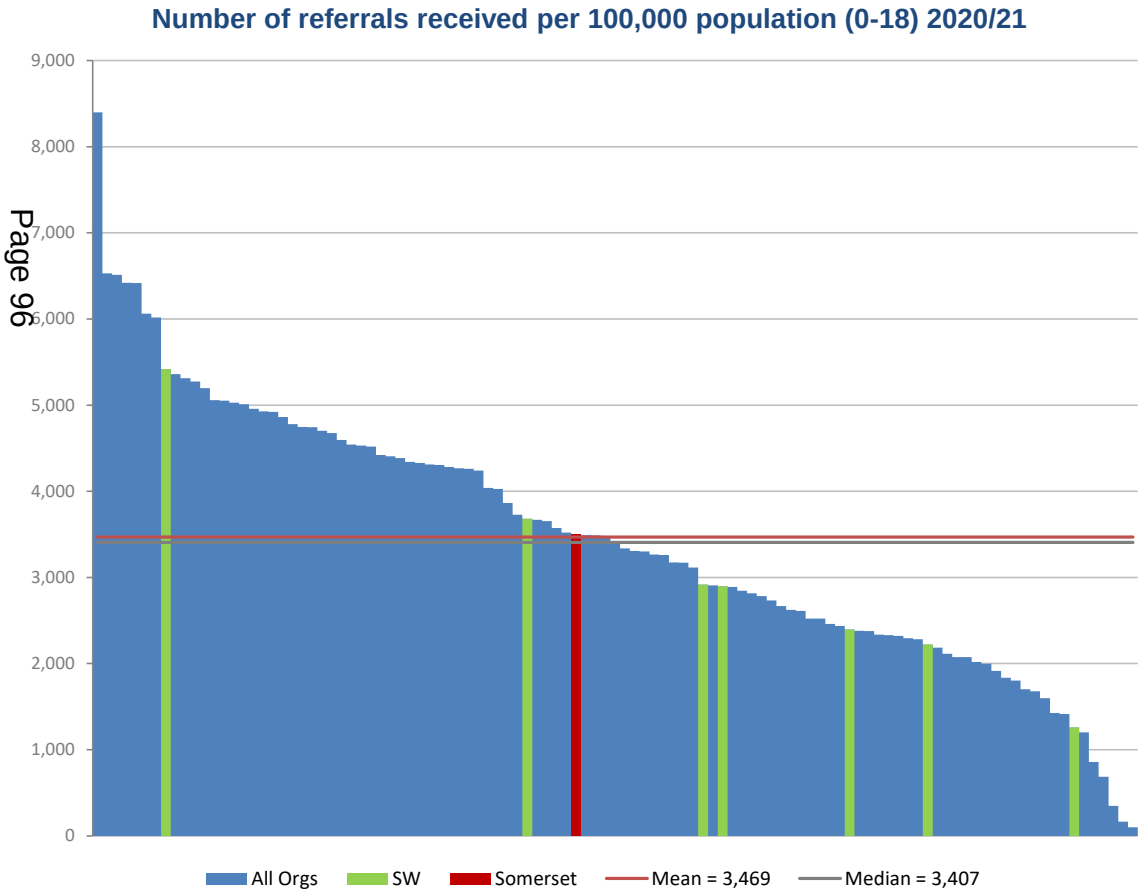


The demand for children and young people's mental health services has increased in recent years, with UK providers reporting an average of 3,849 referrals per 100,000 population (0-18) in 2019/20. This is the highest level of demand reported over the 9 years that NHS Benchmarking Network have collected data on CYPMH services.

Across the South West, an average of 3,099 referrals were received per 100,000 population (0-18), with all providers in the South West receiving fewer referrals per 100,000 population than the national mean average.

Somerset NHS Foundation Trust reported receiving 3,581 referrals per 100,000 population, which is the closest to the national median position for this metric and the second highest position in the region.

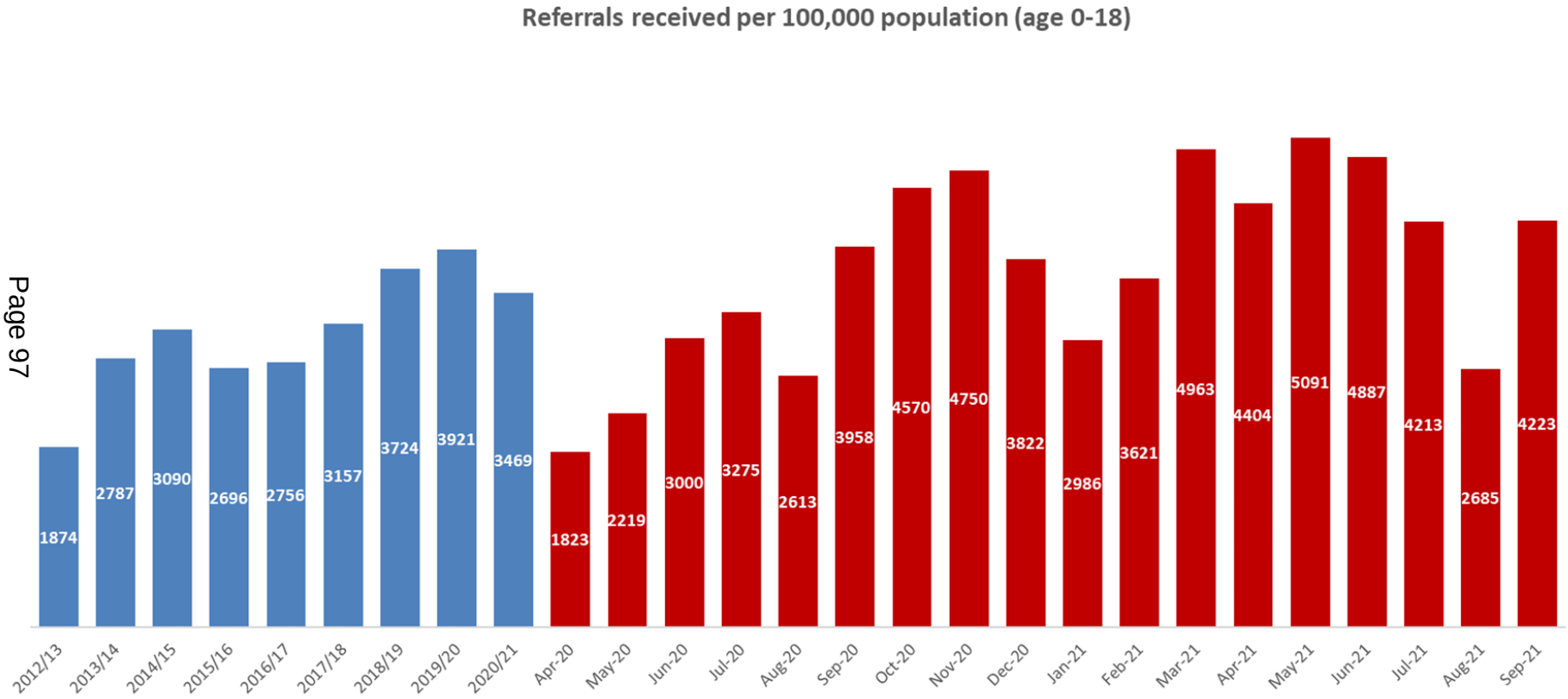
Referrals to CYPMHS 2021



The national lockdowns caused by the Covid-19 pandemic have seen referrals fall for the first time since 2015/16. Referrals in 2020/21 reduced by 12% compared to the previous year, with 3,469 referral received per 100,000 population. Referral acceptance rates have remained stable at 81%.

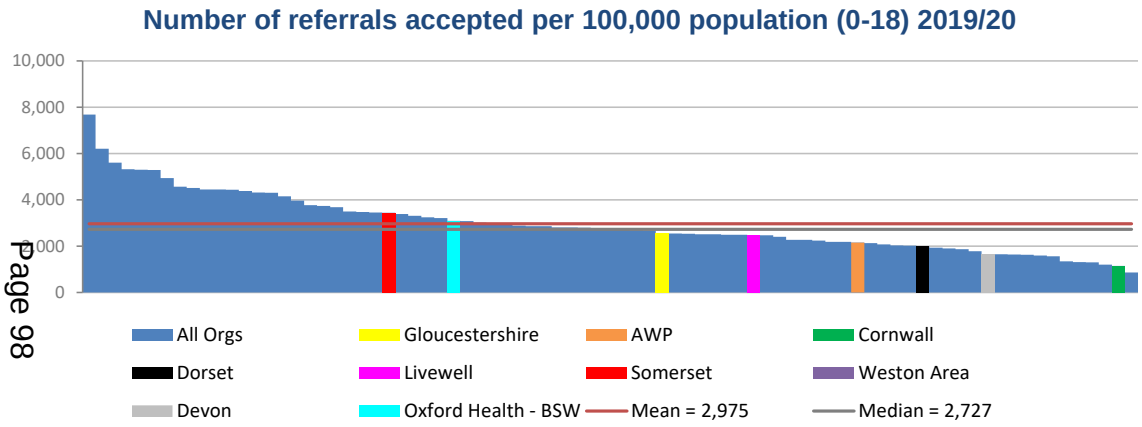
In 2020/21, Somerset NHSFT reported receiving 3,504 referrals per 100,000 population, slightly higher than the national average and very close to the levels reported in the pre-Covid year 2019/20. The pandemic therefore had only slight impact on overall referral levels in Somerset although there was likely to have been a large amount of volatility in the timing of referrals given the school closures and difficulties in accessing primary care at the start of the pandemic.

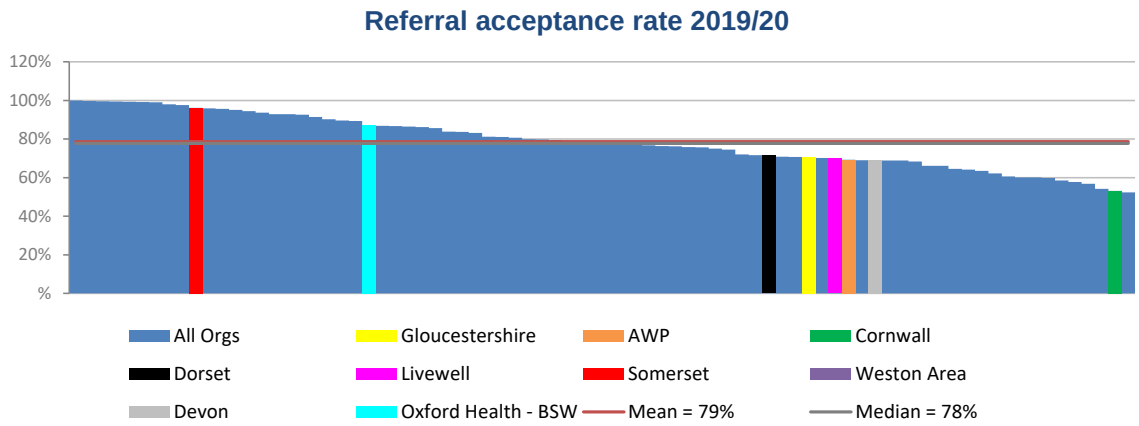
CYPMH referrals, historic trends & impact of Covid-19



- The chart above displays the UK wide trends in CYPMH referrals over a 9 year period. Across the NHS, referrals to CYPMHS doubled over the period 2012/13 to 2019/20, making CYPMHS one of the fastest growing major specialties in healthcare. This is displayed on the blue area of the chart above.
- The red area of the chart explores CYPMH referrals by month during the Covid pandemic. Referrals systems have been disrupted under Covid with demand growing in excess of historic rates after the second national lockdown. Referrals initially dropped by 52% of previous annual levels in April 2020 but rebounded strongly as lockdowns were lifted. From March 2021 onwards, referral levels were noticeably higher than before the pandemic with referrals peaking in May 2021 at over 30% higher than historic rates before beginning to reduce in August.

Referrals accepted by CYPMHS



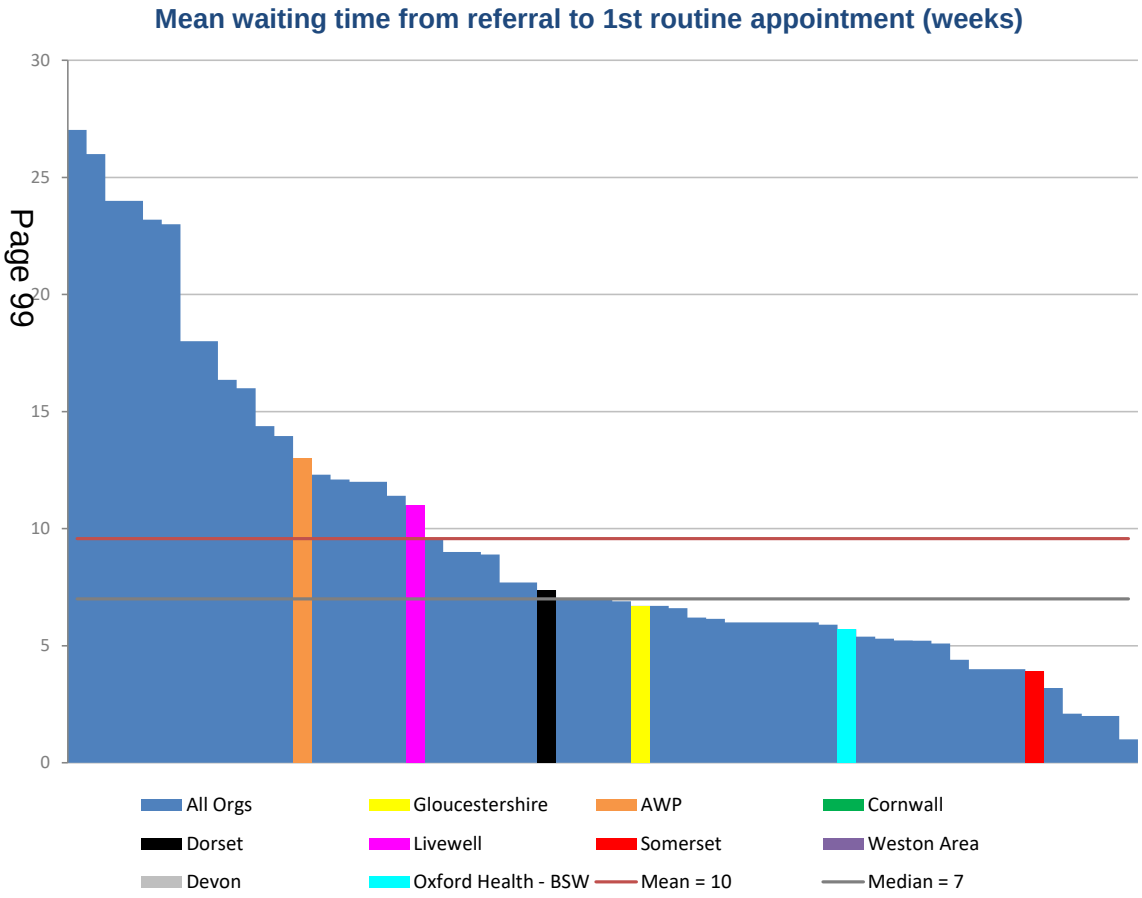


The number of referrals accepted into UK CYPMH services per 100,000 population in 2019/20 has also increased, with 2,975 referrals accepted per 100,000 population across the UK. This equates to 79% of referrals being accepted by CYPMH services in 2019/20.

There is wide variation in the number of referrals accepted into CYPMH services across the South West, averaging 2,319 referrals per 100,000 population, with a slightly lower referral acceptance rate of 73%.

Somerset NHSFT accepted the highest number of referrals per 100,000 population across the South West region (3,444 referrals accepted per 100,000 population), with a referral acceptance rate of 96%.

Waiting times – routine care

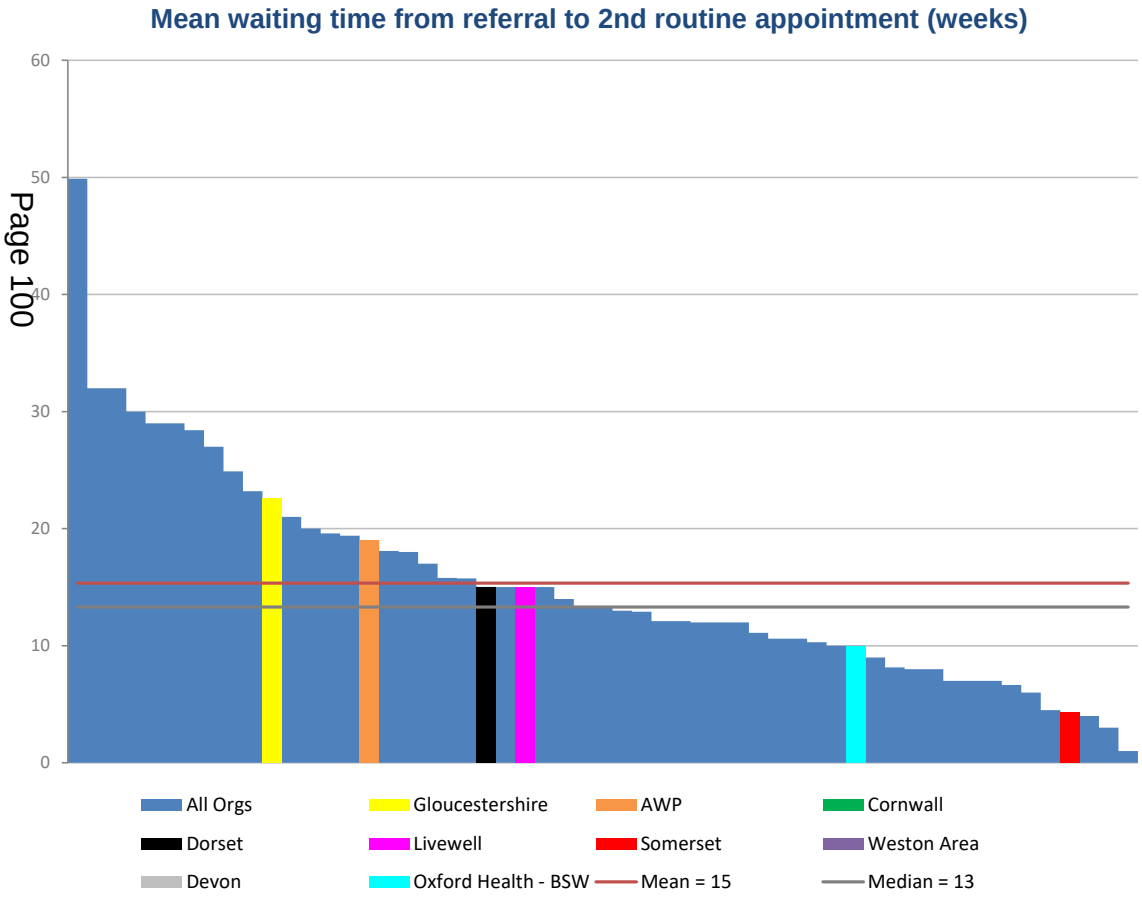


The following charts explore the mean waiting times for first (assessment) and second (treatment) routine appointments in CYPMH services. In the UK, the average waiting time from referral to first appointment was 10 weeks.

In 2019/20, 4 of the 6 providers in the South West who were able to provide data on this metric reported shorter waiting times than the national average, with the average waiting time across the South West for a 1st appointment equating to 8 weeks.

There is an ongoing data validation issue with data from Somerset with waiting times for both first appointment (4 weeks) and second appointment / referral to treatment time both reported at 4 weeks (see next page).

Waiting times – routine care

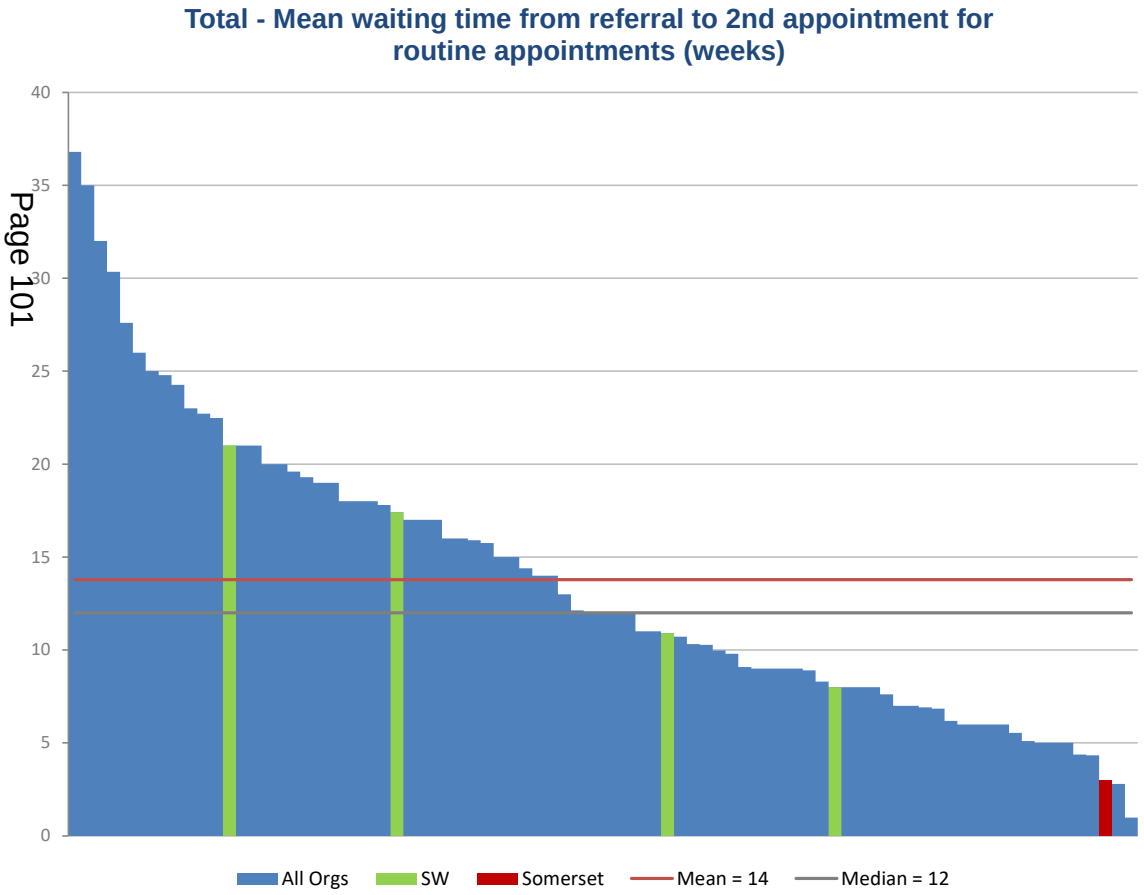


Across the UK, children and young people wait an average of 15 weeks from referral to second appointment. This has increased by 1 week compared to the figure reported in 2018/19. Therefore, the longest wait remains in the first part of the process between referral and assessment.

The average waiting time from referral to second appointment across South West CYPMH services was 14 weeks, which is slightly lower than the national average.

As highlighted on the previous page, Somerset report a 4 week refer to treatment time for non-urgent referrals to CYPMH.

Waiting times – routine care 2021

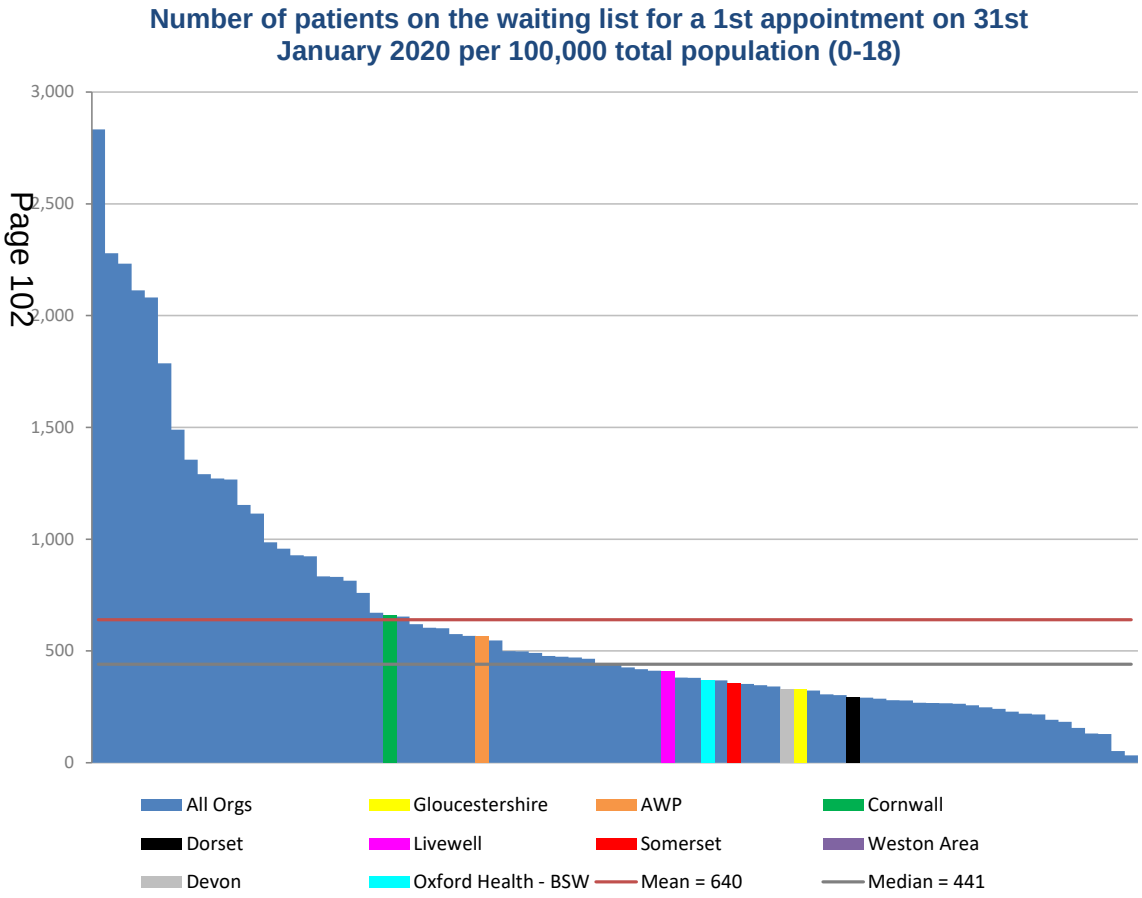


In 2020/21, average waiting times for both first and second appointment fell for the first time in four years in CYPMH services. This may be due to the fall in demand as national lockdowns affected CYPMH services in 2020/21.

The average waiting time from referral to 1st appointment was 8 weeks and referral to 2nd appointment was 14 weeks.

Somerset NHSFT reported in 2020/21, an average waiting time of 2 weeks from referral to 1st appointment and 3 weeks from referral to 2nd appointment suggesting rapid access to services in Somerset.

Waiting lists

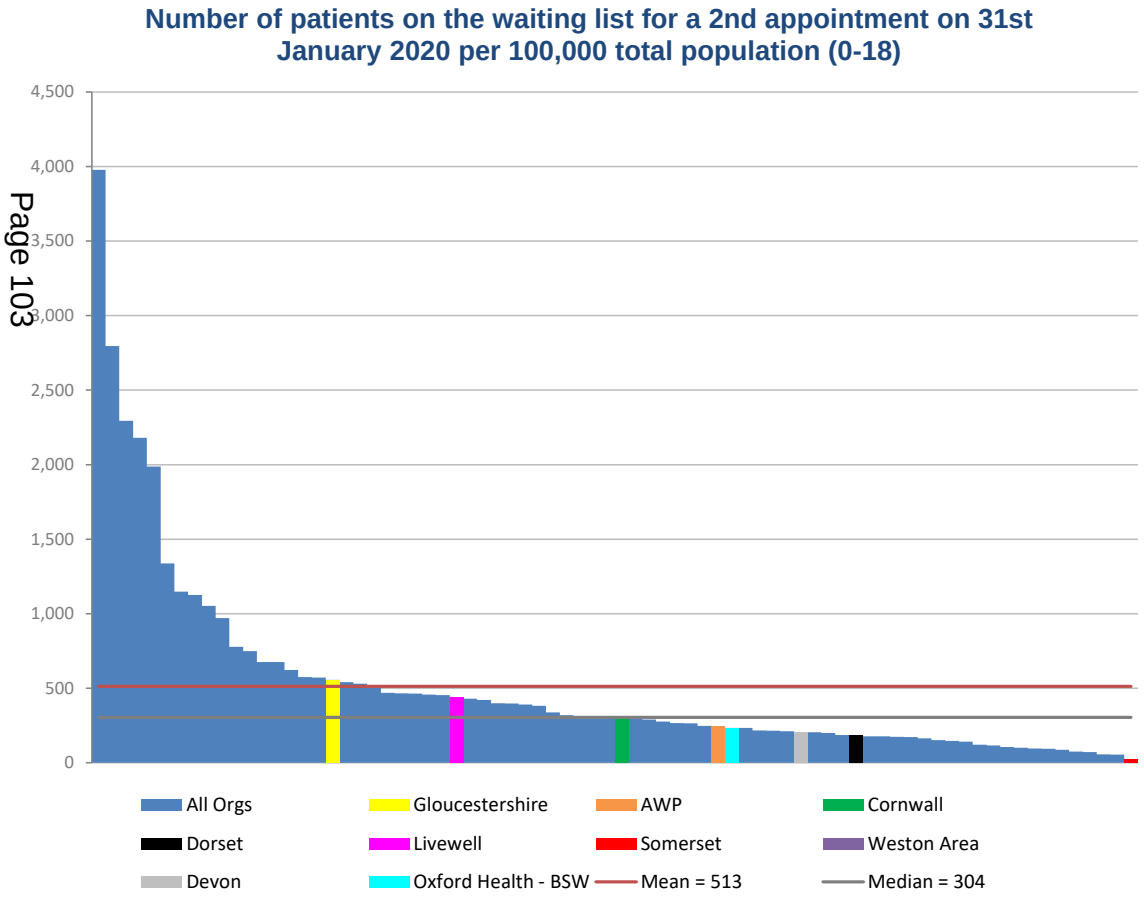


The number of patients on CYPMH waiting lists has continued to increase in recent years, with 640 children and young people per 100,000 population waiting for their first appointment on 31st January 2020.

In the South West, providers reported an average of 413 children and young people on their waiting list for a 1st appointment per 100,000 population, with all but one provider reporting shorter waiting lists compared to the national average.

In Somerset NHSFT, 354 CYP were on the waiting list for a 1st appointment on 31st January 2020.

Waiting lists

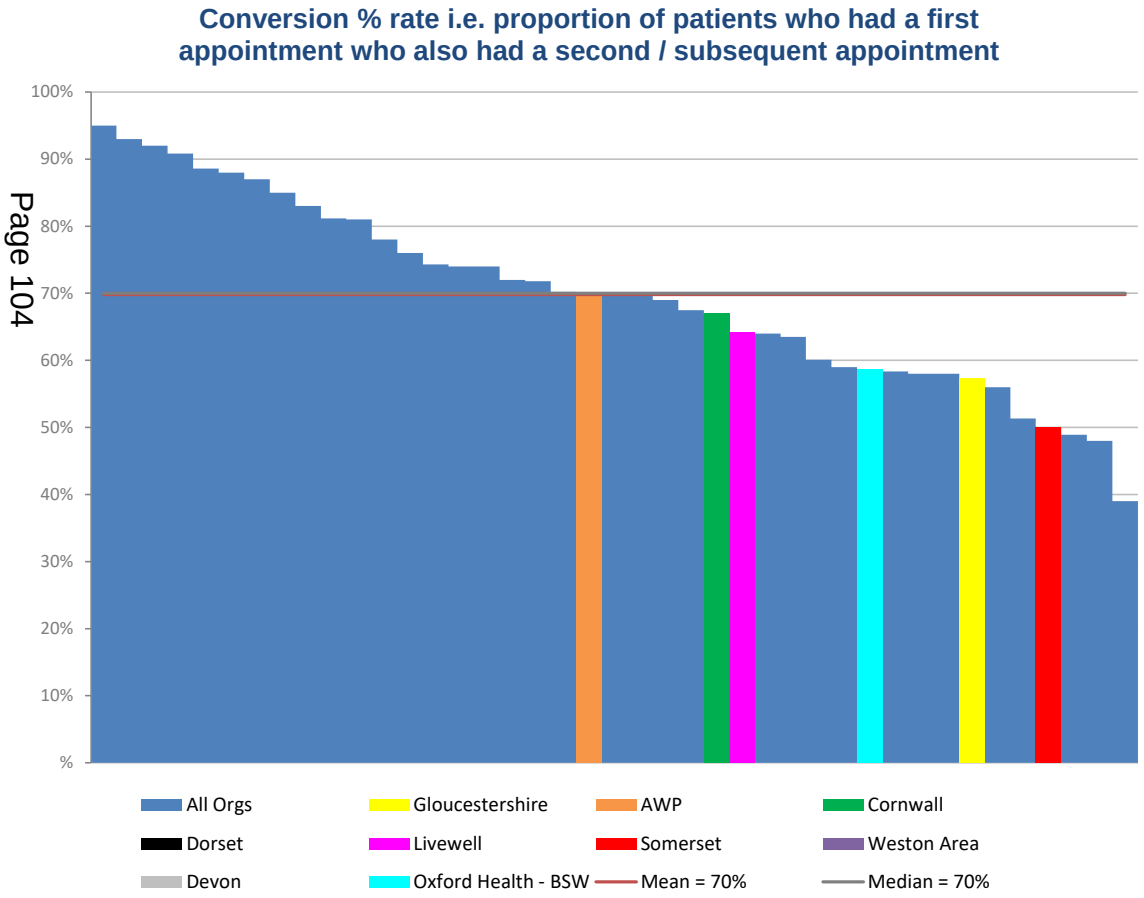


Providers across the UK reported a further 513 children and young people per 100,000 population were on a waiting list for their second appointment at 31st January 2020.

Across the South West, the large majority of providers reported shorter waiting lists compared to the national average, with an average of 274 children and young people on a waiting list for a second appointment per 100,000 population.

Somerset NHSFT reported on 31st January 2020, there were only 26 CYP waiting for a 2nd appointment, the shortest waiting list in the UK.

Conversion rate



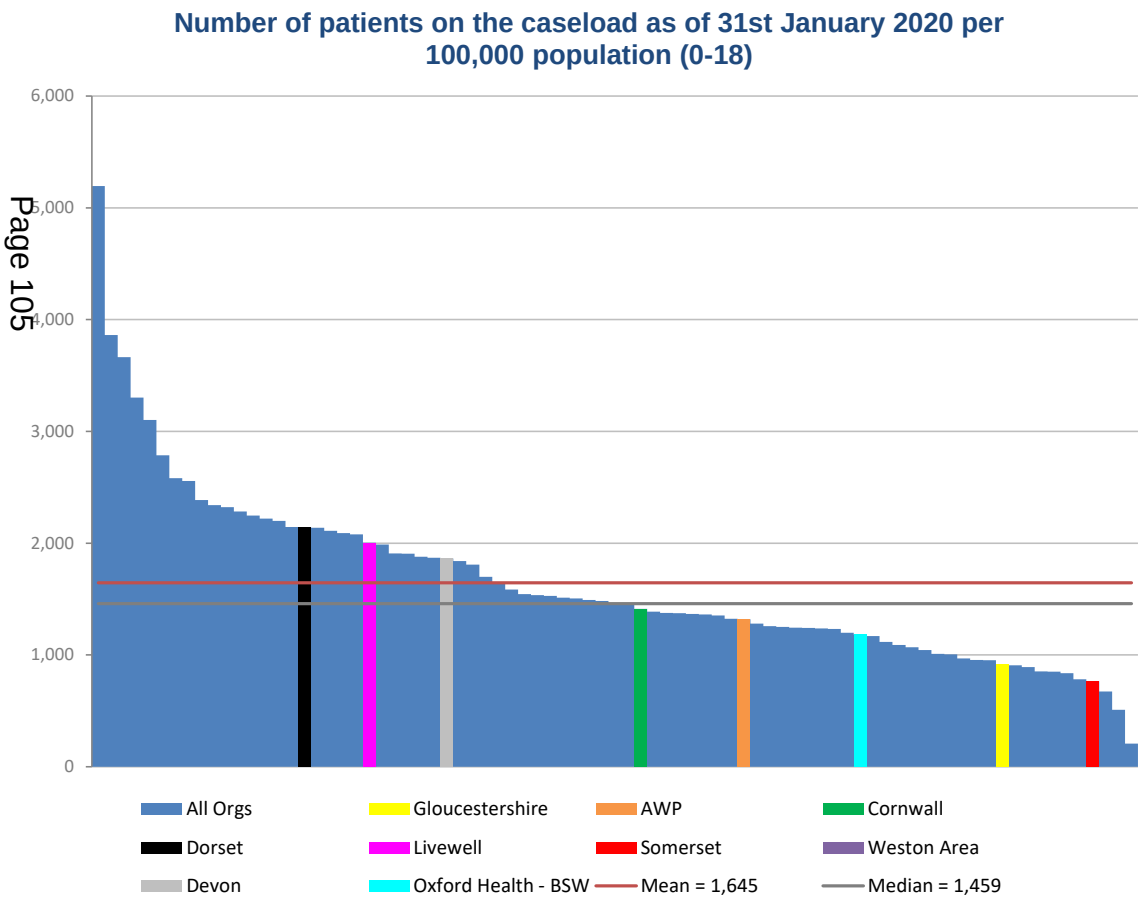
The conversion rate measures the proportion of children and young people who are assessed by CYPMH services and are subsequently added to caseload. In recent years, this figure has increased, suggesting increases in capacity and loosening of thresholds for care.

In 2019/20, the average conversion rate across UK CYPMH services was 70%.

Providers in the South West reported that 61% of children and young people who had a first appointment also had a second face to face appointment and were subsequently added to caseload. This confirms a lower conversion rate to caseloads across the region.

Somerset NHS Foundation Trust reported that only 1 in 2 children and young people were converted onto caseload, with a conversion rate of 50%.

CYPMHS Caseload



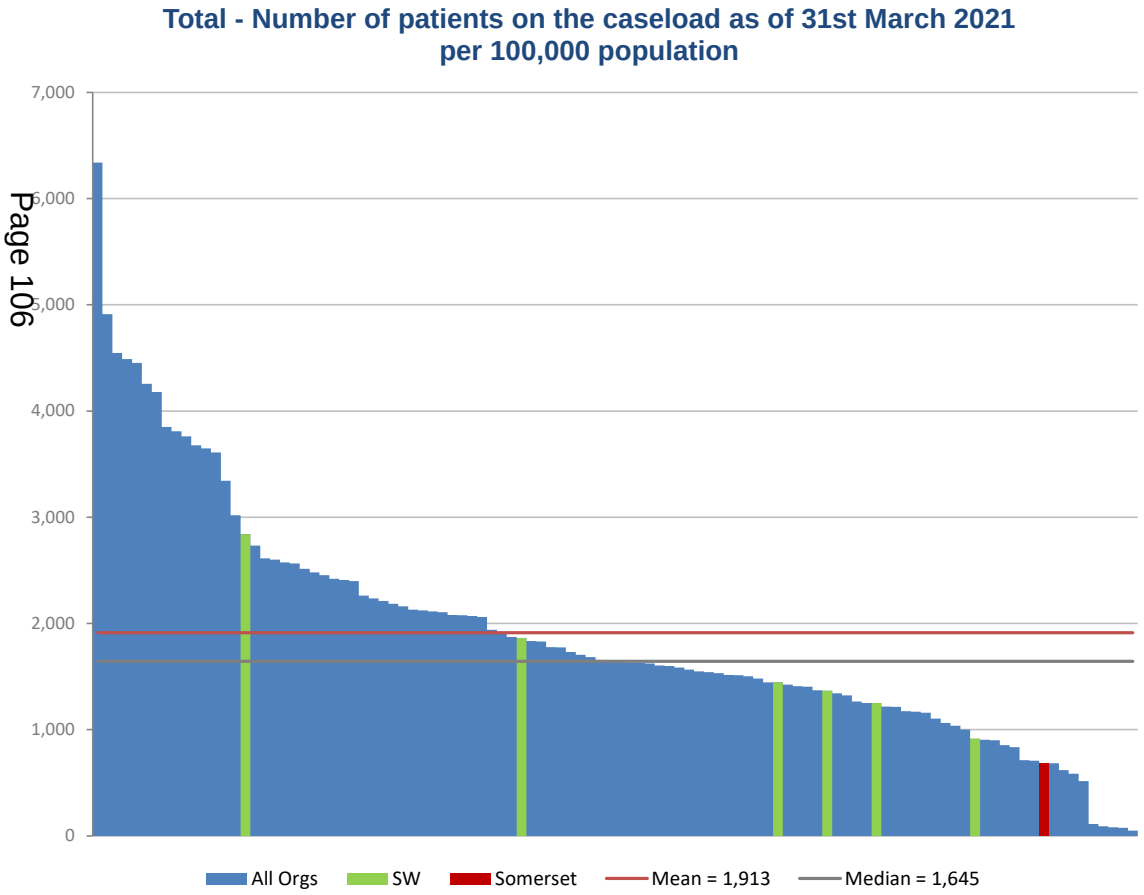
The number of patients on caseload across the UK was recorded at both January and March 2020 to track any changes to CYPMH services due to Covid-19. However, no notable difference between the two census points was reported nationally.

The number of children and young people on caseload at 31st January 2020 was 1,645 per 100,000 population across the UK. This compares to 1,451 patients on caseload per 100,000 population across the South West region.

There is wide variation across the sites in the South West, ranging between 765 and 2,139 patients on caseload per 100,000 population.

Somerset NHSFT reported the fewest number of children and young people on caseload at 31st January 2020 across the South West region, with 765 CYP on the caseload per 100,000 population.

CYPMHS Caseload 2021

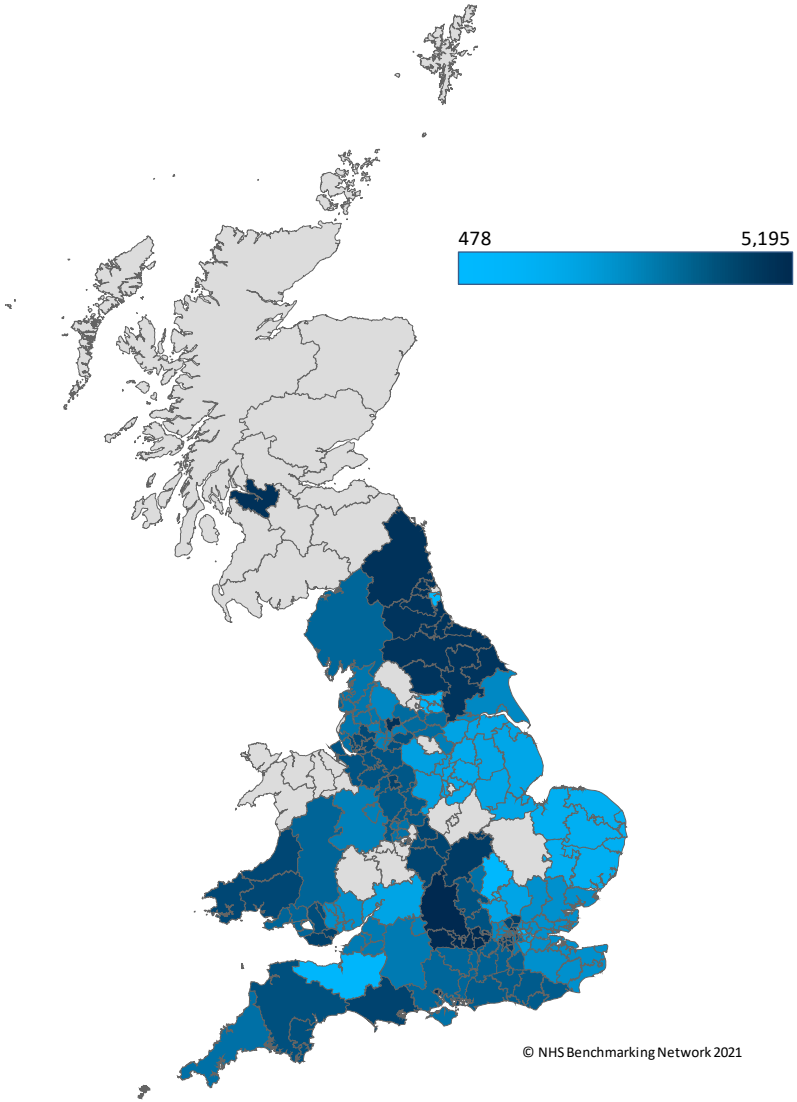


The number of children and young people on a CYPMHS caseload at 31st March 2021 increased from to 1,913 per 100,000 population from 16,59 per 100,000 population 12 months prior. This indicates a rapid recovery to pre-Covid levels of caseload with activity levels almost recovered back to the levels seen pre-pandemic.

Somerset NHSFT reported that 685 patients were on a community caseload per 100,000 population in 2020/21.

Caseload UK map

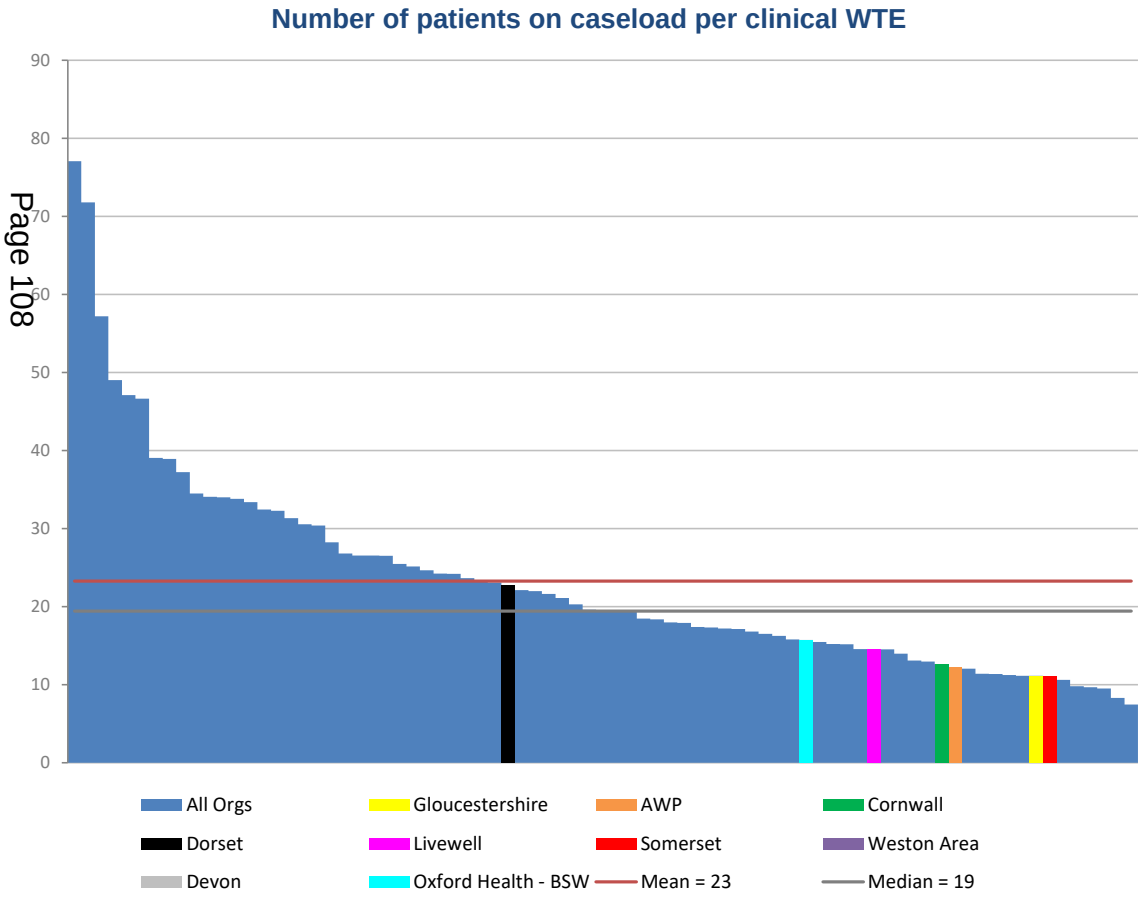
Community caseload per 100,000 registered population (0-18 years)



The map to the left explores the number of children and young people on caseload per 100,000 population across the UK. The darker shades of blue represent higher numbers of CYP on caseload.

NHS Benchmarking Network

Caseload per clinical WTE

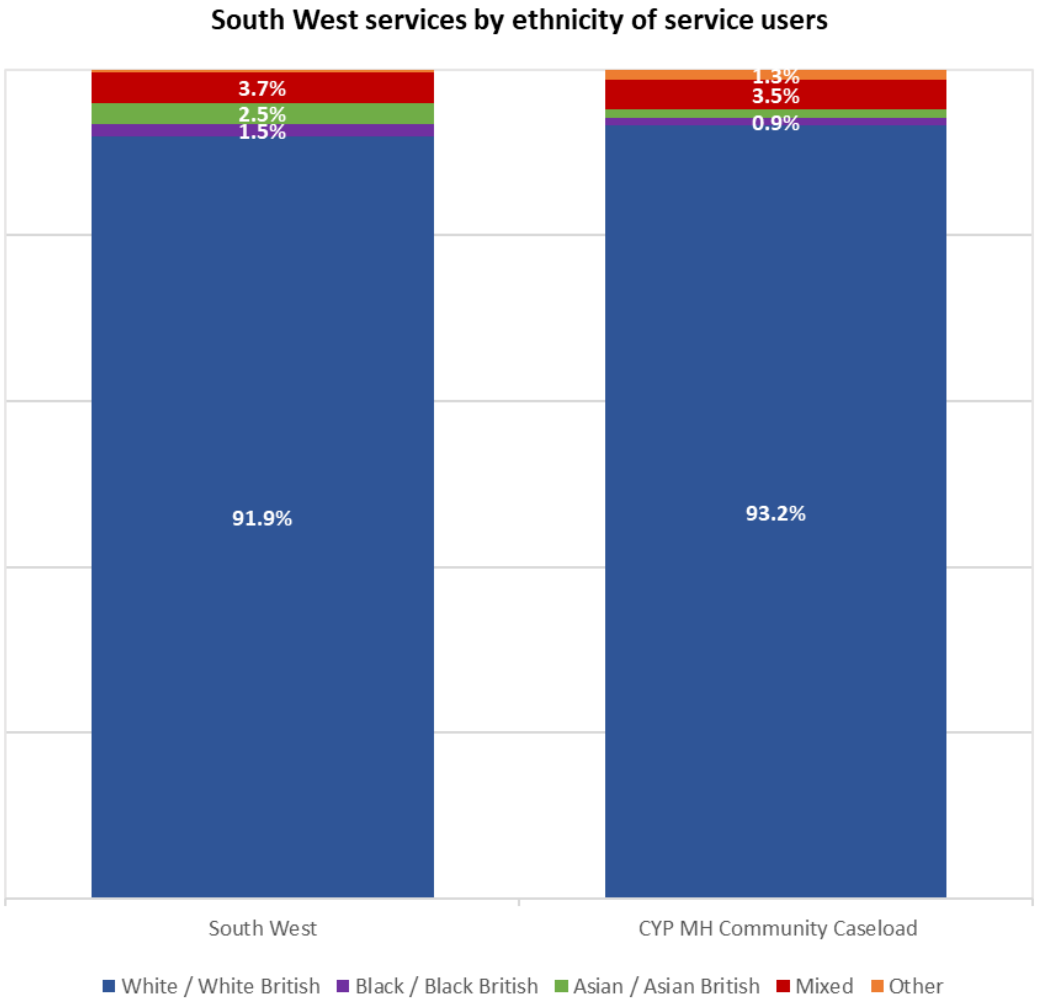


On average in CYPMH services across the UK, there are 23 children and young people on caseload per clinical WTE.

In the South West, CYPMH services reported slightly fewer patients on caseload per clinical staff member, with an average of 14 patients on caseload per clinical WTE.

Somerset reported there were 11 patients on caseload per clinical WTE within their community CYPMH services. This metric illustrates active caseload but not overall caseload seen during a year.

Ethnicity – CYP community caseload



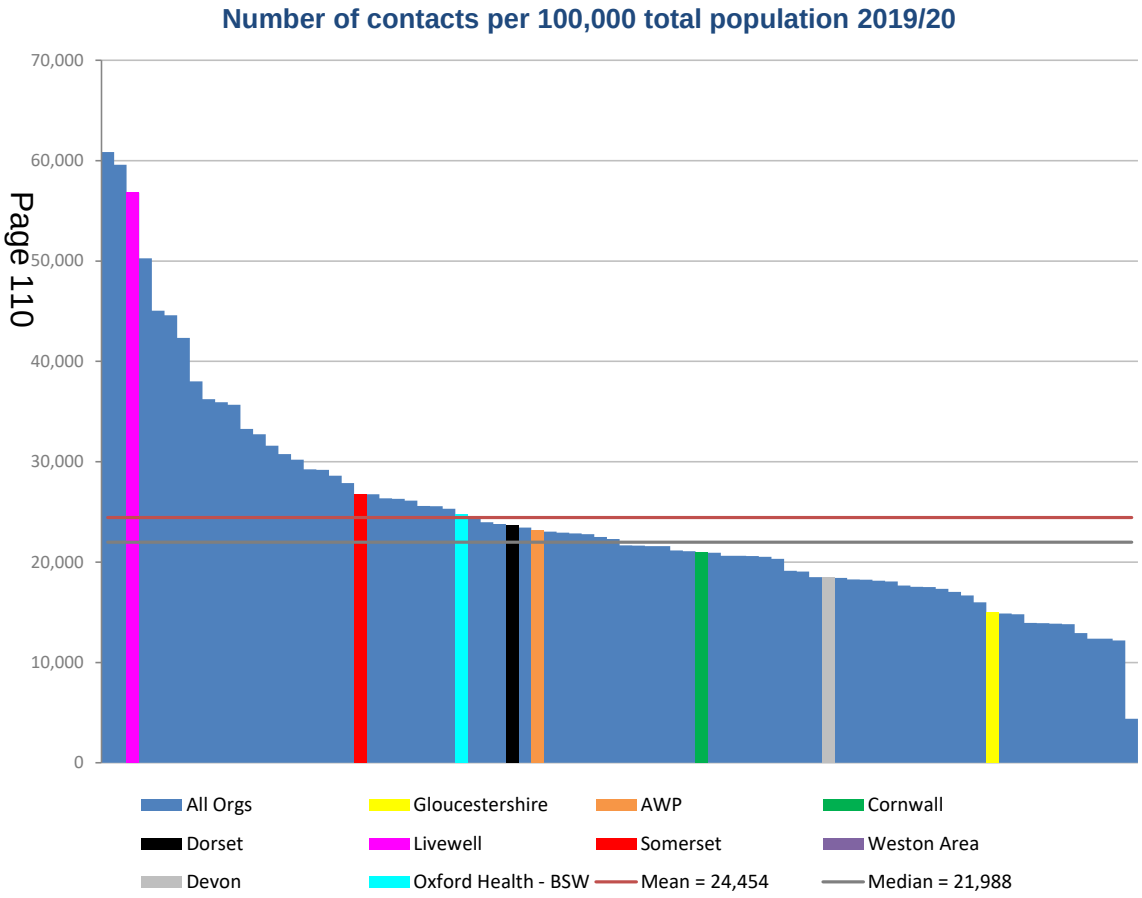
* Ethnicity not known, 24.2% community caseload

The chart to the left explores the comparison between the ethnicity of service users on caseload within CYPMH services based in the South West of England and the ethnicity of children and young people living in the South West.

In the South West, the large majority of residents aged 0-18 are White/White British (91.9%). In CYPMH community services, the proportion of White/White British children on caseload is slightly higher, representing 93.2% of service users on caseload.

The most under-represented children and young people are from an Asian/Asian British background, who make up 2.5% of the South West's 0-18 resident population, but only 1.1% of service users in CYPMH services. The position in the South West is therefore one of a lack of inclusivity for BAME young people. This conclusion is also evident for most of the rest of the UK where CYPMH services consistently demonstrate a lack of inclusivity for young people from BAME groups.

Contacts

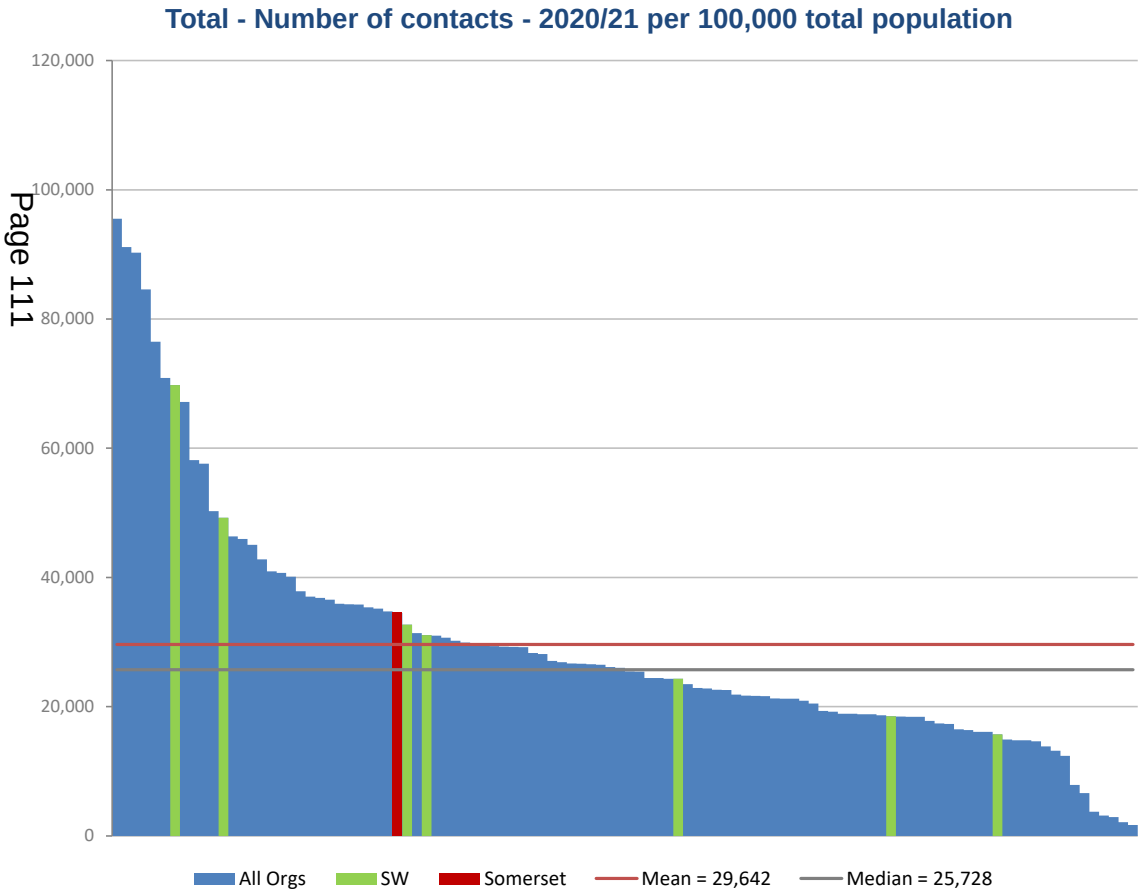


Nationally, the average number of contacts delivered by CYPMH services dropped marginally in 2019/20 compared to 2018/19, with 24,454 contacts delivered per 100,000 population. However, the number of contacts delivered is still 20% higher than 2 years ago.

In the South West, providers reported an average of 26,193 contacts delivered per 100,000 population. Contact rates in the South West are above the national average although it should be noted that this position is skewed by the high volumes of contacts delivered by Livewell who deliver the 3rd highest per capita contact rate in the UK.

Somerset NHSFT delivered the second highest number of contacts per 100,000 population in the South West region, with a reported 26,791 contacts delivered per 100,000 population.

Contacts 2021

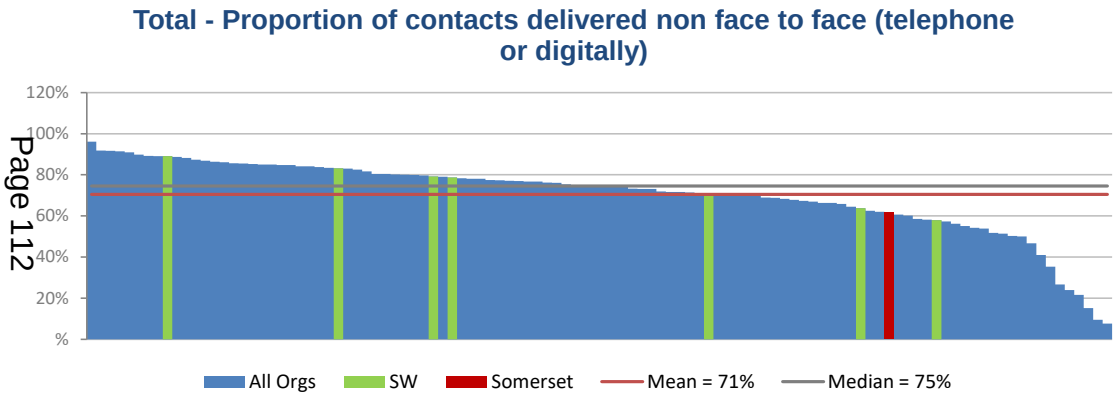


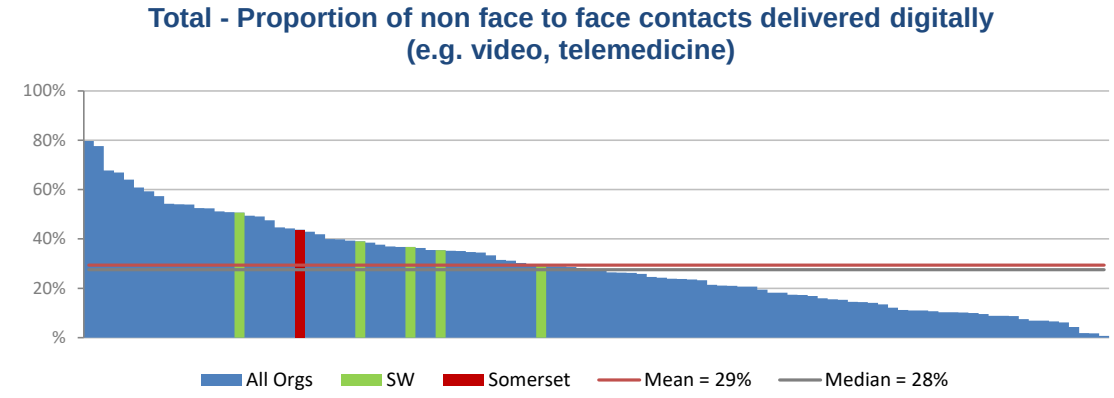
The number of contacts delivered to children and young people has increased to 29,642 per 100,000 population in 2020/21, up from 24,433 contacts per 100,000 population in 2019/20. A large part of the increase is due to the flexibility possible in care delivery due to the increase in virtual appointments during the pandemic.

In Somerset NHSFT, there were more contacts delivered per capita than the national average, with 34,512 contacts per 100,000 population.

The following page explores the proportion of contacts delivered in a non face-to-face manner as well as the proportion of contacts delivered digitally in 2020/21.

Non face to face contacts 2021



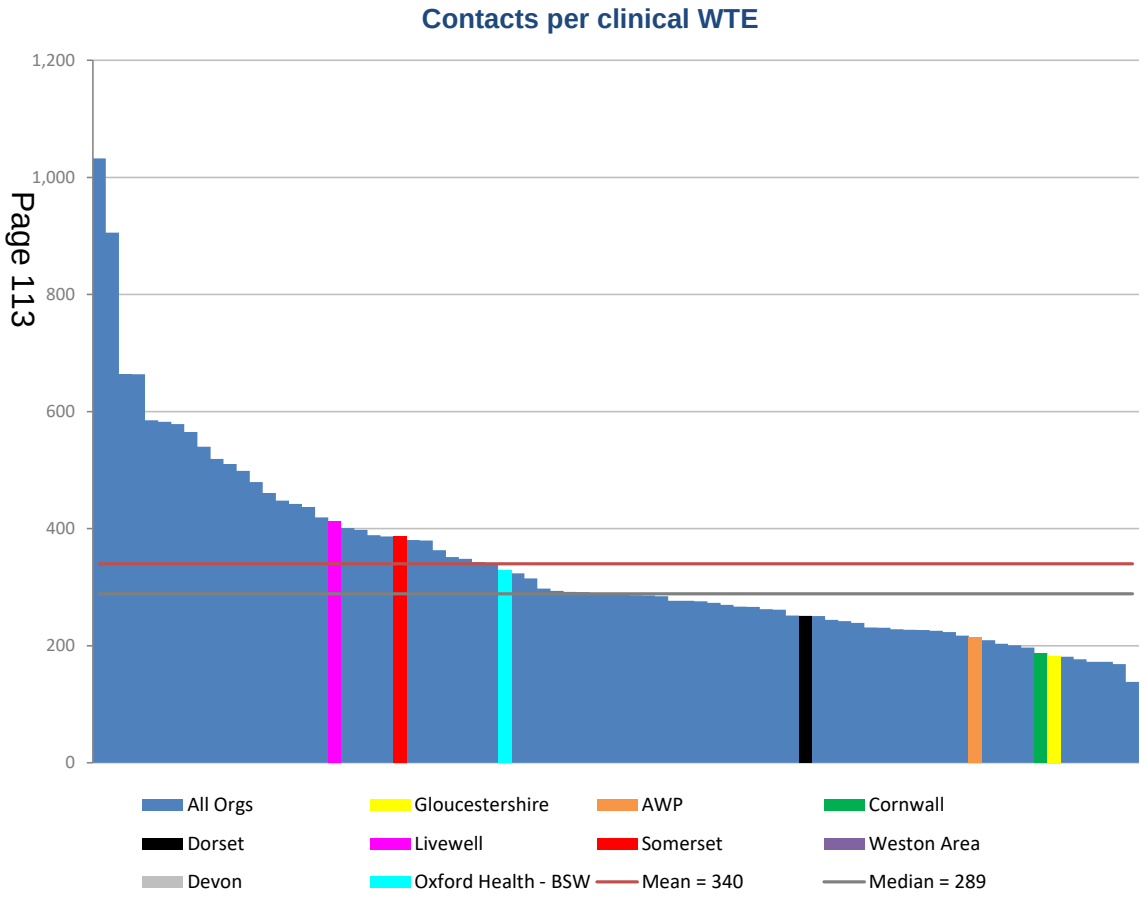


The majority of contacts delivered in CYPMH services in 2020/21 were non face to face (71%). This is a notable contrast to 2019/20, where only 24% of contacts were delivered non face-to-face. Of the contacts delivered non face-to-face, 29% were delivered digitally, either through video technologies or telemedicine.

In Somerset NHS Foundation Trust, around two thirds of contacts (62%) were delivered non face-to-face, with 44% of those being delivered digitally.

The Trust has managed to retain a core of a face to face offer during 2020/21 at around 40% of all contacts whilst also accelerating its digital offer which is provided at a rate in the upper quartile for all UK providers.

Contacts per clinical WTE 2020

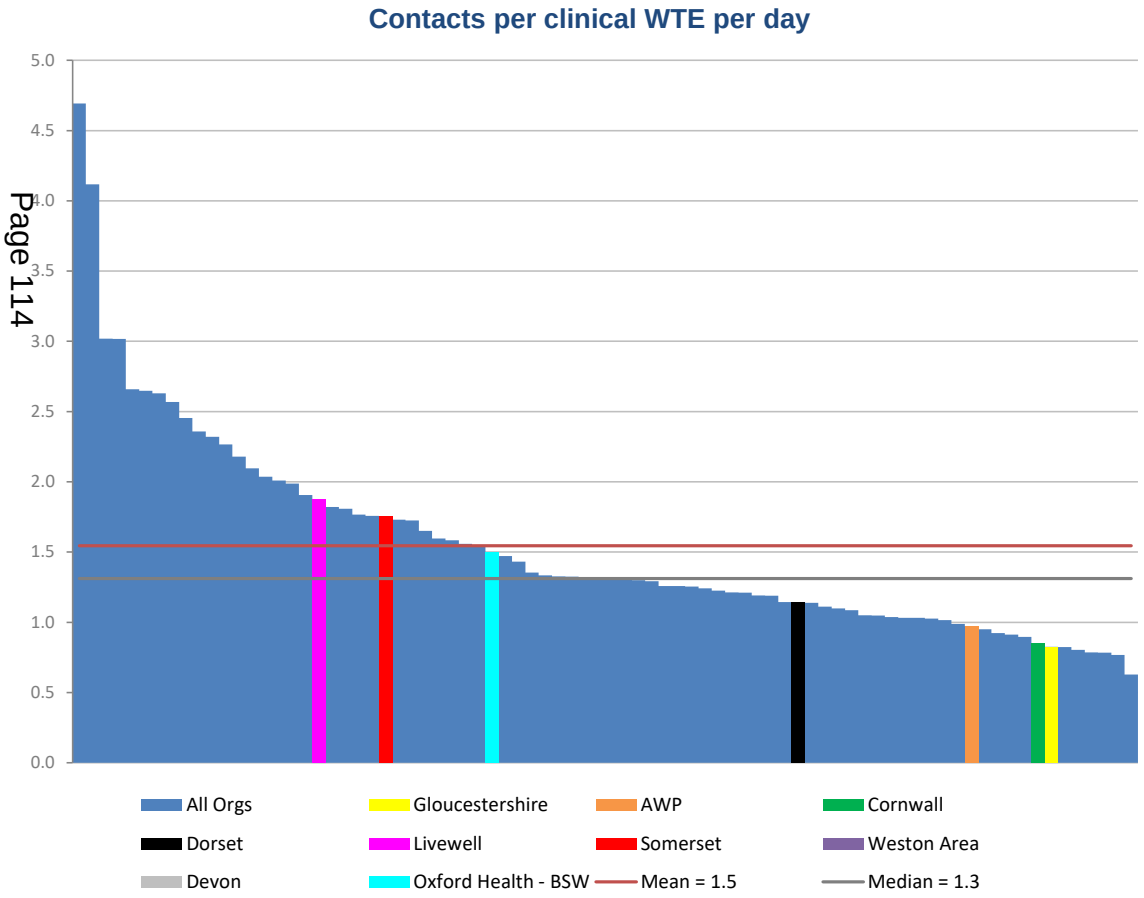


The chart to left explores the number of contacts delivered per clinical WTE in CYPMH services. This can be used as a proxy for productivity levels within services. In 2019/20, providers reported that on average, each WTE of clinical staff in CYPMH services delivered 340 contacts.

Across the South West, CYPMH services reported fewer contacts per clinical WTE than the national average, with a regional average of 280 contacts per clinical WTE in 2019/20. However, there is wide variation across the South West in the number of contacts delivered per clinical WTE, with a twofold range evident across providers from 182 to 413.

Somerset NHSFT delivered 386 contacts per clinical WTE, 14% higher than the national average.

Contacts per clinical WTE per day



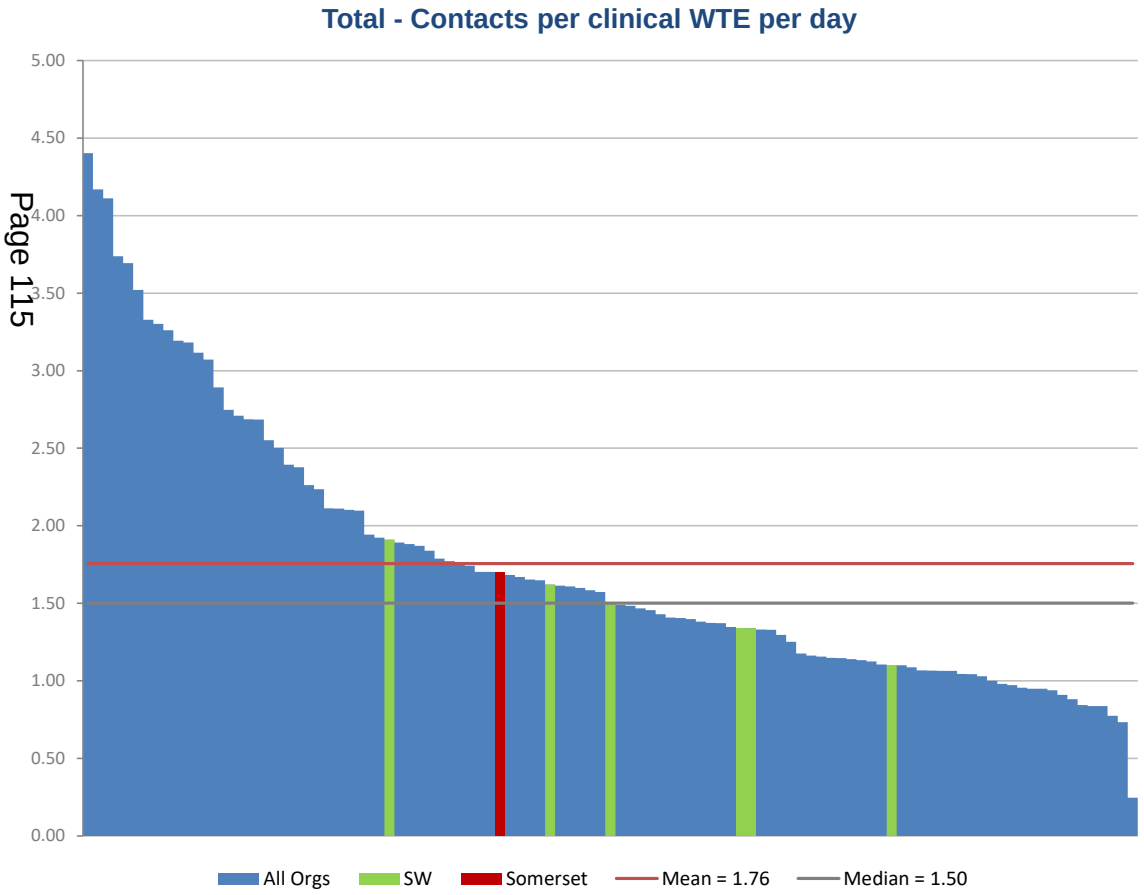
The chart to the left explores the number of contacts delivered per clinical WTE in CYPMH services per day. This assumes there are 220 working days per year, taking into account annual leave, sickness and training days.

In 2019/20, UK providers reported that on average each WTE of clinical staff in CYPMH services delivered 1.5 contacts per day.

Across the South West, CYPMH services reported a regional average of 1.3 contacts per clinical WTE per day in 2019/20.

When calculated to a per day figure, Somerset reported that clinicians delivered 1.8 contacts per clinical WTE, the second highest in the South West region.

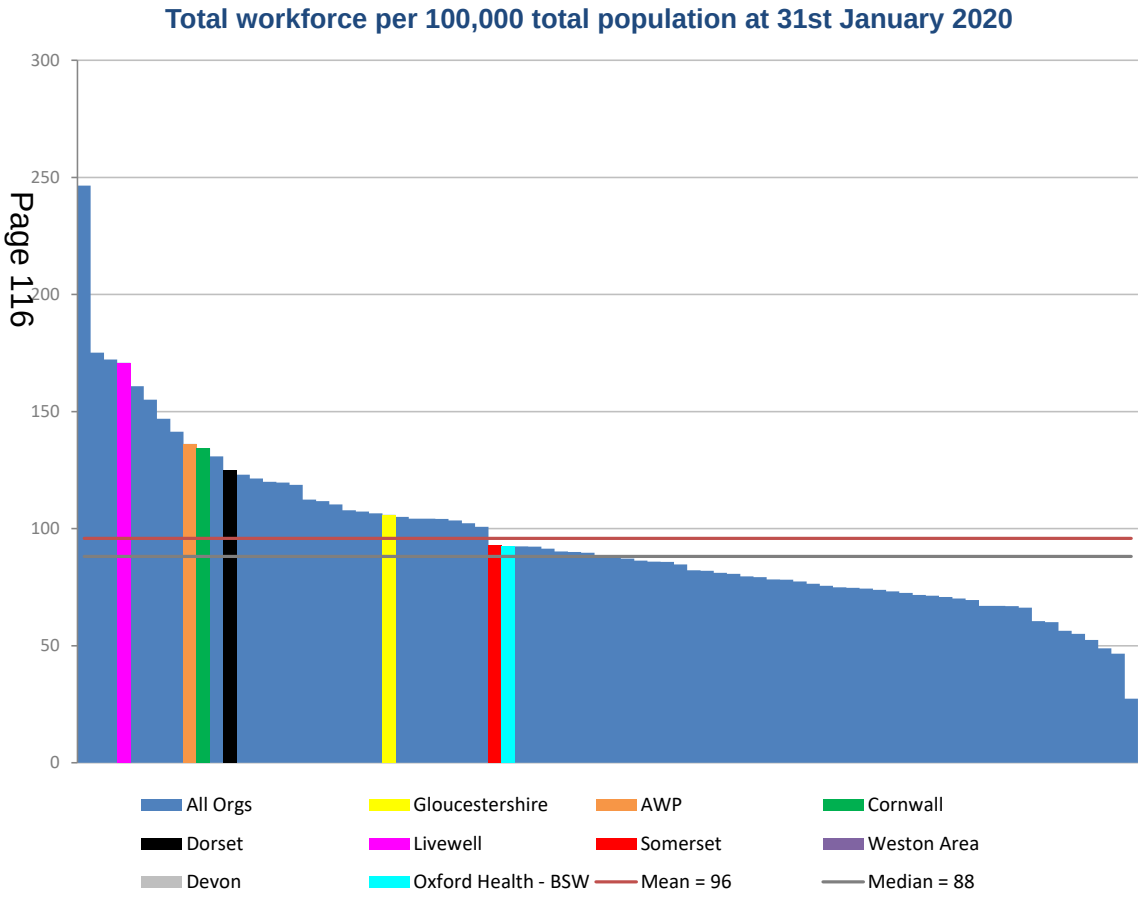
Contacts per clinical WTE per day 2021



In 2020/21, the number of contacts delivered per clinical WTE per day increased by 17% from 1.5 contacts per clinical WTE in 2019/20 to 1.76 contacts per clinical WTE.

Somerset NHS Foundation Trust reported delivering 1.7 contacts per clinical WTE per day in 2020/21, close to the national average and second highest in the region.

Community workforce

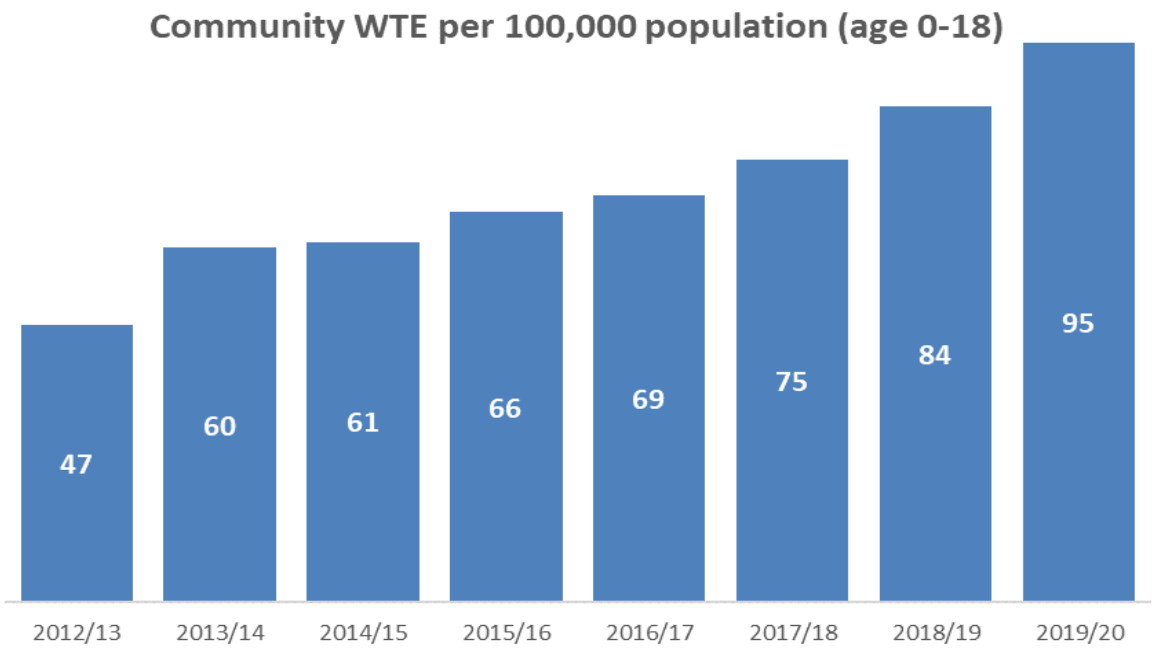


The CYPMH community workforce has increased for the seventh successive year, with an average of 96 WTE per 100,000 population employed in community based CYPMH services in 2019/20. The rise in the community workforce shows the results of increased national investment in CYPMH services across the UK.

All but two organisations in the South West reported a larger than average workforce per capita, with a regional average of 122 WTE per 100,000 population in their CYPMH services.

Somerset NHSFT reported that there were 93 WTE staff employed per 100,000 population within their CYPMH services, slightly lower than the national average.

Growth in UK CYPMH community workforce



The UK workforce in CYPMH has doubled since 2012/13. The chart opposite illustrates the rate of growth seen across the UK.

In the most recent year where workforce data was available (2019/20), there was a 13% increase reported

Community CYPMHS discipline mix

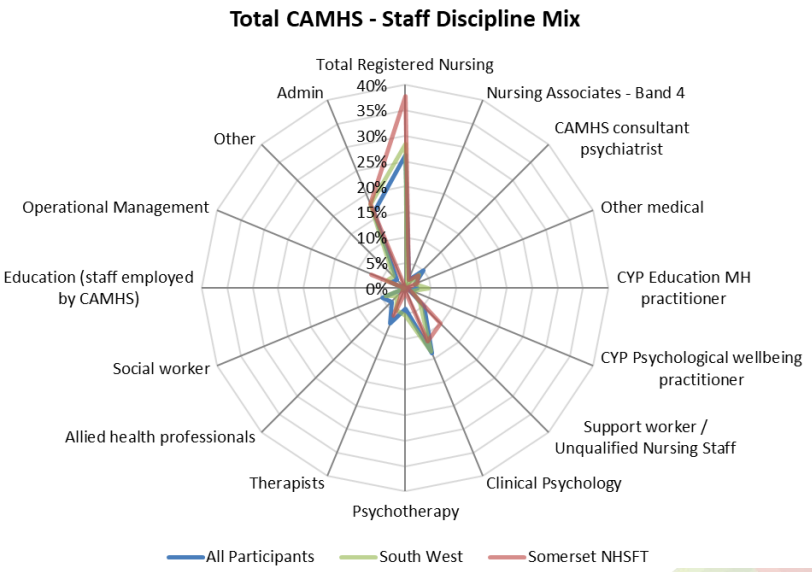
The table and chart below explore the discipline mix in the CYPMH community workforce across both the UK and the South West.

In 2019/20, providers across the UK reported that over 1 in 4 staff (26%) in CYPMH community services were registered nurses. There is a notable presence of clinical psychologists (14%) across the UK as well as an emergence of new roles such as CYP education mental health practitioners (2%) and psychological well being practitioners (1%).

Across the South West, providers reported a slightly larger proportion of registered nurses (28%) than the UK average, equating to a 2:1 ratio of registered nurses to support workers. Providers also reported a notable presence of new emerging roles such as CYP education mental health practitioners (5%).

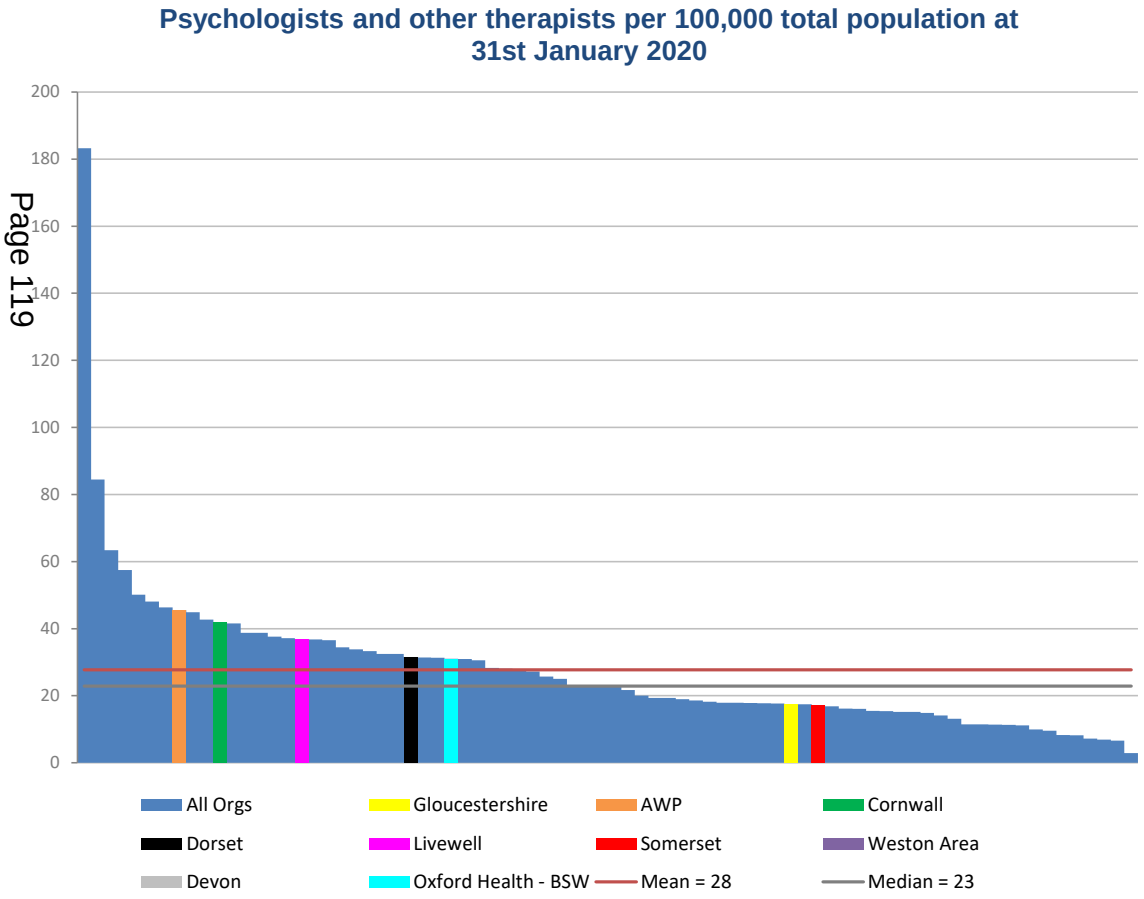
Somerset NHS Foundation Trust reported a higher proportion of registered nurses (38%) than the national average, and also a notable presence of clinical psychologists and other therapists accounting for 1 in 6 staff (17%).

Community CYPMH service	All Participants	South West	Somerset NHSFT
Total Registered Nursing	26%	28%	38%
Nursing Associates - Band 4	2%	1%	2%
CAMHS consultant psychiatrist	5%	4%	4%
Other medical	2%	2%	3%
CYP Education MH practitioner	2%	5%	0%
CYP Psychological wellbeing practitioner	1%	1%	1%
Support worker / Unqualified Nursing Staff	5%	4%	10%
Clinical Psychology	14%	14%	11%
Psychotherapy	4%	5%	1%
Therapists	8%	5%	6%
Allied health professionals	4%	2%	1%
Social worker	5%	4%	0%
Education (staff employed by CAMHS)	0%	0%	0%
Operational Management	3%	4%	7%
Other	2%	3%	0%
Admin	16%	18%	18%



NHS Benchmarking Network

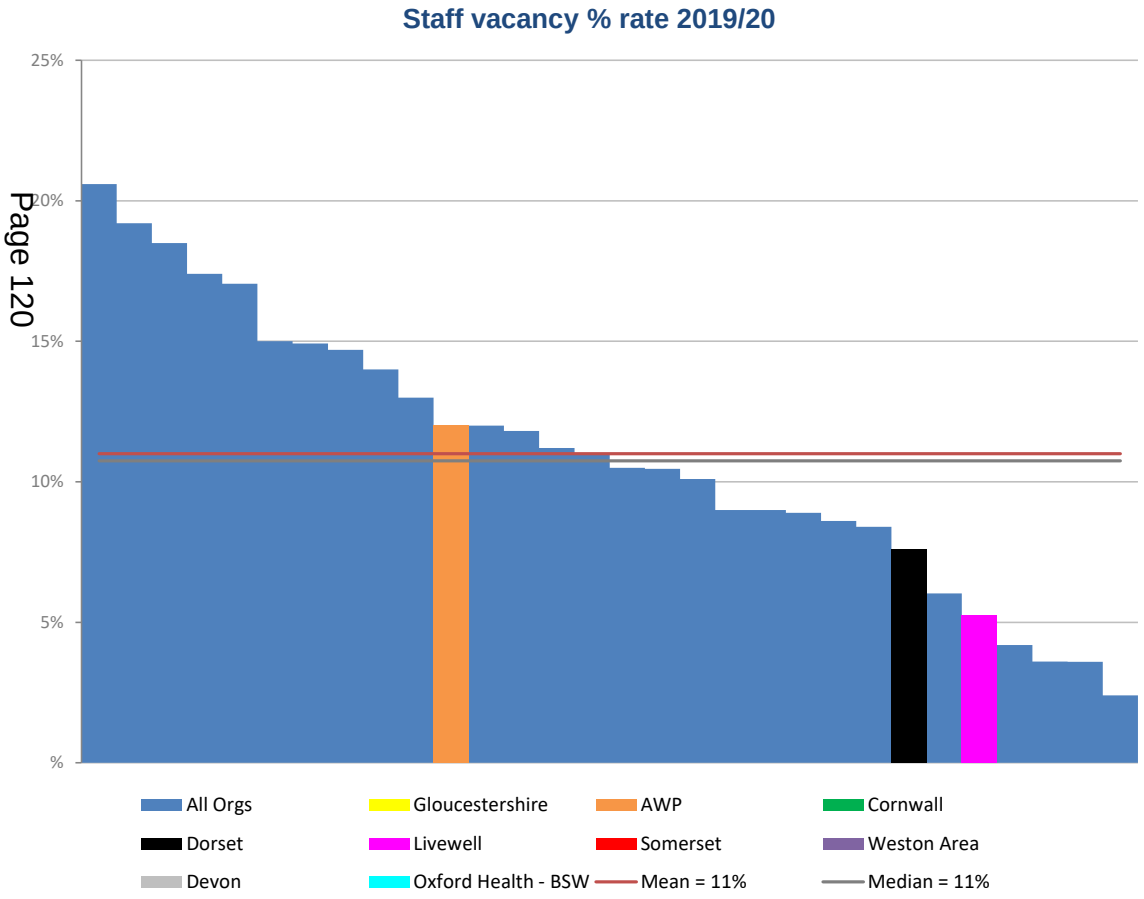
Psychologists and other therapists



The chart to the left explores the number of psychologists and therapists within CYPMH community services. These specialist therapy roles account for 30% of the community workforce across the UK, with an average of 28 WTE per 100,000 population. This reflects one of the strongest therapeutic cores of any mental health specialties operating in the NHS.

In 2019/20, CYPMH services in the South West employed on average 32 WTE of psychologists and other therapists per 100,000 population.

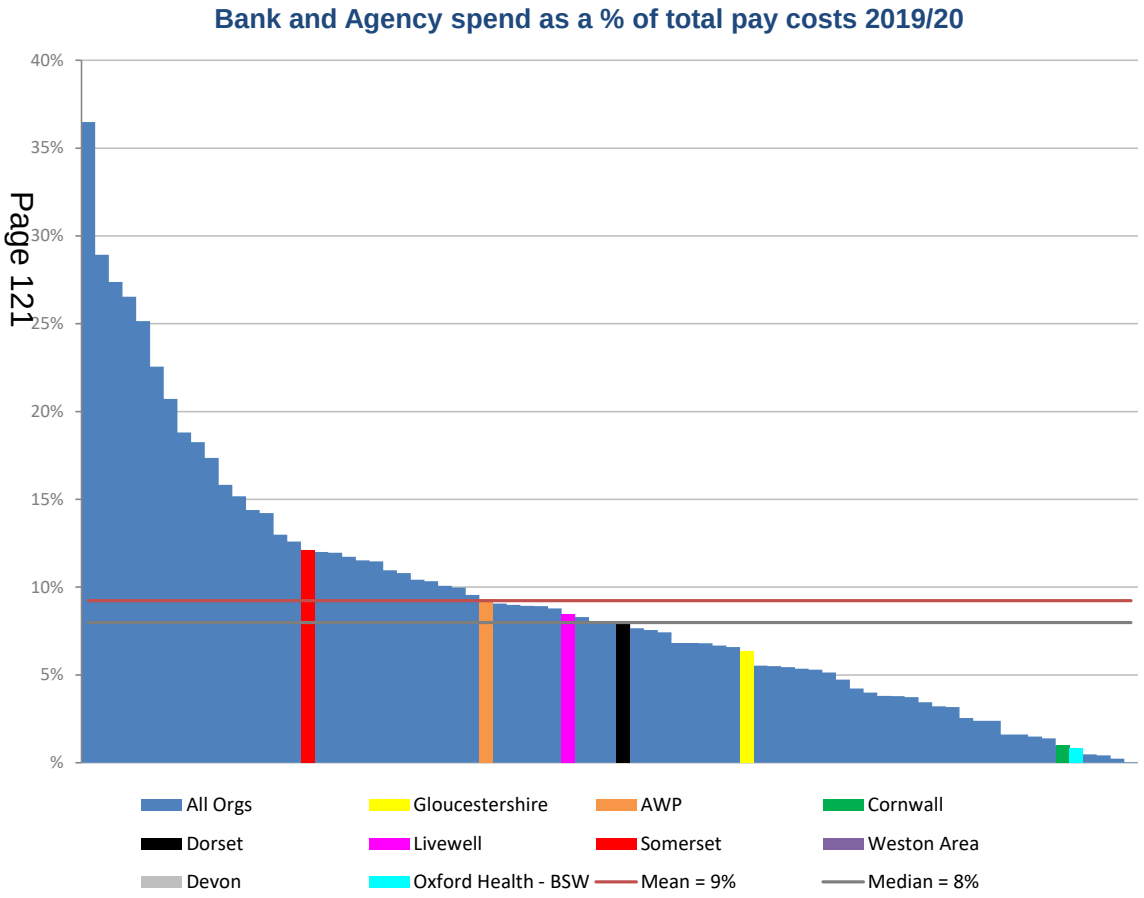
Vacancy rate



The vacancy rate across CYPMH providers in the UK averaged 11% in 2019/20, equating to 1 in 9 posts being vacant.

In the South West, the three CYPMH providers that submitted data reported an average vacancy rate of 8%.

Bank and Agency CYP MH



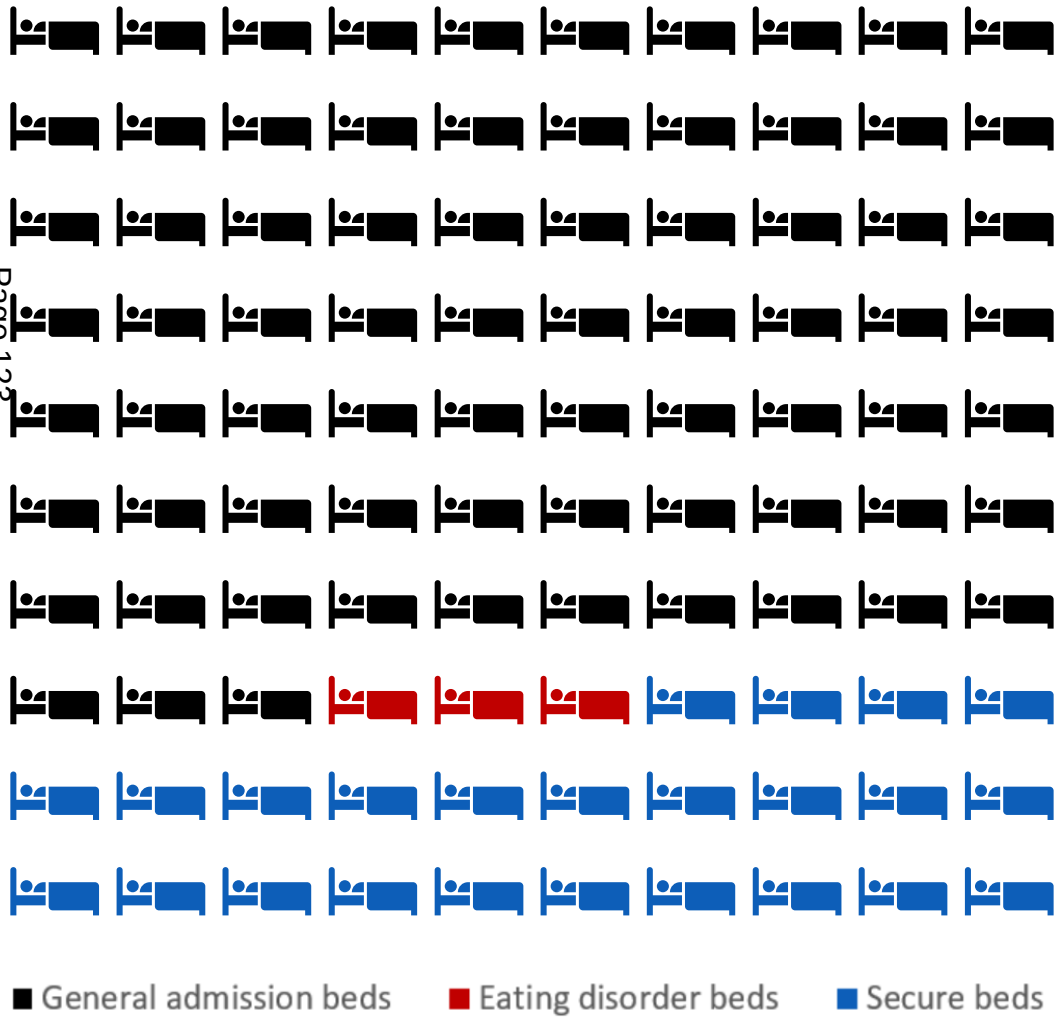
The continued expansion of the CYPMH community workforce has seen the proportion of pay costs spent on bank and agency staff fall to an average of 9%.

In 2019/20, the average proportion of pay costs spent on bank and agency staff in the South West was slightly lower than the national average, at 6%.

Somerset reported the highest spend on bank and agency staff in the South West region, with bank and agency staff accounting for around 12% of pay costs in their CYPMH services.

CYPMH inpatient services

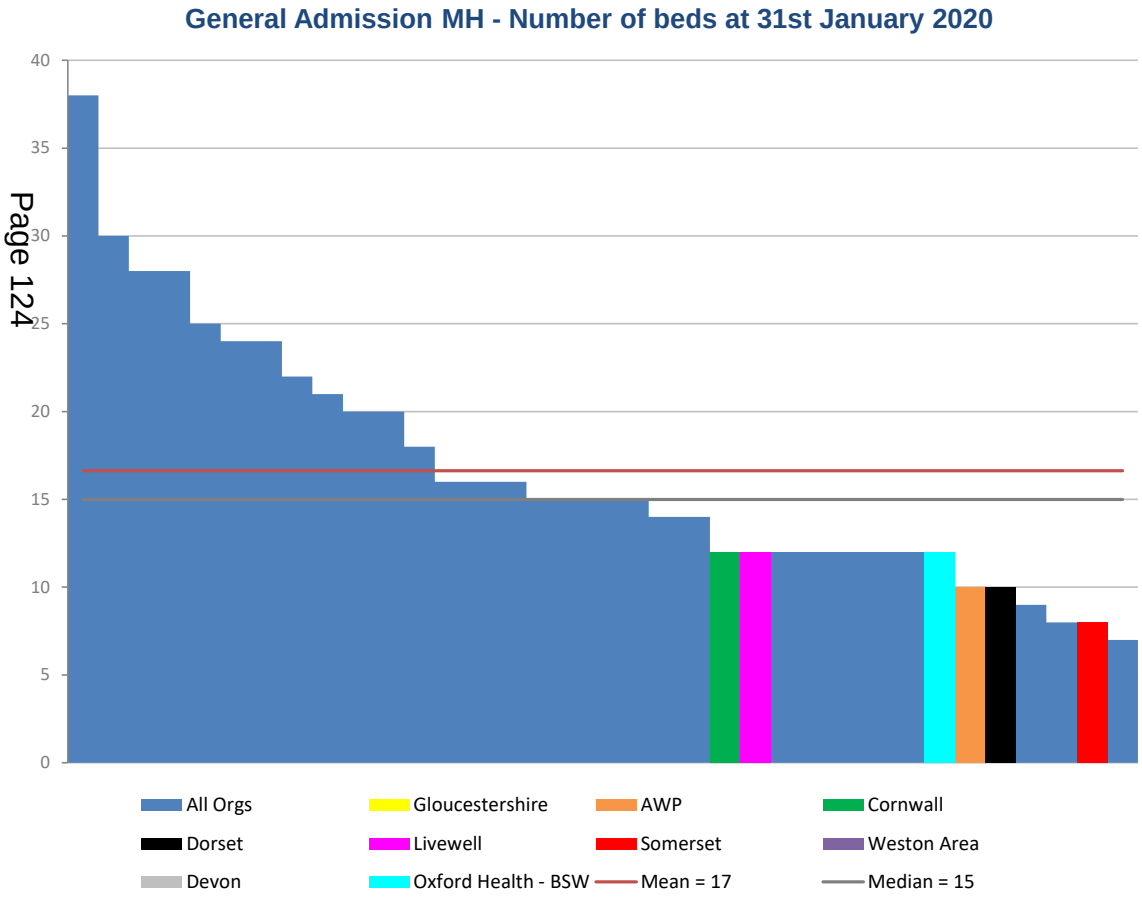
Types of beds



The infographic to the left explores the UK breakdown of inpatient CYPMH beds into three different bed types: general admission, eating disorder and secure.

The majority of beds are general admission beds (73%), which are categorised as all CYPMHS beds except specialist beds for eating disorders or secure care. Eating disorder beds accounted for 3% of beds, with secure beds accounting for nearly a quarter of all CYPMH beds (24%).

General Admission Beds

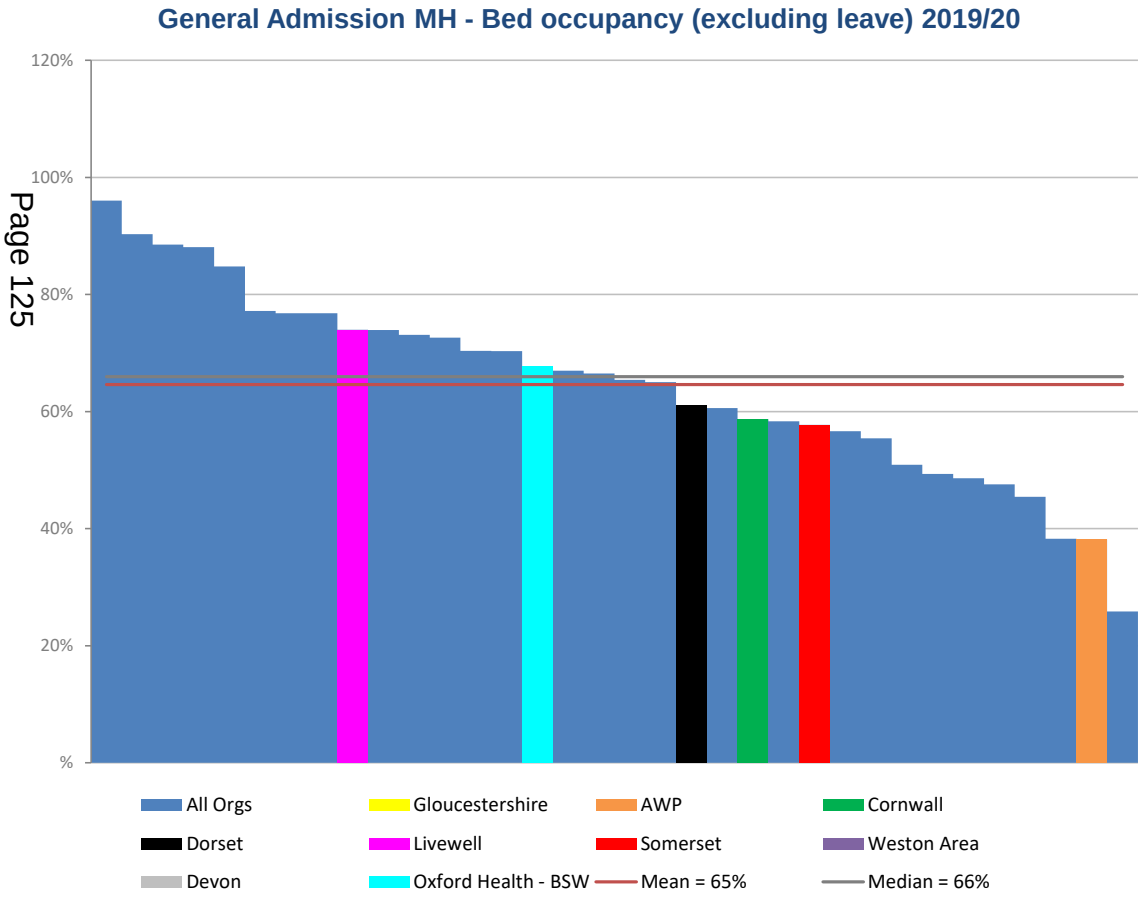


On 31st January 2020, CYPMH providers of general admission beds reported 570 beds across the UK. This equates to an average of 17 general admission beds per organisation or site providing this bed type.

Across the South West, CYPMH services reported there were on average 11 general admission beds per organisation in 2019/20.

Somerset reported that there were 8 general admission CYP beds at 31st January 2020.

Bed occupancy



General admission wards for children and young people reported a 65% bed occupancy (excluding leave) in 2019/20. This is notably lower than levels reported within adult acute services, which reached 94% bed occupancy this year excluding leave.

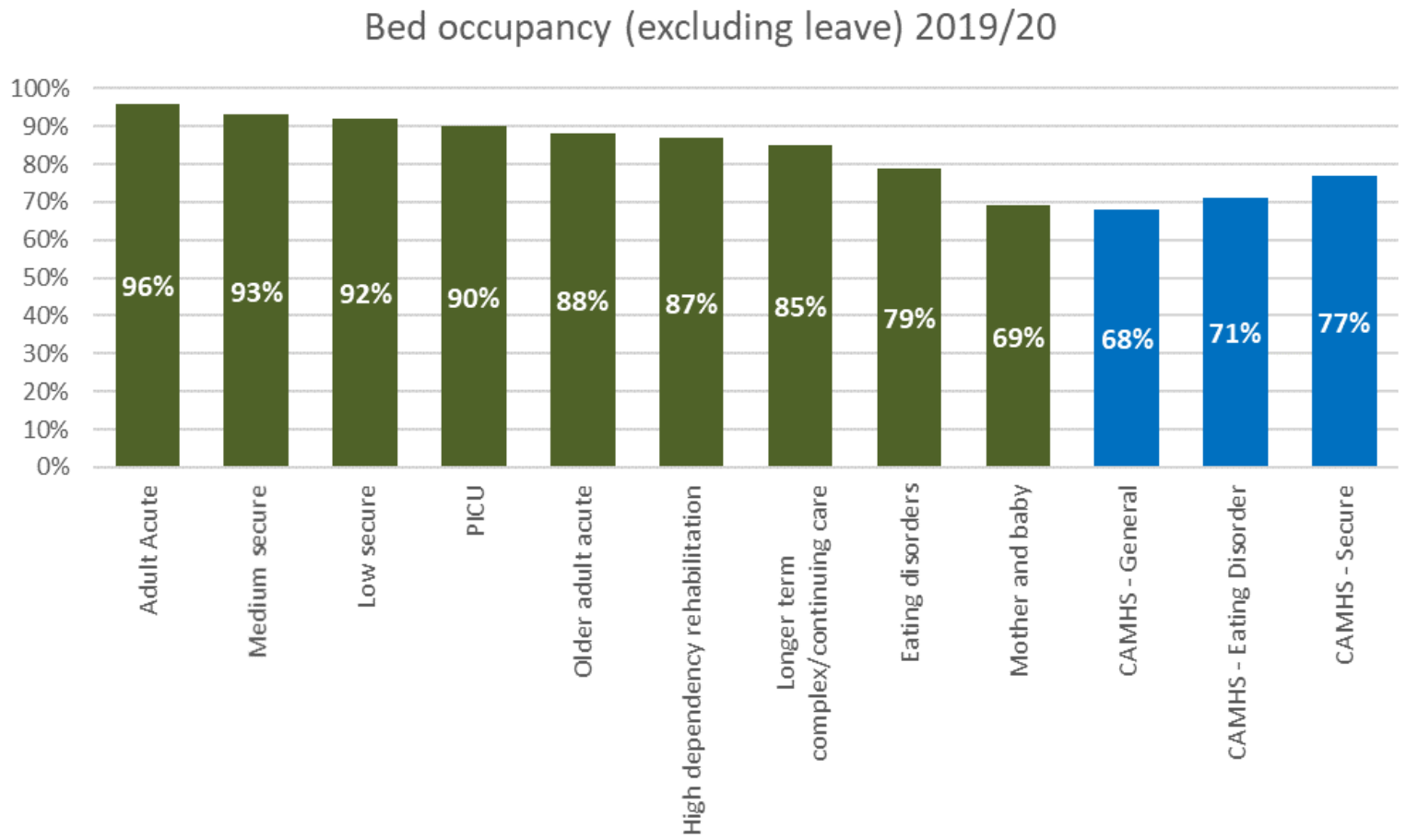
In the South West, the bed occupancy rate averaged 60%, with all but two providers reporting bed occupancy positions lower than the national average. Somerset reported a bed occupancy of 58%, slightly below the regional average.

The chart on the following page explores wider bed occupancy positions across all UK mental health specialties. CYPMH reports one of the lowest occupancy positions (lower than most adult mental health specialties).

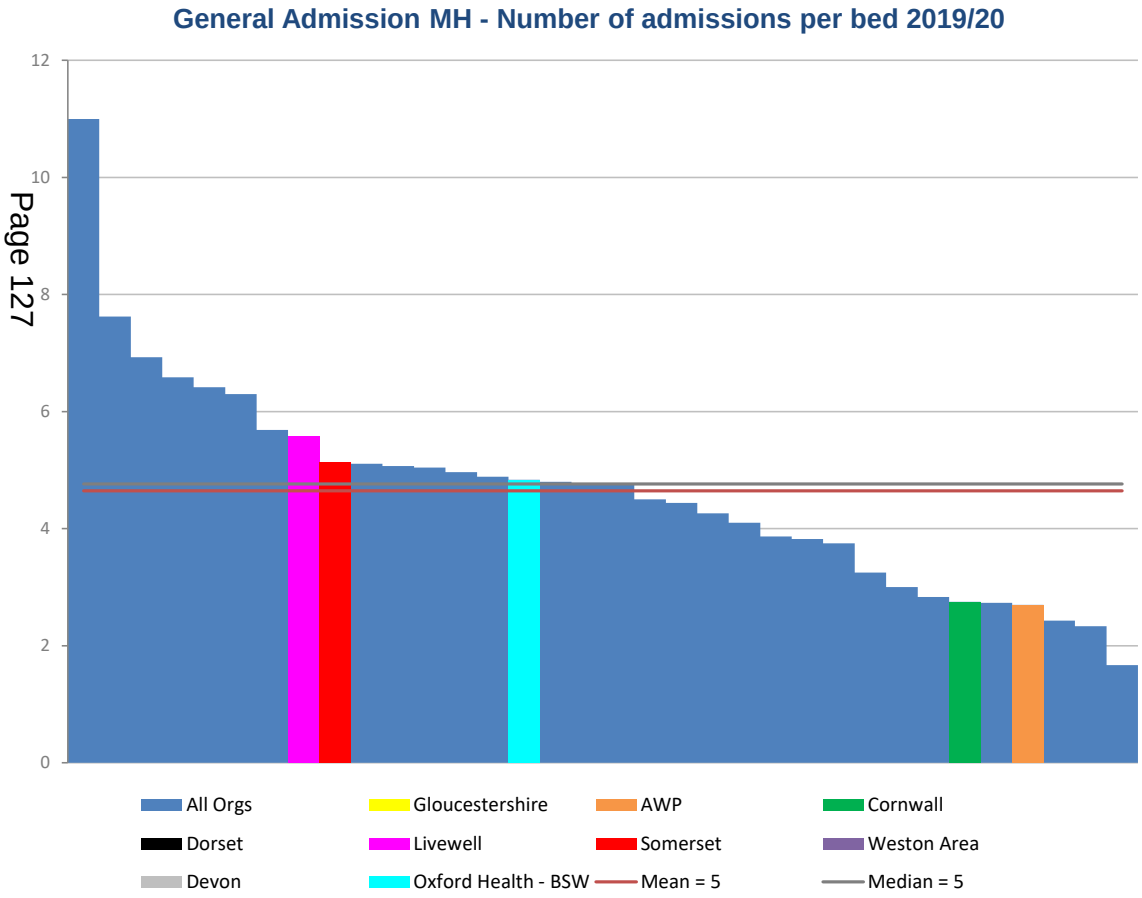
Bed occupancy by bed type

The chart below confirms the relatively low bed occupancy position of CYPMH inpatient services compared to other UK mental health specialties.

CYPMH general admission beds have the lowest occupancy position of any mental health specialty.



Admissions

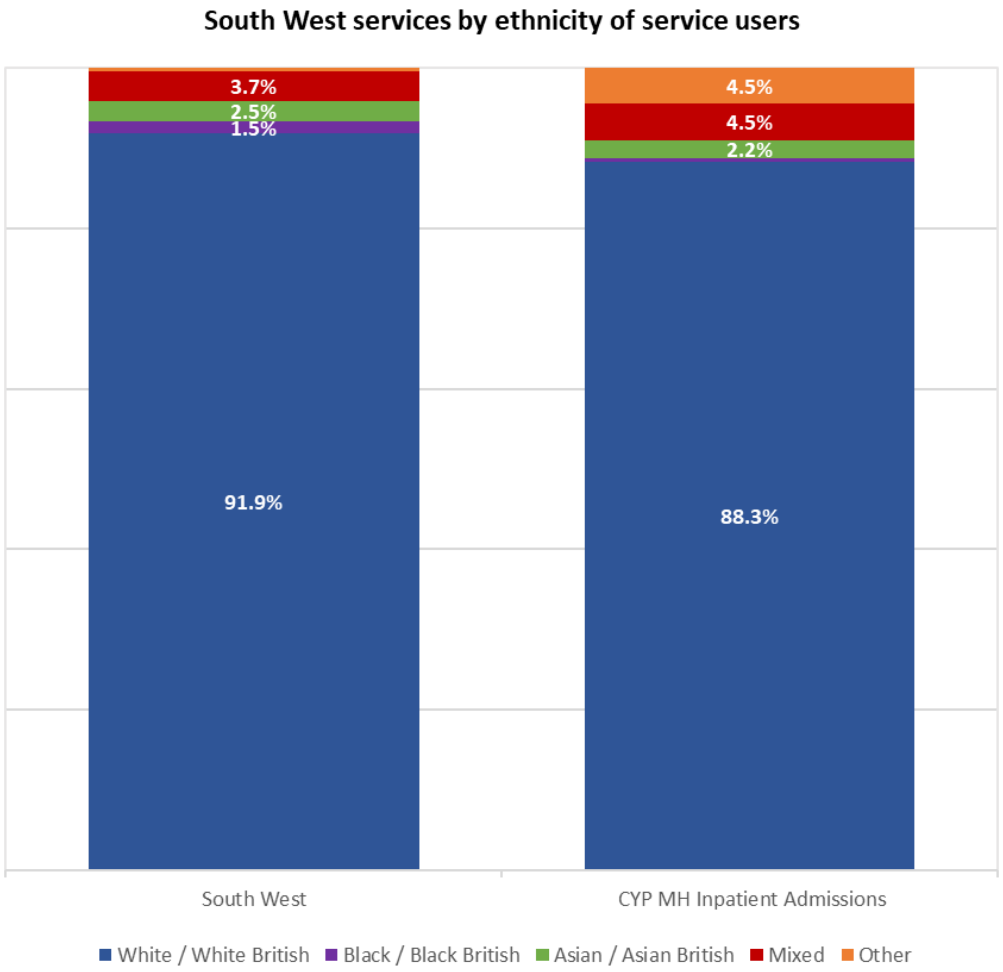


In 2019/20, providers reported an average of 78 admissions to their general admission CYP wards. This equates to 5 admissions per bed throughout the year.

In the South West, general admission CYPMH services admitted on average 42 CYP in 2019/20. This equates to just lower than the national average at a regional average of 4 admissions per bed.

Somerset NHSFT reported their general admission CYPMH service admitted 5 CYP per bed in 2019/20, similar to the national average.

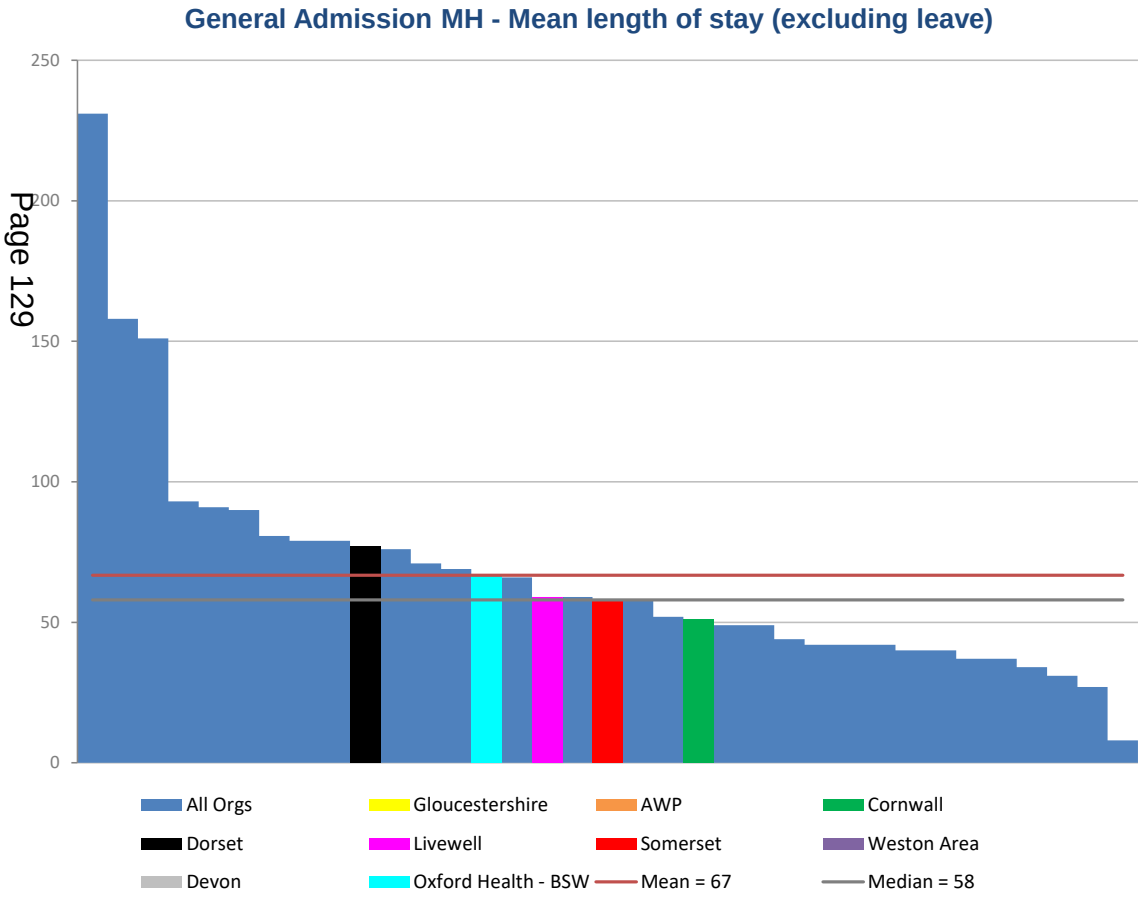
Ethnicity – CYP admissions



* Ethnicity not known, 7.7% inpatient admissions

In the inpatient setting, the ethnicity breakdown of service users is different to the community setting. In the inpatient setting, there is an over-representation of children and young people from a BAME background. Just over 1 in 9 (11.7%) admissions are from a BAME background, while the resident population consists of around 1 in 12 children and young people (8%) from a BAME background.

Average length of stay



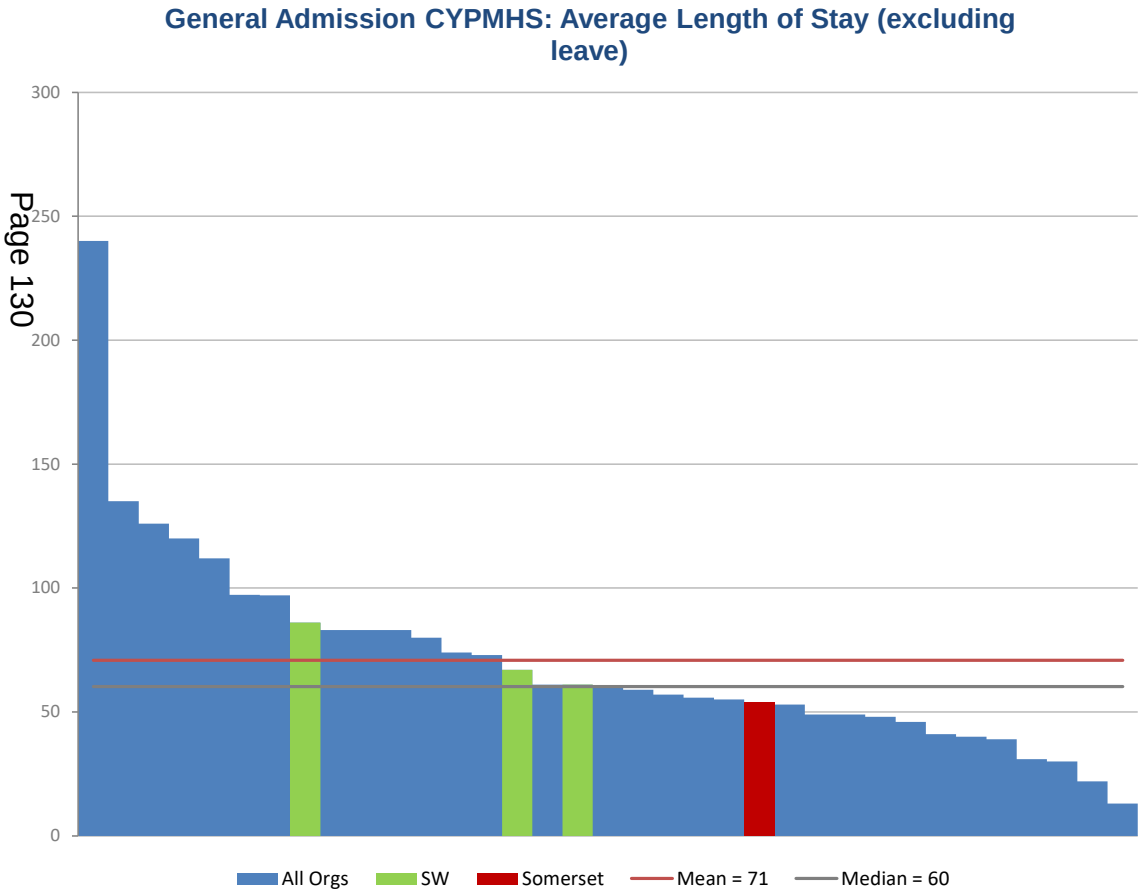
The mean length of stay (excluding leave) reported by general admission CYP wards across the UK was 67 days in 2019/20.

The chart shows considerable variation between providers, with lengths of stay between 8 and 231 days. This may reflect that the general admission category includes units operating service models with different cohorts depending on provider and location.

In 2019/20, the South West CYPMH providers reported a regional average of 62 days average length of stay in general admission CYP wards.

Somerset reported an average length of stay of 58 days within their general admission wards, exactly the same as the national median position.

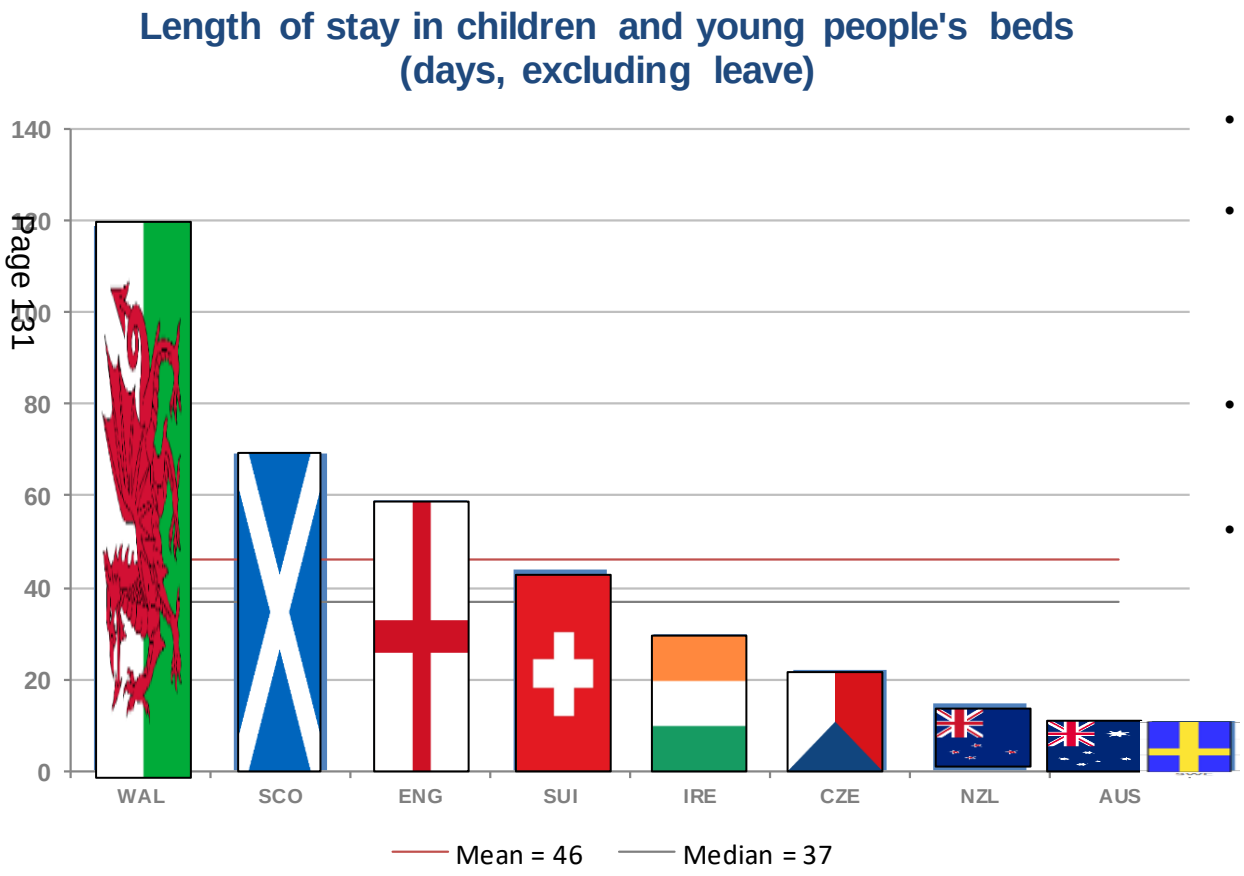
Average length of stay 2021



The mean length of stay in general admission CYPMHS wards increased for a fourth successive year, with participants reporting an average length of stay of 71 days in 2020/21.

Somerset NHS FT reported the shortest average length of stay in the South West region with 54 days in 2020/21.

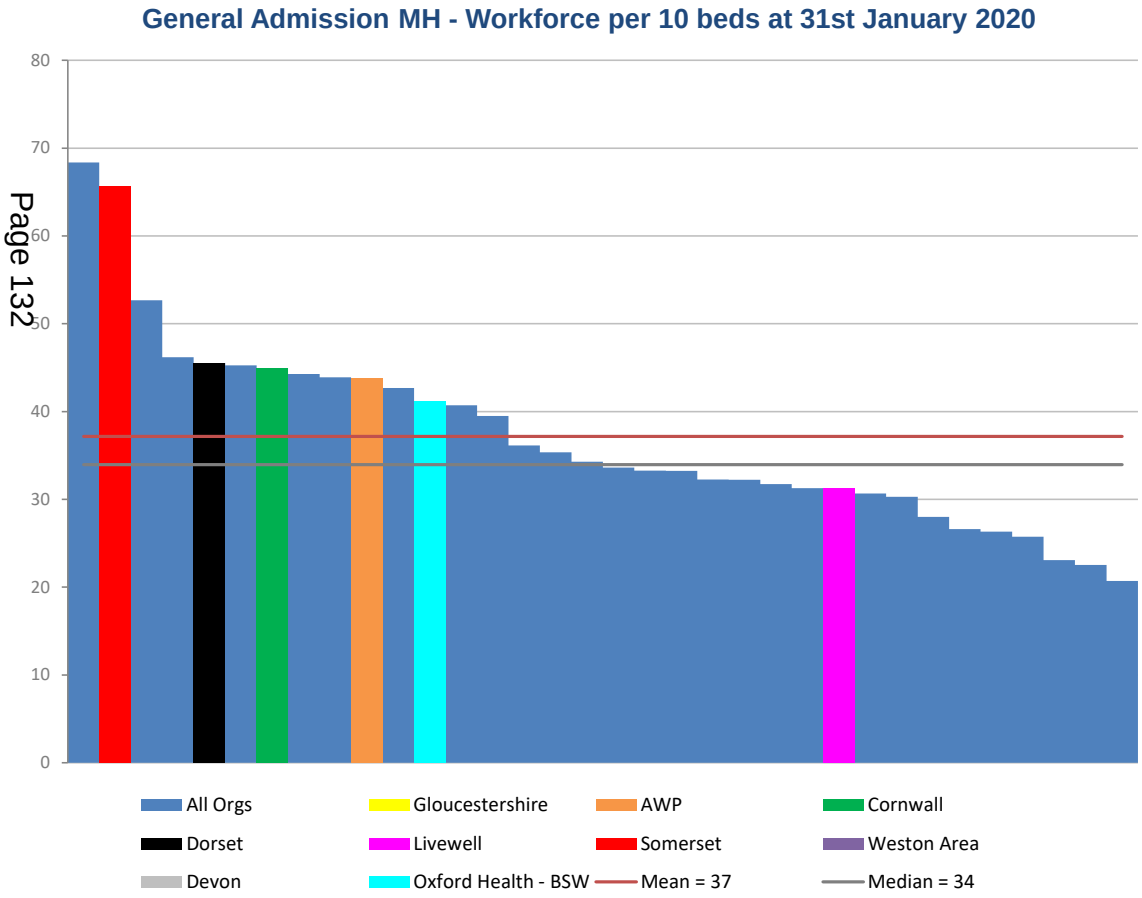
Children and young people's length of stay



- NHS Benchmarking Network data is also available from other countries via our international CYPMH benchmarking project.
- A 12-fold variation is evident in child & adolescent bed length of stay.
- Average length of stay in child and adolescent inpatient facilities average 37 days (42 days in 2017/18), although this included substantial variation from 8 days (Sweden) to 119 days (Wales).
- UK countries demonstrated long lengths of stay, which are also higher than in parallel adult acute psychiatric services.
- The long lengths of stay in UK CYPMH inpatient services offer an opportunity for improvement alongside consideration of the outcomes achieved from admissions.

Figures for Scotland, Switzerland and Ireland are including leave

Inpatient workforce



Nationally, the number of staff employed in general admission wards was 37 WTE per 10 beds in 2019/20, similar to figures reported in 2018/19.

In 2019/20, all but one CYP providers who responded in the South West reported more staff per 10 general admission beds than the national average, with a regional average of 46 WTE per 10 beds.

Somerset NHSFT employs the most number of staff per 10 beds in the South West region, and second highest nationally, with 66 WTE per 10 beds. The following slide explores the discipline mix within CYP inpatient services.

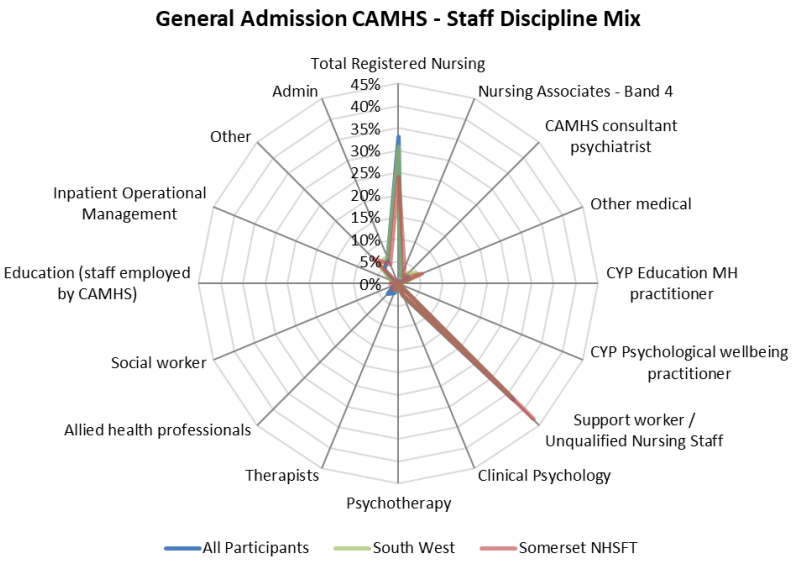
Inpatient CYPMHS workforce profile

The chart and table below explores the discipline mix within general admission wards on 31st January 2020 at both national and regional level.

The discipline mix in general admission wards across the South West mirrors the national picture, with a slightly higher proportion of support workers (36%) than registered nurses (31%).

Somerset NHSFT reported that 1 in 4 staff within general admission inpatient services (24%) were registered nurses, with 43% of the workforce being support workers. Somerset, like other UK providers, also reported low levels of specialist therapists working in the inpatient CYPMH environment.

Inpatient CYPMH service	All Participants	South West	Somerset NHSFT
Total Registered Nursing	33%	31%	24%
Nursing Associates - Band 4	2%	2%	4%
CAMHS consultant psychiatrist	3%	4%	2%
Other medical	3%	5%	6%
Support worker / Unqualified Nursing Staff	37%	36%	43%
Clinical Psychology	3%	3%	3%
Psychotherapy	1%	1%	0%
Therapists	2%	2%	2%
Allied health professionals	3%	1%	2%
Social worker	1%	1%	1%
Education (staff employed by CAMHS)	1%	1%	2%
Inpatient Operational Management	1%	2%	0%
Other	5%	6%	8%
Admin	6%	6%	5%



Conclusions

This report analyses the latest available data on children and young people's mental health services across the South West of England with a particular focus on the Somerset system. We would like to express our thanks to all contributors who provided data and supported the validation of the data. The following observations were made from the analysis of the data for the South West and Somerset systems:

- The Income Deprivation Affecting Children's Index estimates just over 1 in 7 (14%) of children aged 0-15 are living in income deprived households across the region, lower than the national average.

- For every £100 spent on mental health, CCGs in the South West spend £7 on CYPMH services, with the average South West CCG expenditure on CYPMH services equating to £66 per capita, a position that is 8% lower than the national average (£72). Somerset CCG invest £61 per head, below both the regional and national average positions.

- Nationally, the demand for CYPMH services continues to grow, with referral rates reaching new heights in 2019/20. Referral rates and referral acceptance rates across the South West were lower than the national average but increasing at pace in the Covid recovery period evident at the end of the March 2021 lockdown. Referral rates are expected to continue growing at pace in the short to medium terms which raises focus on the need for a suitably industrialised approach to responding to these demand increases though enhanced access rates and contact levels. Somerset CCG is at the top end of the scale for regional referral rates and volumes which during the Covid pandemic quickly recovered close to historic rates. The remaining months of 2021/22 are a time of uncertainty around the direction which referrals may take.

- Across the region, the average number of children on the waiting list for a 1st and 2nd appointment is lower than the national average. This is reinforced by the shorter referral to 1st appointment waiting times reported by South West CYPMH services. Somerset report low waiting times for CYPMH which are amongst the lowest levels anywhere in the UK.

- The CYPMH community workforce in the South West is 25% larger than the national average per 100,000 population. Somerset at 93 WTE are marginally below the national average position of 96 WTE per 100,000 population.

- In the South West, all providers reported a lower bed occupancy in general admission CYP wards than the national average. CYPMH as a specialty has the lowest bed occupancy of any mental health specialty. Occupancy within Somerset is below national average rates. Average length of stay for inpatient admissions is high in all UK countries and is reported at 62 days in the South West region. Significant opportunities exist in reviewing clinical practice in UK CYPMH inpatient care and learning from models elsewhere. Average length of stay in Sweden is 8 days with a range of other countries also demonstrating significantly shorter admissions than the UK.

The NHS Benchmarking Network look forward to discussing our results with stakeholders from across the South West region. If you have any questions, please contact Stephen Watkins (s.watkins@nhs.net) or Alexander Ng (a.ng1@nhs.net).

Appendix – CCG demographics, spend & activity

CCG	Percentage of the population aged 0-18, 2019/20 (Source: NHS England)	Income deprivation affecting children's index, 2019 (Source: Ministry of Housing, Communities & Local Government)	Mental health needs index, 2021/22 (Source: NHS England & NHS Improvement)	CCG spend on children and young people's mental health services per capita, 2019/20 (Source: NHS Mental Health Dashboard)	CCG spend on children and young people's mental health services as a % of spend on mental health, 2019/20 (Source: NHS Mental Health Dashboard)
NHS Bath and North East Somerset CCG	19%	10%	0.81	£75	8%
NHS Bristol, North Somerset and South Gloucestershire CCG	20%	16%	0.96	£56	7%
NHS Devon CCG	Not applicable	15%	Not applicable	£74	6%
NHS Dorset CCG	18%	14%	0.95	£70	5%
NHS Gloucestershire CCG	20%	13%	0.87	£52	6%
NHS Kernow CCG	19%	16%	0.98	£76	6%
NHS Northern, Eastern and Western Devon CCG	19%	Not applicable	0.95	Not applicable	Not applicable
NHS Somerset CCG	19%	14%	0.92	£61	7%
NHS South Devon and Torbay CCG	18%	Not applicable	1.07	Not applicable	Not applicable
NHS Swindon CCG	23%	15%	0.89	£50	7%
NHS Wiltshire CCG	20%	10%	0.81	£77	11%

NHS Benchmarking Network

Borough	Family homelessness rate per 1,000, 2017/18 (Source: PHE)	Percentage of school pupils with social, emotional and mental health needs, 2020 (Source: PHE)	Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years, 2018 (Source: PHE)	Children looked after rate, per 10,000 children aged under 18, 2018 (Source: DfE)	Percentage of looked after children (5-16 yrs) whose emotional wellbeing is a cause for concern, 2018/19 (Source: PHE)
Bath and North East Somerset	0.7	3.1%	120	48	47%
Bournemouth	Data not available	Not applicable	154	68	44%
Bristol, City of	2.9	3.6%	194	69	36%
Cornwall	0.9	3.1%	132	43	41%
Devon	0.5	3.8%	145	48	53%
Dorset	Not applicable	Data not available	Not applicable	59	60%
Gloucestershire	1.3	2.9%	230	52	41%
Isles of Scilly	Data not available	3.1%	Data not available	0	Data not available
North Somerset	0.8	2.7%	93	55	38%
Plymouth	1.3	4.2%	280	80	55%
Poole	1.4	Not applicable	112	65	36%
Somerset	1.2	3.3%	219	47	46%
South Gloucestershire	1.1	2.7%	120	34	33%
Swindon	0.8	3.7%	278	72	39%
Torbay	1.3	3.7%	270	129	38%
Wiltshire	0.9	2.6%	151	42	48%

Borough	Rates per 10,000 of referrals to Children's Social services, 2019 (Source: DfE)	Percentage of pupils with SEN support (all schools), 2019 (Source: DfE)	Total permanent exclusions from school as a % of the school population, 2017/18 (Source: DfE)	Number of all school fixed period exclusions as a % of the school population, 2018 (Source: DfE)	Local Authority per capita (0-17) spend on children and young people's services excluding education (Source: PHE)
Bath and North East Somerset	280	12%	0.11%	6.3%	£0.86
Bournemouth	563	12%	0.22%	8.2%	£1.12
Bristol, City of	683	13%	0.02%	8.9%	£0.92
Cornwall	478	12%	0.10%	3.6%	£0.69
Devon	373	14%	0.11%	4.8%	£0.76
Dorset	611	13%	0.11%	6.0%	£0.84
Gloucestershire	616	13%	0.14%	4.6%	£0.66
Isles of Scilly	435	10%	0.00%	0.7%	£1.02
North Somerset	311	11%	0.15%	4.9%	£0.62
Plymouth	769	14%	0.10%	7.0%	£1.08
Poole	396	14%	0.20%	5.9%	£0.75
Somerset	346	13%	0.16%	7.5%	£0.76
South Gloucestershire	336	11%	0.14%	7.8%	£0.59
Swindon	645	13%	0.10%	6.1%	£0.71
Torbay	695	12%	0.25%	7.2%	£1.40
Wiltshire	430	12%	0.03%	4.8%	£0.61

Police Force	Convictions and cautions for knife crime offences by those aged 10-17 (Source: MoJ, 2019)	Convictions and cautions for knife crime offences by those aged 10-17 (Source: MoJ, 2019), per 100,000 population aged 10-17 (Source: ONS, 2019)
Avon and Somerset	96	64
Bedfordshire	30	45
Cambridgeshire	37	46
Cheshire	59	60
Cleveland	30	56
Cumbria	26	61
Derbyshire	72	76
Devon & Cornwall	59	40
Dorset	49	75
Durham	15	27
Dyfed-Powys	19	42
Essex	113	66
Gloucestershire	9	16
Greater Manchester	204	75
Gwent	18	33
Hampshire	129	73
Hertfordshire	75	64
Humberside	45	54
Kent	54	30
Lancashire	75	53
Leicestershire	88	86
Lincolnshire	27	42
Merseyside	142	116
Metropolitan Police	1197	145
Norfolk	48	64
North Wales	28	45
North Yorkshire	40	56
Northamptonshire	40	54
Northumbria	88	71
Nottinghamshire	125	123
South Wales	62	53
South Yorkshire	78	61
Staffordshire	94	93
Suffolk	39	57
Surrey	26	22
Sussex	42	28
Thames Valley	115	47
Warwickshire	11	21
West Mercia	40	35
West Midlands	357	120
West Yorkshire	157	69
Wiltshire	43	62

Region	Estimated % of the 16-24 population who are not in education, employment or training (Source: LFS, 2020)
South East	7.9%
East Midlands	10.7%
London	11.5%
England average	11.5%
Yorkshire and the Humber	12.3%
West Midlands	12.4%
South West	12.4%
North West	12.5%
East of England	13.0%
North East	13.7%

Healthwatch Somerset

A brief introduction to our service.

Healthwatch Somerset exists to speak up for local people on health and social care, to make sure that services in the county reflect the needs of the people and communities they serve. We are independent from the NHS, Local Authority and other local health and social care services, so people can talk to us confidently and freely about their views and experiences. We are led by a Board of local volunteers. Our work, which fulfils the statutory functions of a local Healthwatch, falls into four main areas:

- Our projects
- Taking feedback and providing information and signposting
- Enter and View
- Reporting and Influencing Change

healthwatch Somerset

Young Listeners Project

Max Popham
Young Listener project officer

From April the 24th to July 3rd

- First Meeting – Teambuilding and get to know each other.
- General Knowledge Quiz, Pictionary, Charades.
- Meeting every Saturday
- Every other Saturday, Mindfulness or Training.
- Relationship Building and Communication Skills
- Equality, Diversity and Unconscious Bias
- Safeguarding
- Raising and Maintaining Self-esteem

Engagement Questions

First in-person meeting to discuss questions – 3rd July

Questions focus:

- Mental Health
- Eating Disorders
- GP Access
- LGBTQ+ issues (with health and social care)
- Cancer Support

Engagement Phase

- In-house Listenings
- External Events
- Online Survey

Setting up at one of the events the Young Listeners attended

Key Themes

65 Responses total

- There is a lack of communication between services about young people's health and wellbeing.
- Services are not communicating effectively with young people; and they often feel left in the dark.
- There is not enough information or education about health and social care in schools, so young people find information online.
- Many services do not promote themselves in a way that is accessible or inclusive of young people.

Recommendations

1. More training should be provided for all school staff around mental health and wellbeing awareness and the support that is available locally, so that they can signpost young people to the correct services.

   - Within the next 12 months, young people would like to see school staff given training to improve their knowledge of local health and social care services.

2. Health and social care services should re-evaluate how they communicate with each other and their patients, to reduce confusion and feelings of abandonment.

   - Young people recommended that services have a centralised system where patient's notes are shared.

   - Young people also suggested services make more frequent contact with patients, particularly if patients are waiting for feedback, so as to avoid feelings of abandonment.

Recommendations

3. Services that support young people should promote themselves in ways that are appropriate and accessible for young people.

   - Young people suggested recruiting younger staff to deliver communications as it is more relatable.

   - Similarly, younger staff will have a better understanding of the platforms used by young people (e.g. TikTok, Snapchat etc.)

4. Schools and services should promote the need to ask questions and reduce stigma around health and social care issues, encouraging young people to seek information and answers from professionals.

   - Within the next 12 months, young people would like to see services make a concerted effort to reduce stigma around seeking health and social care, perhaps through targeted ads for young people or school workshops.

Recommendations

5. Health and social care services should involve young people more regularly in decision making processes, as well as in planning for projects concerning young people.

   - This project has shown that young people are willing to give their time and views, and that continued interaction with young people would provide significant value to health and social care services going forward.

   - We will work with young people going forward to set up a Young Listeners' Reading Panel to review outgoing communications, checking they are accessible and appropriate for a younger audience.

Thank You

We would like to thank the young people who took time to share their experiences and views with our Young Listeners. We would also like to thank the many organisations who helped promote the project so that our survey could reach as many young people as possible. Finally, a huge thank you to our Young Listeners who dedicated their own free time to give other young people an opportunity to be heard.

"Young people's voices should be at the centre of all our decision making and the findings from this project are powerful and give direction to future service planning."

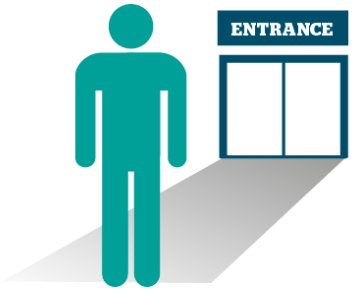
Fiona Phur, Participation and Engagement Team at Somerset County Council

Our main areas of work

Taking feed back and

providing information and signposting

Reporting and Influencing Change



Enter and View

Our projects

Our projects and Impact in 2020/2021

Each year we publish an annual report which outlines the work we have done over the previous year and the impact we have made. Our report is available at;

Healthwatch Somerset Annual report 2020-2021

Our projects.

- Access to primary care

Between 2018 – 2020 we recorded a lot of feedback about booking GP appointments and we wanted to find out how people were accessing primary care through GP surgeries. The overwhelming message was that GP surgeries should use a variety of methods to ensure equal access for everyone.

Our projects and Impact in 2020/2021

- NHS111 service

- Community Care.

- We also did a piece of work around working in a care home during Covid-19 to enable staff to share their experiences.
- District Nursing Service.

Our current year

- Referral to treatment

Key findings

48 out of 72 of the responses have been waiting over 40 weeks for their surgery.

Many respondents indicated a lack, or absence, of communication from their specialist during their wait.

A large proportion of responses told us they had experienced one or more of the following due to waiting for surgery:

Their condition had deteriorated.

Their mobility has reduced during, and this has impacted on their ability to carry out everyday tasks.

They have experienced changes in their daily mood.

Our current year

- Emergency Department project

Due to the increased pressure on emergency departments across our local hospitals, Healthwatch Somerset, NHS Somerset Clinical Commissioning Group and local hospital trusts were asked by system partners to work together and find out from people what brought them to the emergency department and whether they accessed other services beforehand.

Our current year

- NHS111 follow up.

- In the first quarter of 2022 we will be working on supported discharge from hospital to care home or care at home and a further piece of work in primary care that we are going to tie in with face to face engagement across the county.

- Our Young Listeners project has finished

Healthwatch Somerset

Contact details

Website; www.healthwatchsomerset.co.uk

Email; info@healthwatchsomerset.co.uk

Tel; Freephone 0800 999 1286

Thank you for your time

Somerset Health and Wellbeing Board

22nd November 2021
Report for approval

Better Care Fund

Lead Officer: Mel Lock, Director of Adult Social Care & James Rimmer, Chief Executive of Somerset Clinical Commissioning Group
Author: Tim Baverstock, Deputy Director, ASC & Andrew Hill, Associate Director, SCCG
Contact Details: tdbaverstock@somerset.gov.uk / andrew.hill6@nhs.net

Summary:	This report provides an update on the Somerset Better Care Fund (BCF), the oversight and sign off of which is the responsibility of the Somerset Health and Wellbeing Board. This covering note should be read in conjunction with the 2021/22 BCF submission and the Section 75 report. The reports and accompanying presentations give an overview of the current fund. It also includes a detailed update on Disabled Facilities Grant funding. This funding is passported to our 4 District Councils but increasingly forming part of our joint health and care work.
Recommendations:	**That the Somerset Health and Wellbeing Board approves and notes** **1. The Better Care Fund 2021/22 submission for Somerset** **2. The Section 75 BCF report** **3. Considers future governance routes and representation in a future Better Care Fund commissioning group**
Reasons for recommendations:	The oversight and sign off remains a function of the Health and Wellbeing Board and the submission for 2021/22 was delayed

<table>
<tr><td></td><td>until November with very short timescales for producing a plan. This Board is required to approve the plan but should also note the highlighted summaries around the breadth of work has continued over the last two years and the direction of travel that officers are recommending.</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></td></tr><tr><td>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td><td>X</td></tr><tr><td>Fairer life chances and opportunity for all</td><td>X</td></tr><tr><td>Improved health and wellbeing and more people living healthy and independent lives for longer</td><td>X</td></tr></table>
The Better Care Fund and its national conditions are all geared towards improving lives and promoting independence in Somerset.

Work across Carers, preventing hospital admission and maximising the right care during and following admission are all funded in part through the BCF.

In addition, the funding shared with District colleagues is absolutely focussed on the places where people live and how we actively support and work with them to create the right environments and tools for living healthy, independent lives. This funding is increasingly working across the whole Somerset footprint and will prove an excellent foundation for a unitary council approach.</td></tr>
<tr><td>Financial, Legal, HR, Social value and partnership Implications:</td><td>There are no new implications. As previously stated, much of the BCF is committed funding and partners continue to work together on a day to day basis across the many areas covered.

A finance schedule is attached to the plan submission.</td></tr>
<tr><td>Equalities Implications:</td><td>The Better Care Fund and associated work requires Equality impacts and implications to be considered for any decision or new funding as per normal CCG and SCC decision making. The</td></tr>
</table>

	overall report and ongoing monitoring does likewise.
Risk Assessment:	None

1. Background

1.1. The Better Care Fund for 2020/21 was officially rolled over from the previous year due to the Covid-19 situation. Guidance for 2021/22 was only issued in late September 2021 and therefore much of this year's plan also becomes retrospective. It is always worth remembering that the Better Care Fund was largely a pooling of existing spending commitments, not new funding.

1.2. The Better Care Fund has enabled Somerset's health and care system to pool funding relating to many joint priorities, including carers, intermediate care, Housing Occupational therapy and equipment services.

1.3. District Councils have delegated authority over the use of the Disabled Facilities Grant and this is also a part of the Better Care Fund. This report includes an overview of this funding, as well as highlighting the support and collaborative working that it is providing.

2. Improving Lives Priorities and Outcomes

2.1. The Better Care Fund and all its constituent parts continues to support the health and wellbeing of people in Somerset. It does so through a combination of health and care support and prevention schemes from acute hospital interventions right through to community support at home.

3. Consultations undertaken

3.1. Not applicable

4. Request of the Board and Board members

4.1. To note and understand the depth of the Better Care Fund and approve the submission for 2021/22

4.2. To consider future working and governance arrangements, including taking into account the Integrated Care System arrangement and Local Government Reform. We have begun conversations around how the joint commissioning in the BCF can be governed in an agile way within the context of new overarching arrangements. A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

5. Background papers

5.1. A summary slide deck will be presented during the meeting and be available for distribution with the minutes.

Appendix B Section 75 and the use of the Better Care Fund

HWB%20BCF%20Discussion%20paper%20

Appendix A Better Care Fund 2021/22 submission

PLEASE NOTE THE DEADLINE FOR NATIONAL SUBMISSION IS 16/11 and as such thus will be tabled as a late document and not in line with all publication material

Better Care Fund updated guidance can be found here:
NHS England » Better Care Fund planning requirements 2021-22

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.

S.75 Project Group – Discussion Paper, DFG Allocation

Author: Dave Baxter, Strategic Housing Manager – Chair Somerset Strategic Housing Group
Christian Trevelyan, Partnership Manager – Somerset Independence Plus

Date: 22nd November 2021

Care Act 2006 and use of the Better Care Fund

1. Introduction

1.1 On the 1st April 2015, Somerset County Council (SCC) and NHS Somerset Clinical Commissioning Group (SCCG) (partners) signed a Framework Partnership Agreement relating to the commissioning of health and social care services. The document set out the responsibilities of SCC and SCCG and how the pooled budgets for the Better Care Fund would be targeted and spent. In particular, the document set out the intentions of the partners on how they wished to extend the use of the pooled funds to include funding streams from outside of the Better Care Fund. Section 75 of the 2006 Care Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

2. Scheme Delegation

2.1 Schedule 1 of the S.75 Agreement frames the services within scope of the pooled budget. Within Schedule 1 is the provision for Disabled Facilities Grants. This sets out the overview of the service, aims and outcomes, the arrangements for allocating the funding which makes it clear that funding is cascaded down to the local housing authorities. There are also contracting arrangements in place which makes it a requirement for reporting on outcomes and expenditure.

3. Disabled Facilities Grant

3.1 Within the Vision for Integration Framework it makes it clear that the DFG will continue to be allocated through the BCF. This is to encourage areas to think strategically about the use of home adaptations, use of technologies to support people to live independently in their own homes for longer, and to take a joined-up approach to improving outcomes across health, social care and housing. Innovation in this area could include combining DFG and other funding sources to create fast-track delivery systems, alongside information and advice services about local housing options. In 2016-17, the housing element was strengthened through the national conditions, with local housing authority representatives required to be involved in developing and agreeing BCF plans. Somerset have reflected the requirement for integration through their own framework, with their intentions reinforced in the recently

published Memorandum of Understanding – Improving Health and Care Through the Home In Somerset (2020).

4. How will the Better Care Fund be used to achieve the key priority for independence

4.1 Appendix One provides a narrative on how the Councils are currently, and propose, to use the BCF to deliver the key priorities and ultimately meet the expectations of the Somerset Framework Agreement. Much of what is documented in Appendix One has been previously agreed through the Joint Commissioning Board.

5. How will outcomes and expenditure be monitored

5.1 Outcomes and expenditure of the BCF will ultimately be monitored through the Health and Wellbeing Board. Six monthly reports will be submitted to the Somerset Better Care Joint Commissioning Group in an approved format an example of which is in appendix Two. The Group will also be informed of any under and overspend and plans for managing the over/underspend. It is recommended that Key Performance Indicators are agreed as part of the MOU to ensure that the Key Priority Outcome in the MOU are being met which also matches to Section 75 outcomes. Work is progressing with Sedgemoor Digital to create a web-based form to upload outcome data so reports can be reproduced in a reportable format such as Infographics. It is important for the Health and Wellbeing Board to be able to see the tangible benefits of the BCF spend against the reduction in reliance on prescribed GP and NHS intervention. Future reports will include previous under and overspends plus what the Council's used the funding for.

Table One – Better Care Fund Allocations by Council 20/21

Council	BCF Allocation	Additional allocation	Total
Mendip District Council	£889,785	£119,813	£1,009,598
Sedgemoor District Council	£962,833	£129,649	£1,092,482
Somerset West & Taunton	£1,273,819	£171,524	£1,445,343
South Somerset District Council	£1,238,632	£166,786	£1,405,418

Appendix One – Deployment of the Better Care Fund

The following reflect current thinking towards providing a progressively balanced prevention and adaptations service to meet the growing needs and demands with available budget and staff resources within Somerset. The table should be read in conjunction with the in-year expenditure table. Note, not all the products listed below are delivered by all the Councils in Somerset. A report will be presented to the Board with plans for agreed future alignment between the Council's.

Product	New or modification	Purpose	Customer advantage	Prevention/Adaptation
Disabled Facilities Grants	Ongoing	To provide a means tested grant to adapt an individual's home to provide access to facilities in and around the home and maintain their independence. Their need is assessed by an Occupational Therapist.	Maintaining the independence of an individual enables them to balance mental, psychological, and physical need by being able to do things for themselves. Less reliance on medical intervention and support needs. Upholds dignity.	Adaptation
Decent Homes – Repair Grants	Modification	To provide means tested grants to assist vulnerable owner-occupied households to effect repairs to their home.	Improves the living environment for individuals by removing Category 1 and 2 hazards under the Housing Act 2004. Reduces the risk of hospital admission and increases the chance of a successful discharge from hospital to home.	Prevention
Prevention Grants	New except the partnership area (SDC & SW&T)	To provide small grants of up to £10,000 non means tested to assist with hospital discharge hoarding and falls. The grants tend to be for minor alterations to the	Enables an individual to be released from hospital or an opportunity to alter someone's home where otherwise they would not normally fit the Care Act	Prevention

		home and small redesign.	criteria.	
Modular ramping	New	Provision of funding for temporary modular ramps	Beneficial over concrete ramps as quick install and can be removed again to be used somewhere else. One off capital cost.	Prevention
Independent Living Officers (ILO's)	Revised – SIP commissioned by SCC to work across Somerset and enhanced through partially funding posts via the BCF	ILO's who can assist clients with considering their options on where they currently live, providing solutions to enable the client to make informed choices for their future independence (Hoarding, Homes Safety checks and Trusted Assessors)	Provide a wealth of skills to enable independence and reduce incidences of hospital admissions, future referrals to statutory agencies such as mental health. Commercial advantage in getting the message out to agencies about the SIP service.	Prevention
Hospital Resettlement Coordinator	New	Working from Musgrove Park Hospital and surrounding NHS Community Hospitals. Post is responsible for assisting patients with a smooth discharge from hospital into their home setting. The post is jointly managed by Health and Somerset Independence Plus. It is an 18-month post. Funding is from the Better Care Fund. The post will plan home based solutions ahead of the point of discharge	Avoids the common issue of overstatement of need which slows down release from hospital. The post will be actively involved in attending discharge plans and preoperative meetings, facilitating, and coordinating services both inside and outside in the wider community with agencies and SIP ILO's to ease patients out of hospital and into their home setting. Commercially makes sense as it leads to other aspects of the fee earning services of SIP and	Prevention

			reduces the risk of incorrect referrals.	
Assistive Technology	New – Enhances SCC's offer	Utilising the skills of the technical team to integrate 'halo' solutions into the fabric of a property for plug and play assistive sensors.	Reduces the need for major fabric alterations to a property and builds for a robust legacy in social housing for people with sensory loss. Provides a commercial income for SIP and ability (with the agreement of the customer) to use personal data for improvements to service delivery.	Prevention
North Taunton Project	New	Offering low interest loans and equity release loans to owner occupiers in the North Taunton regeneration project. Encourages take up and improves the area.	Benefits to SW&T in improving an area, dealing with poor condition housing and maintains the SIP brand and fee earning potential.	Prevention
Homelessness and Rough Sleeper Strategy	New	Working with partners (Govt, VCSE and statutory services) to increase the choice and quality of both accommodation and support to homeless/rough sleeper communities	The provision of accommodation and support to match specific needs (low, medium & high complexities; high risk offenders; victims of DV; wheelchair accessible etc) will enable customers to have a much better opportunity to stabilise their lives and move quickly to independent living. Investment here should help reduce current expenditure	Prevention

			on temporary accommodation, including B&B	
Empty homes	New	Offering a service to owners to bring empty properties back into use.	Gives the owner the confidence in the scheme and build by being overseen by SIP. Enables Councils to reduce the number of empty homes in their area. SIP's fee would be lower than that offered by commercial architects.	Prevention
Housing Options OT's	Ongoing	Work with clients with complex needs, working to identify and assist with their housing options, including moving and handling, equipment, complex negotiations with housing providers and with the technical team. Sit within the SIP structure.	Provides swift resolutions to people with disabilities enabling them to make their own decisions to remain independent. Enables the locality teams to focus on moving and handling. They have a major involvement in strategic decisions made by housing providers in refurbishing their stock.	Prevention
Energy	New	Warm Homes Fund – Match funding from the BCF to assist the owner occupiers in the bid to have installed FTGSH, ASHP or heating controls. Energy Grants – Up to £4,500 to help to top up clients who have already received some form of	By improving the energy rating of someone's home reduces the risk of thermal induced illnesses such as pneumonia and high/low blood pressure etc. It also reduces incidences of fuel poverty. Assists with the Housing Act 2004 duties to reduce Category 1 and 2	Prevention

		loan/grant assistance such as Ecoflex which enables the scheme to be completed. EPC's – Provided to all clients to enable the Council to understand the energy efficiency of the stock. Free £100	hazards.	
Independent Assessment Centres (IAC)	Ongoing	Partnership working with ASC to deliver an IAC to help clients to live independently, access necessary services and prevent falls and injuries in their homes.	Provide a one stop shop for clients to see and tests out equipment that could assist them to live independently in their homes.	Prevention
Discretionary DFG	Ongoing	Allow vulnerable and low-income clients to access additional funding towards adaptations above the mandatory £30 max, cover adaptation work not covered through the mandatory criteria or used to pay for works without the need for means testing.	Allows low income disabled clients to access adaptations that they need but are not attainable through the standardised DFG process or parameters and to achieve quicker outcomes appropriate to their needs and circumstances.	Adaptation
Hoarding Services	Ongoing	Fund the clearance of properties/gardens and undertake minor repairs to aid independent living and avoid need for residential	Fund the clearance or properties for vulnerable households so they can live safely and independently in their homes with the	Prevention

		care.	appropriate level of ASC/MH support.	
Support Lifeline systems (careline and others)		Provide isolated older people and new cohorts with lifeline support systems to maximise their social connection and 'functioning' to prevent future 'disabilities' emerging	Enable clients living on their own, to have security to function independently with confidence they call for help if required	Prevention

Appendix Two - In-year expenditure Financial Year 2020/21

Month	Somerset West & Taunton		Sedgemoor		Mendip		South Somerset	
	Prevention	Adaptation	Prevention	Adaptation	Prevention	Adaptation	Prevention	Adaptation
April	£0	£55,072.41	£7,197.10	£0		£9,245	£2470.21	£2222.65
May	£0	£0	£1,587	£7,225.19		£14,149	£4496.38	£54740.21
June	£2,706.75	£1,675.89	£3,044.87	£0		£25,457	£2993.27	£75846.95
July	£8,324.92	£740.00	£513.68	£8602.94		£8,367	£4291.79	£75402.91
August	£-160.13	£41,917.77	£4,135.39	£17,402.72		£15,148	£3584.04	£113719.93
September	£3,912.33	£26,028.56	£3,323.81	£7,193.28		£51,327	£4509.86	£102004.43
October	£0	£26,529.86	£3,476.93	£22,126.47	£3,038	£105,386	£2524.59	£121850.47

November	£3,482.01	£32,893.36	£6,369.10	£11,700.54		£90,061	£3208.84	£105876.76
December	£6,658.10	£59,841.12	£8,069.09	£34,826.47	£778	£45,367	£2566.88	£86983.12
January	£5,760.45	£49,748.88	£6,193	£12,284.32	£4,179	£49,445	2088.50	91.612.39
February	£1,056.34	£52,111.25	£5,762.05	£52,047.43		£55,551	32,920.50	115,697.54
March	£48,890.42	£14,729.26	£10,440.43	£84,467.44		£79,279	2088.50	254,581.93
OT/staff salaries					£27,881	£59,619		
TOTAL	£80,631.19	£361,288.36	£60,112.45	£257,876.80	£35,876	£618,401	70,443.36	1197,839.29
Commitments	£35,299.46	£112,844.72	10,072.04	£121,680.25		£24,691		64,673.23
Carry Forwards		£1,003,423.45		£774,492.75				72,462.12
GRAND TOTAL		£1,593.487.18		£1,224,234.29	£35,876	£643,092	70,443.36	1,334,974.64

Comments:

With the lifting of lockdown restrictions, SIP is up to full survey potential and contractors have full order books from SIP staff for current commitment and projected work.

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Somerset Health and Wellbeing Board – WORK PROGRAMME – November 2021-January 2022

Agenda item	Meeting Date	Details and Lead Officer
	22 November 2021	
JSNA - Verbal Update		Pip Tucker & Jo McDonagh (15 min)
Children & Young People Mental Health		Andrew Keefe & Claire Winter/Helen Price/Claudine Brown/ Patrick Worthington/ Nik Harwood - All virtually (45 min presentation & questions)
Healthwatch (first Children's element/then Adults element)		Gillian Keniston-Goble (20 min)
Better Care Fund		Tim Baverstock & Andy Hill/Dave Baxter/Christian Trevelyan) (15 min)
ICS / ICP Verbal Update		Trudi Grant (5 min)
	Early January 2022	
Development Session on JSNA		
	17 January 2022	
Homelessness Reduction Board		Mark Leeman
Climate Change and Health		Teresa Harvey
Somerset Safeguarding Adults Board Annual Report		Stephen Miles/SSAB Chair
APHR Update		Trudi Grant
ICS / ICP Verbal Update		Trudi Grant

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
Director of Public Health Annual Report – Covid 19 wave 2 / learning from Covid / community support after Covid / prevention agenda		Trudi Grant

Somerset Health and Wellbeing Board – WORK PROGRAMME 2022

Agenda Item	Date of Meeting	Details and Lead Officer
	Early January 2022	
Development Session on JSNA		
	17 January 2022	
Homelessness Reduction Board		Mark Leeman
Climate Change & Health		Teresa Harvey
Somerset Safeguarding Adults Board Annual Report		Stephen Miles/SSAB Chair
Annual Public Health Report		Trudi Grant
ICS Verbal Update		
	21 March 2022	
Health Protection (HPF) Annual Report		Jessica Bishop & Alison Bell
ICS Verbal Update		
	30 May 2022	

PNA - Pharmaceutical Needs Assessment		Pip Tucker (15 min)
ICS Verbal Update		
	25 July 2022	
ICS Verbal Update		
	26 September 2022	
ICS Verbal Update		
	28 November 2022	
ICS Verbal Update		

- Reports should generally be no longer than 6 sides of A4 with detail being contained in appendices or available via contact officer.
- If reports are not received by the deadlines indicated, they will be taken off the agenda for that meeting unless there are exceptional circumstances.
- Draft / final reports and appendices to be sent to Julia Jones via email wherever possible.
- None of the above replaces the need for report authors to consult relevant senior officers on the contents of the draft reports during their preparation.
- **All H&WB meetings – 11am via Microsoft Teams.**