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