

# **North Somerset Council**

## **Report to the Health & Wellbeing Board**

**Date of meeting: 17<sup>th</sup> September 2020**

### **Agenda Item: Mental Health & Wellbeing Strategy Group**

#### **Subject of report: Mental Health & Wellbeing Strategy Group proposal**

## **1. Purpose of report**

1.1 The purpose of this report is to inform the Health and Wellbeing Board (HWB) about the current meeting structures in North Somerset which support mental health and wellbeing across the whole population.

1.2. This report highlights to the HWB the need for an all-age Mental Health and Wellbeing Strategy Group (MH&WSG) to facilitate a more coherent and joined-up approach, by monitoring existing activity and providing a steer for future activity.

## **2. Recommendations**

2.1 The HWB is recommended to endorse the establishment of an all-age MH&WSG which would:

- Support the HWB by providing a governance and planning structure that promotes an integrated, evidence-informed, universal and strengths-based approach to mental health and wellbeing across the population and aligns with:
  - the BNSSG Mental Health Strategy
  - the NHS Long Term Plan
  - GOV.UK 'A Connected Society: a strategy for tackling loneliness'
  - BNSSG Social Prescribing Implementation Plan
  - North Somerset Social Isolation and Loneliness Needs Assessment and Strategy
- Be responsible for local children and adults' mental health plans, and the local suicide prevention plan (a statutory requirement for local authorities).
- Be a vehicle for supporting future Integrated commissioning, enabling the possible pooling of budgets and support the delivery of joined-up services.
- Provide a governance route and monitoring function for existing local age specific mental health groups, and act as a conduit for a more coherent flow of information about mental health priorities and activity to address them to the HWB.
- Bring together all strategic stakeholders who can positively influence mental health and wellbeing, adversity, trauma and the wider determinants of mental

health, including commissioners, providers, elected members, people with lived experience, and the voluntary and community sector.

- Help to extend the key principles that `everyone has mental health` and that `mental health is everyone`s business` across the North Somerset workforce, and work together to implement social prescribing<sup>1</sup> and address issues such as isolation and loneliness.

### **3. Background**

3.1 Mental health problems are on the increase, with a rising demand on services and increasing complexity of need. Evidence shows the rise in these issues has been exacerbated by the Covid-19 pandemic. Despite the scale of the problem, there is not a strategic group that has oversight of mental health promotion and support in North Somerset.

3.2 The NHS Mental Health Implementation Plan 2019/20 – 2023/24 has as a core principle a `genuine partnership with local public, VCSE and private sector organisations` to enable `outcome-focused, data-driven strategic commissioning which demonstrates an understanding of local health inequalities and their impact on service delivery and transformation.`

3.2 The BNSSG Sustainability and Transformation Plan 2016 says that `professionals and organisations should be better at sharing information so that people don't have to negotiate organisational boundaries or have their needs assessed multiple times by different professionals.` The NHS Long Term Plan also encourages `Primary Care Networks` of GPs, their teams and community services, to focus on partnerships with local authority-funded services. An all-age MH&WSG would make a significant contribution to bringing professionals and organisations together at a local level, to provide services which support and promote mental health.

3.3 Social Prescribing and community-based support is part of the NHS Long Term Plan's commitment to give people choice and control over the way their care is planned and delivered, based on `what matters to them` and their individual strengths and needs. There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes for people, such as improved quality of life and emotional wellbeing. It addresses inequalities and the wider determinants of health such as unemployment, debt, offending behaviour, homelessness, substance misuse, social isolation and loneliness.

3.4 Social Prescribing works best when all local partners work together to build on existing community assets and services and successful schemes generally have

---

<sup>1</sup> \* Social Prescribing works for a wide range of people, including people:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their wellbeing.

collaborative commissioning and creative partnership working. An all-age MH&WSG would support the extension of Social Prescribing in North Somerset.

3.5 North Somerset is aiming to become a trauma-informed local authority, which supports staff and volunteers in the statutory, VCSE and independent sectors to understand and respond to the potential long-term impact of adversity and trauma on children, young people and adults. At the heart of this approach are interventions for families, which support child-parent relationships during the perinatal phase and early childhood and help to build protective factors. Strengthened attachment will reduce the likelihood of trauma occurring and give children a secure foundation to be able to cope with it. An all-age MH&WSG would support the embedding of this approach.

3.6 Currently, there are 3 groups which meet to address mental health in North Somerset, the `Future in Mind Group` for children and young people, the Perinatal Mental Health Strategy Group and the Suicide Prevention Steering Group.

3.7 In early 2020, an internal audit of these existing mental health groups was undertaken by the Devon Audit Partnership and it identified attendance, range of professionals involved and networking as strengths of all the groups. However, the audit recognised that the work of existing groups is mainly operational, with limited scope for establishing strategic direction or meeting some key objectives. This is partly because these groups were adversely affected by the disbandment of North Somerset CCG, as BNSSG CCG no longer takes a lead role in how local groups should operate or be structured.

3.8 Currently there are significant gaps in service provision and the audit suggested that if action is not taken, there is likely to be an impact on service users and potential reputational damage. It recommended a review of governance structures to establish scrutiny, accountability and a process for managing risks. An overarching all-age MH&WSG group which the three operational groups could feed into would be able to fulfil this need.

3.9 As part of implementation of the new MH&WSG a Terms of Reference and governance structure will need to be developed. It is recommended the chair and members of the group are of a senior enough level to provide the required strategic direction and governance.

3.10 It is proposed this group runs for a period of 18 months, until the end of March 2022, when the function and effectiveness of the group can be reviewed through repeating the internal audit process.

#### **4. Policy and Legal Implications**

4.1 There are no policy or legal implications to setting up a MH&WSG.

#### **5. Risk Management**

5.1 There are no identified risks associated with setting up a MH&WSG. There are risks associated with not setting up a governance structure which provides strategic

oversite of local mental health and wellbeing as identified by the findings of the Devon Audit Partnership.

## **6. Finance and Resource Implications**

6.1 Other than travel expenses, the financial implications of setting up a Mental Health Strategy Group should be minimal if meetings are held in council or other available free venues or by teleconference and participants are attending as part of their directed work hours.

## **7. Equality Implications**

7.1 Promoting equality of opportunity in terms of access to mental health support, will need to be a fundamental principle for an all-age MH&WSG.

7.2 Local Government Association guidance on addressing Mental Health (2018) states that 'mental health problems are more likely to be associated with a range of factors including poverty, poor housing, homelessness, disability and long-term illness, experience of violence or abuse, immigration status (including refugees and asylum seekers), veterans, the lesbian, gay, bisexual and transgender community (LGBT), looked after children, and some Asian, black and ethnic minority groups.' The MH&WSG will consider adversity, trauma and the wider determinants of health in its work and through its partnership arrangements with Bristol and South Gloucestershire.

7.3 A strategic group would need to include representatives who could give a voice to those most likely to be affected by mental health issues. It would also need to look at existing data to identify which groups should be targeted, to make the biggest impact on mental health in the local area.

## **8. Climate Change and Environmental Implications**

8.1 The setting up of any new group has the potential to increase carbon emissions due to travel to meetings, but this will have only a limited impact as meetings will not occur frequently and could be held via teleconferencing.

## **9. Engagement Undertaken or required**

9.1 The BNSSG Sustainability and Transformation Plan 2016 has identified as a priority 'creating a truly collaborative system of care in which the person is at the centre.' It will be important to talk and listen to lots of different people across North Somerset to understand what things are important to them, what's working well, what we need to do more of, and what we need to change. Ongoing engagement will be necessary, working with organisations such as Voluntary Action North Somerset (VANS). The NHS and local authority are committed to working with local Healthwatch groups to support NHS teams hear the views of patients, their carers and the public. Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns. Public Health are also looking at opportunities to introduce a school survey to better understand the needs of young people locally.

9.2 The MH&WSG will have among its membership VANS and Healthwatch, using its contacts and expertise to monitor and support ongoing engagement of key stakeholders.

9.3 We endorse and recommend a commitment to governance structures which enable engagement and co-production with local communities, people with lived experience of mental ill health and mental health services, their families and carers.