

Public Document Pack

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Date: 24 October 2023

Dear Sir or Madam

The Health and Wellbeing Board – Wednesday, 1 November 2023, 2.00 pm – For All Healthy Living Centre, Weston-super-Mare

A meeting of the Health and Wellbeing Board will take place as indicated above.

The agenda is set out overleaf.

Yours faithfully

Assistant Director Legal & Governance and Monitoring Officer

To: Members of the Health and Wellbeing Board

Georgie Bigg, Jeremy Blatchford, Colin Bradbury (Vice-Chairperson), Paula Clarke, Kirstie Corns, Emma Diakou, Carolyn Fair, Mandy Gardner, Cllr Catherine Gibbons, Mark Graham, John Heather, Cllr Jenna Ho Marris (Chair), David Jarrett, Matt Lenny, David Moss, Sarah Pepper, Stephen Quinton, Julie Sharma, Cllr Dan Thomas, Cllr Helen Thornton, Cllr Joe Tristram, Hayley Verrico and Cllr Roger Whitfield.

This document and associated papers can be made available in a different format on request.

Agenda

1. Public participation (Standing Order 17)

To receive and hear any person who wishes to address the Committee. The Chairman will select the order of the matters to be heard. Each person will be limited to a period of five minutes. Public participation time must not exceed thirty minutes.

Requests to speak must be submitted in writing to the Assistant Director Legal & Governance or the officer mentioned at the top of this agenda letter, by noon on the working day before the meeting and the request must detail the subject matter of the address.

2. Apologies for absence and notification of substitutes

3. Declaration of disclosable pecuniary interest (Standing Order 37)

A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.

If the Member leaves the meeting in respect of a declaration, he or she should ensure that the Chairman is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

4. Minutes (Pages 5 - 8)

Minutes of the Health and Wellbeing Board Meeting on 24 August 2023, to approve as a correct record.

5. Matters referred by Council, the Executive, other Committees and Panels (if any)

6. Health and Wellbeing Board Terms of Reference and Membership update (Pages 9 - 26)

7. Proposal for new Operations Group (Pages 27 - 54)

8. Joint Health and Wellbeing Strategy Update and Draft North Somerset Mental Health Strategy (Pages 55 - 146)

9. Development of the Joint Forward Plan (Pages 147 - 164)

10. Better Care Fund (Pages 165 - 172)

11. Weston Worle and villages, Woodspring localities updates (Pages 173 - 176)

12. HWB Work Plan

Exempt Items

Should the Health and Wellbeing Board wish to consider a matter as an Exempt Item, the following resolution should be passed -

“(1) That the press, public, and officers not required by the Members, the Chief Executive or the Director, to remain during the exempt session, be excluded from the meeting during consideration of the following item of business on the ground that its consideration will involve the disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.”

Also, if appropriate, the following resolution should be passed –

“(2) That members of the Council who are not members of the Health and Wellbeing Board be invited to remain.”

Mobile phones and other mobile devices

All persons attending the meeting are requested to ensure that these devices are switched to silent mode. The chairman may approve an exception to this request in special circumstances.

Filming and recording of meetings

The proceedings of this meeting may be recorded for broadcasting purposes.

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting, focusing only on those actively participating in the meeting and having regard to the wishes of any members of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Assistant Director Legal & Governance and Monitoring Officer's representative before the start of the meeting so that all those present may be made aware that it is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting.

Emergency Evacuation Procedure

On hearing the alarm – (a continuous two tone siren)

Leave the room by the nearest exit door. Ensure that windows are closed.

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

Follow the green and white exit signs and make your way to the assembly point.

Do not re-enter the building until authorised to do so by the Fire Authority.

Go to Assembly Point C – Outside the offices formerly occupied by Stephen & Co

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Minutes

of the Meeting of

The Health and Wellbeing Board

Thursday, 24 August 2023

Kenn Room

Meeting Commenced: 2.00 pm

Meeting Concluded: 2.50 pm

Board Members:

Colin Bradbury (Vice-Chairperson - in the chair)

Jeremy Blatchford

Paula Clarke

Emma Diakou

Mandy Gardner

Catherine Gibbons

Mark Graham

Matt Lenny

Stephen Quinton

Helen Thornton

Hayley Verrico

Apologies: Councillors: Jenna Ho Marris (Chair), Georgie Bigg, Kirstie Corns, Carolyn Fair, John Heather, David Moss, Sarah Pepper, Julie Sharma and Dan Thomas.

Officers in attendance: Gerald Hunt, Leo Taylor, Harriet Isherwood (NSC), Natasha Ward (BNSSG Integrated Care Board).

38 Public Participation (Standing Order 17)

Alan Rice, representing Weston Housing Action (WHA), spoke about link between poor housing and poor health. He said WHA Now get 1-2 related referrals a day and referred to the findings of a 2018 Kings Fund report on the costs of poor housing (£1.4b/year) and value of addressing this with each pound spent reportedly yielding the equivalent of £4 worth of health benefit. He gave a number of local examples where the social housing subscription scheme had apparently failed, noting the role of the medical panel in assessing these applications. He was concerned that findings of the panel could be inconsistent with supporting evidence provided by other specialist clinicians and requested more information about the composition of the panel and the basis on which its assessments were reached.

The Chair thanked Mr Rice for his address and invited him to detail his concerns in writing to the Board for a full response.

39 Declaration of disclosable pecuniary interest (Standing Order 37)

None.

40 Minutes

Resolved: that the Minutes of the last Board meeting held on 5 July 2023 be approved as correct record.

41 Better Care Fund Plan 2023-25

The Director of Adult services introduced the item and outlined the governance requirement for bringing this item to this additional meeting of the Board for formal ratification of the Better Care Fund Plan. She said that all parties were committed to starting this process earlier going forward.

The Principal Head of Commissioning, Partnerships and Housing (NSC) then outlined the Better Care Fund Plan set out in Appendix one of the report; and the supporting documents around BCF finding streams, capacity and demand for intermediate care services and ambitions on making progress against the national metrics – set out in Appendix two.

The following points were raised by Board Members in the ensuing debate:

- With reference to the earlier public address on the linkage between poor health outcomes and housing/income, there was discussion around what was being done by the partnership to support the local population and carers in particular. Council officers referred to the highest priority given to housing within the district's two Locality Partnerships and the work being done within the Council to deliver better housing. With respect to income support, they also referred to a range of support packages including the Discharge Grant and the Council's ongoing support to people struggling with energy bills. With respect to carer wages, they referred to a range of initiatives including the Fair Cost of Care pay awards and the Care Bonus scheme. Pay and conditions in the West of England care sector were some of the best in the UK and this had helped in the current challenging situation.
- Members raised the issue staff capacity for dementia care. Officers reported that a market survey indicated sufficient dementia care and an excess of domiciliary care. They were however guarded against complacency noting that there had been some localised access issues.
- In response to a query about discharge support for people with serious but short-term issues, officers confirmed these would be dealt with by the transfer of care hubs.

In concluding the discussion it was:-

Resolved:

- (1) that the Better Care Fund Plan be approved;

- (2) that the use of mandatory BCF funding streams be agreed;
- (3) that the assessment of capacity and demand for intermediate care services be confirmed; and
- (4) that the ambitions on making progress against the national metrics be confirmed.

Chairman

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North Somerset Council

Report to Health and Wellbeing Board

Date of Meeting: 1 November 2023

Subject of Report: Health and Wellbeing Board Terms of Reference and Membership update

Town or Parish: None specific

Officer/Member Presenting: Director of Public Health

Key Decision: N/A

Reason:

Not an Executive Decision.

Recommendations

That the Board endorse an amendment to the Health and Wellbeing Board's (HWB) Terms of Reference (ToR) adding the Executive Member for Adult Services and Stronger Communities to the list of designated Members of the Board.

Summary of Report

The proposed amendment is set out in the ToR attached as an appendix to this report.

Policy

N/A

Details

In compliance with Health and Social Care Act (2012) provisions and guidance, it is proposed that the Board endorse an amendment to its ToR, adding the Executive Member for Adult Services and Stronger Communities to the list of designated Members of the Board.

Consultation

N/A

Financial Implications

N/A

Legal Powers and Implications

N/A

Climate Change and Environmental Implications

N/A

Risk Management

N/A

Equality Implications

N/A

Corporate Implications

N/A

Options Considered

N/A

Author:

Leo Taylor, Democratic Services, 01934 634621

Appendices:

Appendix 1 – North Somerset Health and Wellbeing Board Terms of Reference

Background Papers:

None

NORTH SOMERSET HEALTH AND WELLBEING BOARD

DRAFT TERMS OF REFERENCE

Revised November 2023

1. Introduction

- 1.1 The Health & Wellbeing Board will provide senior strategic oversight of health and wellbeing matters across North Somerset.
- 1.2 The board meets the statutory requirement for a Joint Health and Wellbeing Board. It will meet as a full committee of North Somerset Council at least three times each municipal year to undertake the statutory duties proscribed for the board in the Health and Social Care Act 2012.
- 1.3 This Terms of Reference should be read in conjunction with the Guide to the North Somerset Health and Wellbeing Board set out in the appendix below – setting out in further detail the purpose of the board, current composition, ways of working and priorities.

2. Priorities, Outcomes and Responsibilities

- 2.1 The Board will work in partnership to achieve a range of priorities and outcomes. These will be informed by the Joint Strategic Needs Assessment (JSNA), outlined in a Health and Wellbeing Strategy and reviewed and revised at least on an annual basis.
- 2.2 The key responsibilities for the Board will be:
 - Development, sign-off and monitoring the implementation of the North Somerset Health & Wellbeing Strategy.
 - Overseeing and advising on the development of the Joint Strategic Needs Assessment (JSNA)
 - Overseeing development of effective co-production and public involvement and engagement in all areas of the board's activity
 - Supporting the development of local joint commissioning arrangements
 - Strategic coordination of health and wellbeing matters with safeguarding functions, including consideration where appropriate of Domestic Homicide Reviews, Child Death Overview Panel outcomes and Serious Case Reviews
 - Monitoring and responding to the performance of local health and wellbeing services in the statutory, voluntary and commissioned sectors as well as consider the development and performance of services that impact on the wider determinants of health and wellbeing
 - Liaison with other Health & Wellbeing Boards across the region in order to share learning, coordinate activity and identify joint commissioning opportunities.

3. Work Plan

- 3.1 The Health and Wellbeing Strategy will be the overarching document from

which the board's workplan will be developed. The workplan will be agreed on an annual basis.

4. Membership, Decision-Making and Quorum

- 4.1 All members should be decision-makers at a strategic level within their organisations who can influence the commissioning or delivery of services to meet partnership priorities.
- 4.2 Where a member of the Board is unable to attend, every effort should be made to ensure that a deputy is appointed, suitably authorised to act on behalf of the organisation concerned in all matters considered by the Board.
- 4.3 The membership of the board will be:

Statutory Members (as designated by the Health and Social Care Act 2012)

- Executive Member – Homes and Health
- **Executive Member – Adult Services and Stronger Communities**
- Executive Member – Children's Services, families and lifelong learning
- Director of Children's Services
- Director of Adult's Services
- Director of Public Health
- Nominee representing BNSSG Integrated Care Board (ICB)
- Nominee of Healthwatch North Somerset

Non-statutory Members

- Chief Officer or Trustee, Voluntary Action North Somerset
- Nominee representing Avon Local Councils Association
- Chair of Children & Young People Scrutiny Panel (non-voting)*
- Chair of Adult Social Care Scrutiny Panel (non-voting)
- Chair of Health Overview & Scrutiny Panel (non-voting)
- Chief Officer, Acute NHS Trust
- Chief Officer, Community Health Provider
- Chief Officer, Mental Health NHS Trust
- Nominee from the North Somerset Wellbeing Collective
- Additional Nominee representing BNSSG ICB
- Chair of Weston, Worle and Villages Locality Partnership (WWVLP)
- Nominee (at Head of Locality level) representing Worle and Villages Locality Partnership
- Chair of Woodspring Locality Partnership
- Nominee (at Head of Locality level), representing Woodspring Locality
- Nominee representing Avon and Somerset Police
- Nominee representing Avon Fire and Rescue Service
- Nominee representing Business Intelligence, Policy and Partnerships NSC
- Nominee representing the Place Directorate

*Non-voting to protect the Chairs' independent scrutiny role, which includes items agreed by this Board.

- 4.4 The Board may revise its non-statutory membership at any time by agreement, to take account of changing requirements, local reorganisation or other priorities.
- 4.5 The Board may also decide to co-opt additional members on a temporary or permanent basis in order to inform specific areas of work.
- 4.6 In the spirit of effective collaboration and partnership working the board will always seek

to come to agreement through consensus and unanimity following debate and discussion where all members will be encouraged to participate.

- 4.7 In the unlikely event that a vote is required, the quorum for making formal decisions will be seven members (of which three must be statutory members) unless statutory provisions require certain members to vote on specific matters.
- 4.8 A situation may occur where there would be a conflict of interest for any board member. Any such conflict of interest should be declared to the chair prior to the meeting, who will take the advice of the Head of Legal & Democratic Services as required.
- 4.9 The Health & Wellbeing Board is not constituted to take formal decisions on the part of its member organisations, therefore matters considered will not normally be referred to Scrutiny Panels. The chairs of relevant panels have been included to encourage joint work planning and oversight.

5. Chair and Vice Chair

- 5.1 The board will usually be chaired by the Executive Member with responsibility for health, with a Senior BNSSG CCG officer acting as Vice Chair.
- 5.2 If the Chair is unable to attend a board meeting the meeting will be chaired by the Vice Chair or another voting member as appointed by the Chair or Vice Chair.
- 5.3 A situation may occur where there is a conflict of interest for the chair or vice chair regarding an item on the agenda. In this case the chair or vice chair of the board will discuss with the Head of Legal & Democratic Services as to how this matter should be resolved prior to the meeting.

6. Support, Substructures and Working Groups

- 6.1 The board will be supported by an Officer Support Group drawn from member organisations, who will assist in coordinating delivery of the Board's work plan, developing the Board's meeting agenda, and assuring the quality of papers and agenda items.
- 6.2 The Officer Support Team will include membership from at least the following teams (noting that membership will change and adapt to business needs):
- NSC Public Health Team
 - NSC, People & Communities Directorate
 - North Somerset Locality Partnerships
 - NSC, Policy & Partnerships Team
 - Healthwatch
 - The voluntary and community sector
- 6.3 All formal meetings will be scheduled, convened and minuted by North Somerset Council's Democratic Services Team.
- 6.4 The board will not maintain a formal substructure, but will where necessary, convene working groups tasked with undertaking and reporting back on specific activities for the Board.
- 6.5 The Board encourages the use of an Appreciative Inquiry approach to examine in depth issues affecting the local area. Such meetings will not be formal meetings and will not usually be open to the public.

7. Meeting Frequency, Resourcing and Accessibility

- 7.1 The board will meet at a frequency to be decided by the board, no less frequently than required by statute. Where possible meetings will be held at publicly accessible venues, ideally points of service delivery across North Somerset.
- 7.2 All formal meetings of the Health and Wellbeing Board will be open to the public and will be held in accessible venues. All agendas and minutes of meetings will be published on the North Somerset Council website.

8. Review

- 8.1 The terms of Reference will be reviewed and revised annually by the Board.
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APPENDIX

Guide to the North Somerset Health and Wellbeing Board

What is the purpose of the North Somerset Health and Wellbeing Board?

Our Health and Wellbeing Board (HAWB) provides leadership for protecting and improving wellbeing and health outcomes and works to reduce inequalities in North Somerset.

We have a unique ability to bring together statutory organisations and community leaders to identify how, as a connected system, we can make improvements for local communities against priority needs and aspirations.

Our intentions are captured in the Health and Wellbeing Strategy and action plan (2020-24) but we see implementation of the plan as an evolving process requiring active debate, leadership and monitoring from the Board, not remote delivery of a set series of tasks. We aim to take a long view of the key challenges facing our population and address risks or opportunities to improve outcomes.

Who are we?

<u>Chair: Cllr Mo Marris</u> <u>Executive Member Homes</u> <u>and Health, NSC.</u>	<u>Colin Bradbury, Director of</u> <u>Strategy, Partnerships and</u> <u>Population, BNSSG ICB</u>	<u>Hayley Verrico,</u> <u>Director of Adults, NSC</u>	<u>Carolyn Fair, Interim Director</u> <u>of Children's Services, NSC</u>
<u>Matt Lenny, Director of</u> <u>Public Health and</u> <u>Regulatory Services, NSC</u>	<u>Mandy Gardner</u> <u>Chief Executive, VANS</u>	<u>Mark Graham, Chief</u> <u>Executive, For All</u> <u>Healthy Living Centre</u>	<u>John Heather, Chair, Weston,</u> <u>Worle and Villages Locality</u> <u>Partnership</u>
<u>Sarah Pepper, Chair,</u> <u>Woodspring Locality</u> <u>Partnership</u>	<u>Catherine Gibbons,</u> <u>Executive Member for</u> <u>Children's Services,</u> <u>Families, and life-long</u> <u>learning</u>	<u>Helen Thornton, Chair,</u> <u>Health Overview and</u> <u>Scrutiny Panel</u>	<u>Dan Thomas, Chair, Adults</u> <u>and Housing Scrutiny Panel</u>
<u>Joe Tristram, Chair, Children</u> <u>and Young People's Scrutiny</u> <u>Panel</u>	<u>Paula Clarke, Executive</u> <u>Managing Director (WGH)</u>	<u>Julie Sharma, Chief</u> <u>Executive, Sirona Care</u> <u>and Health</u>	<u>Tbc, Avon and Wiltshire</u> <u>Mental Health Partnership</u>
<u>Stephen Quinton, Avon Fire</u> <u>and Rescue</u>	<u>Jeremy Blatchford, Avon</u> <u>Local Councils Assoc.</u>	<u>Georgie Bigg, Chair,</u> <u>Healthwatch</u>	<u>Jonathan Murray, A&S Police,</u> <u>Chief Inspector, North</u> <u>Somerset</u>
<u>Emma Diakou. Head of</u> <u>Business Intelligence, Policy</u> <u>and Partnerships, NSC</u>	<u>David Moss, Head of</u> <u>Woodspring Locality</u> <u>Partnership</u>	<u>Kirstie Corns, Head of</u> <u>Weston, Worle and</u> <u>Villages Locality</u> <u>Partnership</u>	<u>Place Directorate</u> <u>representative tbc, NSC.</u>
<u>David Jarrett, Director of</u> <u>Integrated and</u> <u>Primary Care, BNSSG ICB</u>			

We represent a wide range of interests in North Somerset but are bound by a strong commitment to improve the wellbeing and health of our local population. Our value is in actioning what could not be done through other forums, plans or single organisations.

How do we work together?

We have a shared responsibility to make the Board effective and valued by our community. We agree to listen to and work with our communities, highlight issues, identify opportunities for and barriers to change, and challenge each other on how best to make positive changes and hold each other to account for the actions we have agreed to take.

Each Board Member has equal voting rights in our meetings to demonstrate our shared responsibility for decision making and delivery of our action plan. We have two types of meetings that support our work:

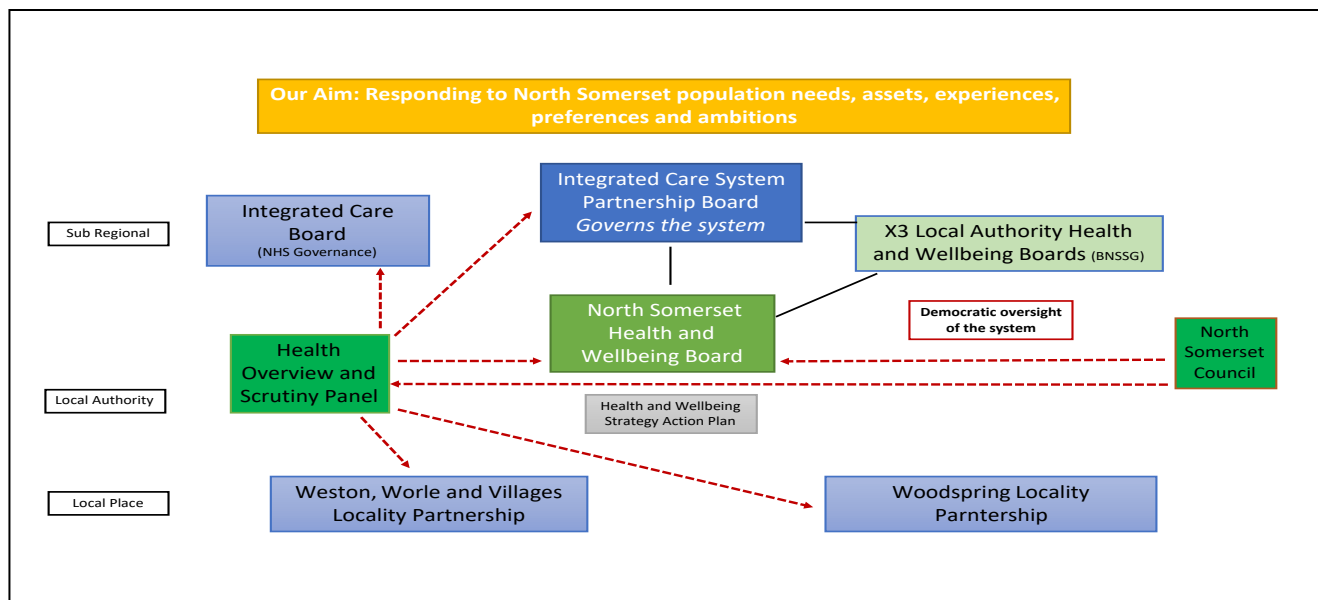
- a) formal committee meetings required under local government governance that take place three times a year
- b) informal appreciative enquiry meetings where we explore a local priority issue in depth and allow more space for a range of views and voices to be heard. These informal sessions will generate recommendations and actions across our partnership that will be reviewed and agreed at the following formal meeting and integrated into our health and wellbeing strategy and action plan.

We want to support active dialogue and joint planning between members and so will develop a new shared Microsoft Teams area for regular communication between colleagues and

collaboration. We have an operations group drawn from the membership to develop the forward plan of meeting topics and their content.

Who do we work alongside?

The Board sits within a wider system that impacts across all the factors that help determine or impact on wellbeing and health in North Somerset. Although it is a statutory committee of the local authority its role is bring together and guide action across all the action areas of our strategy – civic, service and community leadership. It works within this system of action.



What are our priorities?

Our priorities are listed in the Health and Wellbeing Strategy and its accompanying action plan. These were built using a wide range of community and stakeholder feedback (in 2021). We will allocate leadership roles to members of the Board for the themes and outcomes.

The strategy and action plan will be reviewed and refreshed during 20223/24 under the guidance of the Board.

Vision

For people to be enabled to optimise their health and wellbeing and to lead long, happy, and productive lives in thriving communities, building on their strengths in a way that reduces inequalities in health.

Principles (of how we get there)



Priority themes

- 1) **Prevention:** preventing health problems before they arise
- 2) **Early intervention:** intervening early in relation to existing health and wellbeing problems
- 3) **Thriving communities:** supporting communities to be connected, healthy and resilient

Outcomes to be improved (the things that impact most on quantity and quality of life)

- Mental health and wellbeing
- Food, nutrition and food insecurity
- Physical activity
- Tobacco use
- Alcohol use
- Drug use
- Wider determinants of health

These priorities are kept under review and we will use intelligence about emerging issues or new impacts to adjust where we focus our activity. The Joint Strategic Needs Assessment is the key place for tracking and highlighting those population needs and aspirations.

How do we demonstrate our impact?

We will use three tests at the end of each Board meeting – formal or informal – to be honest about what impact we have made. At the end of each meeting, we will ask:

- 1) Have we clearly defined a challenge/opportunity where the Health and Wellbeing Board has a relevant and meaningful role?
- 2) What will change as a result of this meeting – e.g., the actions we have agreed, who will take those forward, the resources committed etc.?
- 3) How will we know that positive impacts will follow – e.g., what evaluation of outcomes and experience will we use and how will that be shared?

We will share information in a spirit of trust and speak bravely about the challenges we face or plans that need input from others to be complete. Our collective perspectives strengthen our work.

We have developed a dashboard that tracks each of the actions set out to support delivery of the strategy. That is updated quarterly and published on the [North Somerset Council website](#) to make sure there is open sharing of progress.

We will develop a regular online newsletter to report on progress in delivering the strategy and reflect summaries of what has been reviewed and action by the Health and Wellbeing Board at its meetings. The aim is to move beyond formal minutes and share insight and stories that

demonstrate what matters to our communities and how changes are being managed. All Board partners will contribute to sharing updates through that route to give a complete view of what is being done in North Somerset to improve wellbeing and health and reduce inequalities.

We will regularly evaluate how well-informed key stakeholders feel about the work of the Board and plan ways to increase knowledge, understanding and support for the aims of our strategy.

How can people get involved?

Anyone who would like to learn more about the work of the Board, or bring forward ideas on what areas it should focus on can find details in the online newsletter or email health.wellbeing@n-somerset.gov.uk and someone will make contact to talk those ideas through.

North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 1 NOVEMBER 2023

SUBJECT OF REPORT: PROPOSAL FOR NEW OPERATIONS GROUP

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: MATT LENNY, DIRECTOR OF PUBLIC HEALTH AND REGULATORY SERVICES

KEY DECISION: YES

REASON: APPROVAL OF REVISED TERMS OF REFERENCE

RECOMMENDATIONS

To adopt the proposal to establish a new Operations Group to better coordinate collaboration between the Health and Wellbeing Board and the Locality Partnerships.

1. SUMMARY OF REPORT

The presentation appendix provides an overview of how a new Operations Group can support better working and improved outcomes in North Somerset.

2. DETAILS

There are several tiers of strategy and policy from the National and Regional, Health System, Local Authority and Localities that are related to improving the health and wellbeing of, and reducing inequalities, in the North Somerset population.

Strategies include the BNSSG ICS strategy, the North Somerset Health and Wellbeing strategy, Better Care Fund Plan, and the Locality Partnership workplans.

Complexity around different drivers for strategic direction, and related prioritisation, partnership working and commissioning activity complicates integrated working at Local Authority and Locality levels.

We need to develop a cohesive approach to improving health and wellbeing outcomes and tackling health inequalities through the collaborative efforts of the H&WB and the Locality Partnerships. The proposal is to do this through a new Health and Wellbeing Operations Group which will support the Health and Wellbeing Board and Locality Partnerships in their roles around agreeing priorities, identifying resources and ways to secure good partnership working to deliver improved outcomes.

A shared planning space will ensure we make clear and coordinated decisions to help deliver the 4 ICS aims, the Council's Corporate Plan and the Health and Wellbeing

Strategy. We also need to ensure clarity in scope, specifications, and commissioning against outcomes for the VCFSE sector.

The potential benefits of this new approach should include:

- Streamline BNSSG complexities by localising service design and enhancing alignment and integration.
- Connect the group into existing robust governance and joint ownership of budgets, teams and resources, and joint commissioning activity.
- Improve alignment of strategic objectives through System, Local Authority and Locality levels.
- A place based focus will strengthen our joint action plans.
- Address long term equality and health inequalities issues.
- Ensure regular touchpoints and opportunities for engagement between H&WB and Locality Partnerships to build trust and understanding.
- Give North Somerset a stronger voice within our Integrated Care System.

3. FINANCIAL IMPLICATIONS

There are no direct financial implications of these suggested new ways of working. Board members are asked to consider how they will commit capacity to the new Operations Group as appropriate.

4. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The HWB strategy incorporates a range of plans to support action to address climate change, for instance, via requirements to consider climate change being included as contractual requirements where possible, and community-based initiatives that aim to provide local activities and services closer to people's homes, reducing the need for travel. A number of the community grants supported by the Strategy Action Plan have a clear focus on environmental outcomes.

5. RISK MANAGEMENT

Delivery and implementation of the HWBS and action plan is overseen by the Health and Wellbeing Board and Locality Partnerships and risks to delivery of this work will be identified to both organisations for discussion and resolution.

6. EQUALITY IMPLICATIONS

The Health and Wellbeing Strategy includes actions targeted to areas of greatest deprivation or health need or prioritise activities that address needs in particular population groups with higher need to address health inequalities.

7. CORPORATE IMPLICATIONS

The HWBS reflects North Somerset Council's vision of being open, fair and green via the focus on consultation, engagement, community-focused action, and ongoing review of impact; and a central aim of reducing inequalities. The strategy also aims to support a range of strategies and programmes already in place, such as the Economic Plan, Green Infrastructure Strategy, Active Travel Strategy, Volunteering Strategy, Carers Strategy, and Libraries Strategy among others, as well as being linked to strategic developments across the ICB.

The strategy has direct links and consistency with the emerging Locality Partnerships and Integrated Care Strategy to ensure consistency with health and social care priorities.

AUTHOR

Matt Lenny, Director of Public Health and Regulatory Services

APPENDICES

Case for developing an Operations Group

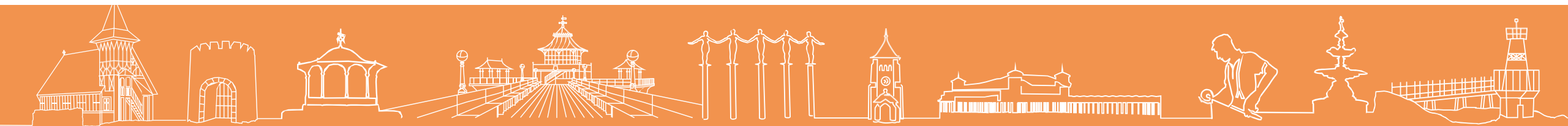
BACKGROUND PAPERS

None

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Improving health and care collaboration in North Somerset – developing a new Operations Group

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1 November 2023

- Page 24
- (1) The challenge**
 - (2) Our local picture**
 - (3) Our response**
 - (4) The benefits**

(1) The challenge

Working with complexity

- There are several tiers of strategy and policy from the National and Regional, Health System, Local Authority and Localities that are related to improving the health and wellbeing of, and reducing inequalities, in the North Somerset population.
- Strategies include the BNSSG ICS strategy, the North Somerset Health and Wellbeing strategy, Better Care Fund Plan, and the Locality Partnership workplans.
- Complexity around different drivers for strategic direction, and related prioritisation, partnership working and commissioning activity complicates integrated working at Local Authority and Locality levels.

Align with a direction of travel

DHSC want greater alignment of Locality Partnerships to Health and Wellbeing Boards, and for them to utilise existing governance.

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In preparation for this, BNSSG Locality Partnerships have started to explore:

- Formal governance and strengthened alignment with H&WB's.
- Roadmap for closer integration with H&WB's.
- Role of Locality Partnerships and H&WB in the planning, allocation and delivery of the Better Care Fund (BCF) – *plus in NS considering other areas of development*

(2) Our local picture

North Somerset Health and Wellbeing Board

Terms of reference

- The Health & Wellbeing Board is a statutory board that provides senior strategic oversight of health and wellbeing matters across North Somerset.
- The Board meets as a full committee of NSC at least three times each Municipal year.
- The Board undertakes the statutory duties proscribed in the Health and Social Care Act 2012.

Board responsibilities

- Development, sign-off and monitoring the implementation of the Health & Wellbeing Strategy.
- Overseeing and advising on the development of the Joint Strategic Needs Assessment (JSNA).
- Co-production and public involvement and engagement across the board's activity.
- Supporting the development of local joint commissioning arrangements.
- Strategic coordination of health and wellbeing matters with safeguarding functions.
- Monitoring and responding to the performance of local health and wellbeing services in the statutory, voluntary and commissioned sectors, and services that impact on the wider determinants of health.
- Liaison with other Health & Wellbeing Boards across the region to share learning, coordinate activity and identify joint commissioning opportunities.

North Somerset Health and Wellbeing Board

- The Board is looking to develop its approach to leadership, implementing the learning from a LGA review undertaken in 2022.
- Reflection in that process identified that more engagement from departments/agencies is required to create a true partnership and some focus on key areas of activity is needed rather than passive receipt of updates.
- The aim is to use appreciative inquiry to understand key challenges in more detail, including the strengths that exist in North Somerset, and work as a partnership to improve outcomes in those priority areas.

ICS at Place

ICS Aim 1: Improve outcomes in population health and healthcare

- Primary delivery mechanism for the prevention agenda set by the Integrated Care System
- Support the HWB Board membership to develop the Health and Wellbeing Strategy (for each HWB Board area)
- Key design and delivery partner for enaction of the Health & Wellbeing Plans
- Identify needs based on population engagement and local data analysis
- Draw insights / define care priorities based on local needs
- Public Health teams support Localities by providing data and analysis

ICS Aim 3: Enhance productivity and value for money

- Maximise benefits of PCNs, local networks / community connections and local assets
- Supporting System Lead to co-design a sustainable VCSFE offer for each HWB Board area
- Work with ICB to maximise use of local Estate through Locality Estates strategies and plans
- Organisational Development / collaborative working between providers and teams in the Locality
- Localities are the place to innovate, test, fail fast, learn lessons and grow what works across the System



ICS Aim 2: Tackle inequalities in outcomes, experience and access

- Focus on reducing inequalities and delivery of CORE20PLUS5
- VCSFE Partners support Localities by providing 'hyper-local' information on needs and potential response
- Define a clear 'citizen involvement' approach
- Lead genuine coproduction with service users, communities and providers
- Model of Care: Embed System wide change. Define, design, implement and deliver interventions tailored to population need and reduction of inequalities

ICS Aim 4: Support broader social and economic development

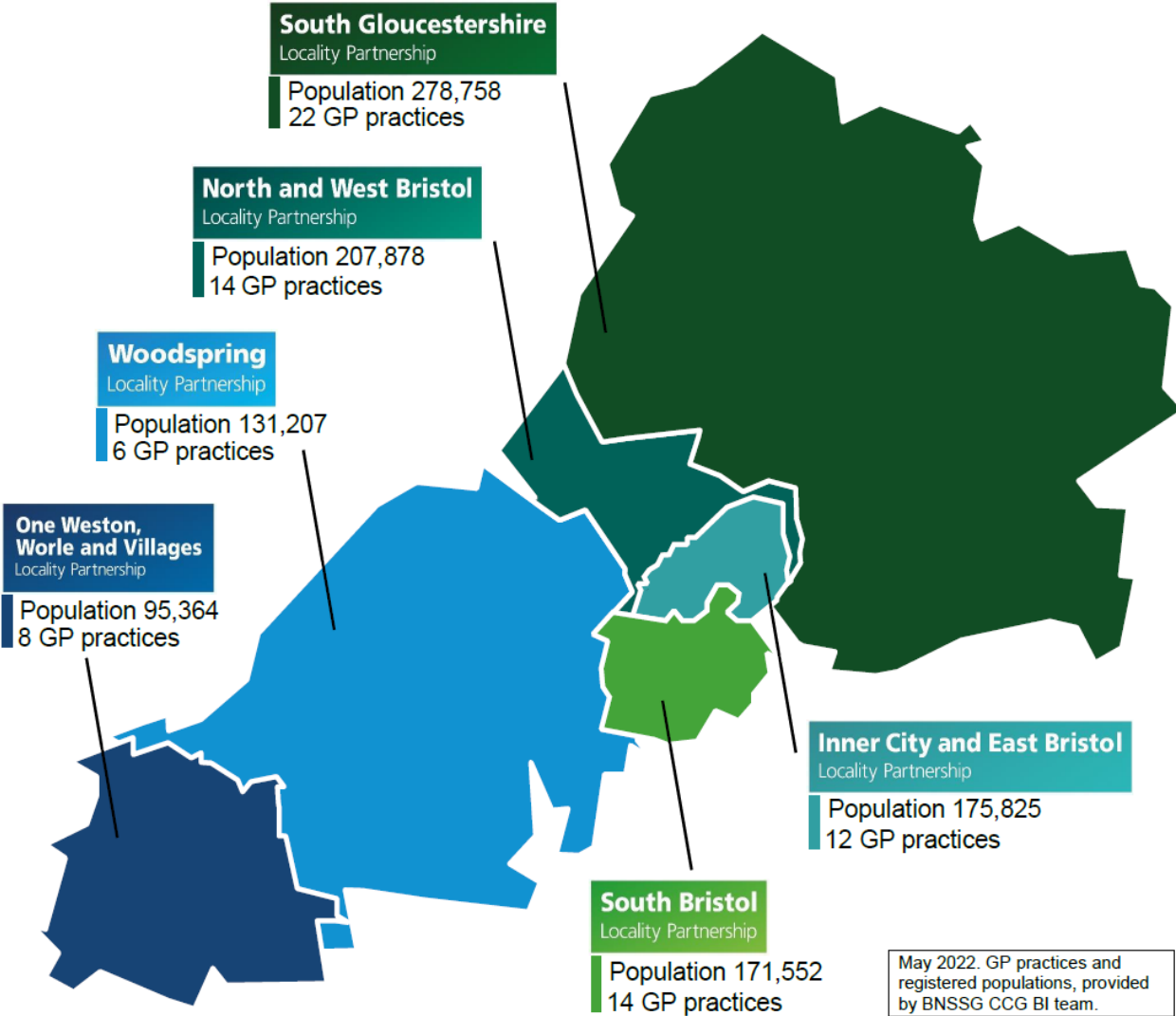
- Work Programmes structured to address the wider determinants of health across life stages
- Engage Community Anchor Organisations
- Cultivate relationship with VCSFE and community groups
- Understand the existing and future workforce available at Place and play to its strength to deliver outcomes

Our Locality Partnerships

Our Locality Partnerships are referred to in the Health and Care Act as 'place-based partnerships'.

The six Locality Partnerships in BNSSG are made up of local health, social care, and voluntary sector partners. They recognise citizens as equal partners, and work as one team to understand what matters most to their local community.

In time, the majority of people's care will be designed and delivered at this level. Locality Partnerships will ensure that care is tailored to people's individual needs and considers the wider determinants of health and wellbeing.



Woodspring

A population of around **131,140**.

Woodspring has the **highest rate of frailty** across all BNSSG localities, with an older population; **over 20% are aged over 65**, that is double the percentage of the Bristol localities. The majority of over 65's **live at home**.

There is a high prevalence of **Dementia** in our population and a scarcity of services available, compared with other parts of BNSSG.

Anxiety and depression are a concern across all age groups. For our older population this is compounded by **social isolation** and **loneliness**. For our **children and young people**, poor mental health manifests in a high prevalence of **eating disorders** and **self-harm**.

Whilst there are no Indices of Multiple Deprivation (IMD) LSOAs scoring less than 4, there are **pockets of high deprivation which are hidden** by surrounding areas that are less deprived. This is true in wards within Portishead, Clevedon and Pill.



Context and complexity

Woodspring is served by **3 Primary Care Networks (PCNs)** consisting of **6 GP Practices** across **12 sites**.

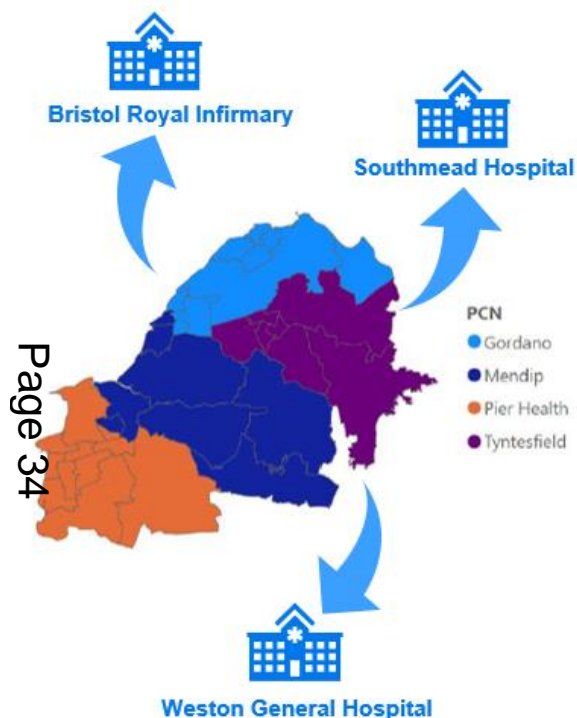
2 of our PCNs are **single practice PCNs** (Tyntesfield PCN and Mendip Vale PCN); Gordano Valley PCN is a **collaboration** of the remaining 4 individual practices.

Residents flow to all 3 Acute Hospital sites.

For Woodspring, integrated service improvement across primary, community and secondary care pathways, is undertaken across 6 General Practice providers and 3 Acute Hospital sites.

Residents **struggle to access services and opportunities** across, and from, this **rural locality** with poor public transport links. Access shows a marked disparity between more densely populated towns like Clevedon, Nailsea and Portishead and smaller, more rural areas such as Pill and Langford.

In the last decade, **migration** has been a **key driver of population growth** for our Locality. At the top end of the spectrum, one of our PCNs has experienced relative population increases of 467% in Children & Young People and 399% in the over 65s.



Woodspring Priorities

- Addressing **inequity of opportunities and outcomes** derived from our rurality and large, older population
- Supporting families, schools and services to manage the **increased anxiety in Children and Young people** in our communities
- Launch the Woodspring **Mental Health & Wellbeing Integrated Team** (MINT) and mobilise other specialist pathways within our Locality
- Phased roll out of the **North Somerset Together Virtual Hub**, community asset
- Further explore and scope how we can support the 3,000 people in Woodspring aged between 50-74 who suffer from **painful conditions**
- Mobilisation of the **Woodspring Ageing Well** model focussed on prevention, pro-active care and complex care (including dementia)
- Increase the number of people discussing their **end of life** wishes and dying in their place of choice



One Weston

A population of around **96,376**. Served by one Primary Care Network (Pier Health Group) consisting of 8 practices.

Weston has 5 LSOAs within the most deprived 5% in England by Index of Multiple Deprivation (all within the Central or South wards) and 24% of the population live in the 20% most deprived LSOAs in England.

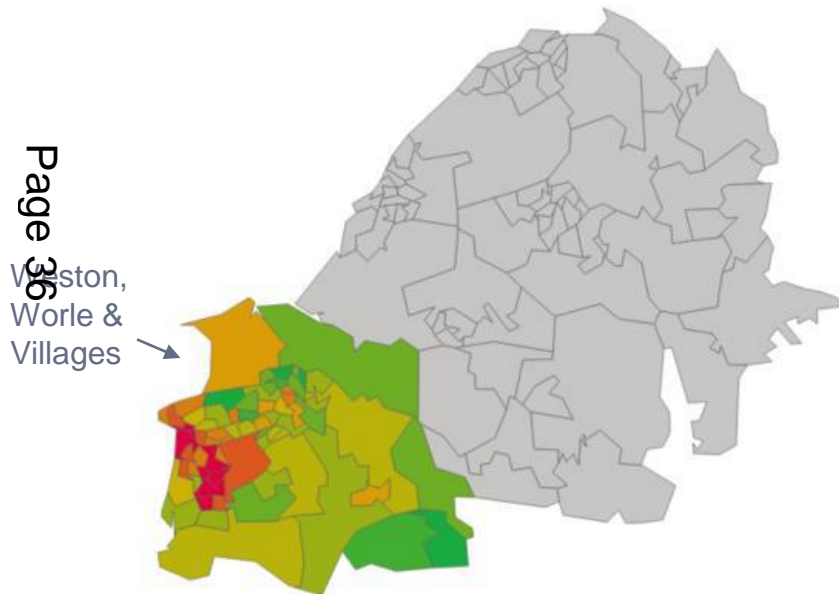
There is a higher prevalence of children and young people who are an unhealthy weight, with 25.2% of Reception aged children being overweight or obese compared to the South West average of 22.7%.

Weston has the highest concentration of care homes in the South West, and people over 65 years are more likely to be admitted to a Nursing or care home (594.5 per 100,000 population compared to South West average: 518.9).

The most deprived neighbourhoods have a lower life expectancy compared to other areas, and this is also reflected in higher levels of mental health issues, unhealthy weight and lower physical activity. There are high levels of hypertension and cholesterol in the population.

North Somerset LSOAs by Index of Multiple Deprivation (IMD) decile

Decile 1 2 3 4 5 6 7 8 9 10



One Weston Priorities

- Creation of a One Weston Community Frailty Hub to deliver out of hospital care and reduce demand for acute and social care services; addressing health inequalities, strengthening collaborative partnerships, and sharing skilled multi-disciplinary workforce.
- Further development of the One Weston Mental Health & Wellbeing Integrated Team (MINT) and mobilisation of other specialist pathways.
- Reduction in children at Reception and Year 6 being an unhealthy weight, creating a longer term platform of healthy eating.
- Reduction in hypertension/high cholesterol results that contribute to shorter life expectancy and additional health problems.
- Increase the number of people discussing their end of life wishes and dying in their place of choice.
- Across the programme, focussing on reducing health inequalities created by higher levels of deprivation in the Locality.



(3) Our response

Aim

- Develop a cohesive approach to improving health and wellbeing outcomes and tackling health inequalities through the collaborative efforts of the H&WB and the Locality Partnerships.

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This will happen through a new Health and Wellbeing Operations Group which will support the Health and Wellbeing Board and Locality Partnerships in their roles around agreeing priorities, identifying resources and ways to secure good partnership working to deliver improved outcomes.

- A shared planning space will ensure we make clear and coordinated decisions to help deliver the 4 ICS aims, the Council's Corporate Plan and the Health and Wellbeing Strategy.

Building on success: Better Care Fund (BCF)

- Via the BCF the H&WB are setting a joined-up approach to integrated person-centred services between Health, Social Care, Public Health and Housing.
- The BCF will enable us to deliver joint commissioning at both system and place level.
- The latter demonstrated by the recent establishment of a Joint Service Development post across the Locality Partnerships and NSC.

Enabling VCFSE partnerships

- We need to ensure clarity in scope, specifications, and commissioning against outcomes for VCFSE.
- Availability of longer term, sustainable, funding for VCFSE delivered initiatives is a perennial issue.
- Opportunity to channel resources (particularly around inequalities and prevention) through Locality Partnerships to VCFSE without reliance on short-term contracts.
- Maximise the potential of external and competitive funding opportunities to improve place-based outcomes e.g. national research or other grants.

Functions of H&WB Operations Group

- Strategy and workplans.
- Funding and budgets.
- Joint commissioning.
- Community engagement, data and insights including KPI tracking.
- Best use of Appreciative Inquiry.
- Communications and tools to keep people informed and engaged in support of improved outcomes.

(DRAFT) Membership

- North Somerset Council (NSC)
 - Adult Social Care
 - Children's
 - Public Health
 - Housing
- One Weston, Worle and Villages Locality Partnership
- Woodspring Locality Partnership
- VCSFE (through existing LP leads)
- UBHW
- Sirona
- AWP
- PCN's

Format and tools

The Operational Group will:

- Convene every two months
- Be sequenced within the meeting flow of H&WB and LP's
- Have dedicated administrative support
- Maintain workstreams/task and finish groups to deliver activity outside of meetings
- Use a dedicated space to share resources and update e.g. shared Teams channel or NHS Futures site.
- Be chaired by: Agree at first meeting (offer of DPH will be made)

(4) The benefits

Potential benefits for North Somerset population

- Streamline BNSSG complexities by localising service design and enhancing alignment and integration.
- Connect the group into existing robust governance and joint ownership of budgets, teams and resources, and joint commissioning activity.
- Enable improved alignment of strategic objectives through System, Local Authority and Locality levels.
- Place based focus will strengthen our joint action plans.
- Address long term equality and health inequalities issues.
- Ensure regular touchpoints and opportunities for engagement between H&WB and Locality Partnerships to build trust and understanding.
- Give North Somerset a stronger voice within our Integrated Care System.

North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 1 November 2023

SUBJECT OF REPORT: Joint Health and Wellbeing Strategy Update and Draft North Somerset Mental Health Strategy

TOWN OR PARISH: All

OFFICER PRESENTING: Dr Georgie MacArthur, Consultant in Public Health

KEY DECISION: No

REASON: Paper for information and discussion.

RECOMMENDATIONS:

The Health and Wellbeing Board are invited to:

- (i) Note ongoing progress in implementing the joint Health and Wellbeing Strategy.
- (ii) Consider and approve a proposal for extended capacity to implement oral health programmes for children and young people to complete strategy actions.
- (iii) Consider and approve the allocation of funding for Phase 2 workstreams: (i) adult mental health and (ii) children and young people's mental health.
- (iv) Note suggestions for the foundation structure of the next Joint Local Health and Wellbeing Strategy 2024-2028.
- (v) Provide comments and suggestions on the draft all-age North Somerset Mental Health Strategy 2023-2028.

1. SUMMARY OF REPORT

The report includes a quarterly summary of progress, and proposals for review by the Health and Wellbeing Board regarding allocation of funding aimed at improving mental health and oral health.

An overview of the updated draft North Somerset Mental Health Strategy is also included for consideration by the Health and Wellbeing Board. A copy of the draft is appended to the report, for perusal and comment by the Board.

2. DETAILS

2.1. Delivery of the Joint Health and Wellbeing Strategy action plan.

The latest update of progress in implementing the actions outlined in the Health and Wellbeing strategy, highlighting progress from 2023-24 Q1, is outlined below.

Table 1. Summary of progress in implementing Health and Wellbeing Strategy actions in 2023-24 Q1.

Status	Q1	
	Actions (n)	Actions (%)
Completed	11	12
In-Progress	19	21
In-progress	49	55
In-progress (but delayed) or Not Started	10	11
Total	89	100

As outlined in the meeting in July 2023, several actions have been delayed owing to a lack of capacity and prioritisation of other actions in the plan or owing to a re-prioritisation of work linked to strategy development (Appendix 1, Table A1). Opportunities and challenges will be explored in relation to these actions to identify whether they should be included and prioritised in the next strategy 2024-2028. In addition, care will be taken as the next strategy is developed, to ensure that all actions are realistic and achievable.

In the meeting of the Health and Wellbeing Board in July 2023, the need for evaluation of impact was raised. We aim to build on knowledge of which actions have had impact on the intended outcomes as the next strategy is developed. More detail will be shared in due course. In the meantime, outlined below is a snapshot of qualitative data received over the past 2 quarters from individuals engaged in Health and Wellbeing Strategy-supported projects, demonstrating views and perspectives about experiences and outcomes.

Table 2. Snapshot of qualitative feedback regarding exemplar Health and Wellbeing Strategy projects by theme

Theme	Organisation and project	Feedback
Food and nutrition	NSC, Weight Management Services	e.g. Local weight management and postnatal groups: Q1: Data available for 25 of 33 participants. Weight loss was observed at 12-weeks for 20 of 25 (80%) of participants (% reduction ranging from -11.2 to -0.1). Range for all 25 participants: -11.2 to 1.36)

		<p><i>"it has made me think and reconsider my eating habits. It's also encouraged me to be active more frequently."</i></p> <p><i>"Great experience. Lost weight and have made healthier choices throughout course that I will continue."</i></p> <p><i>"..lower BMI, weight loss, better posture, more energy"</i></p>
	Community food grants	<p>Projects in 2022/23 worked directly with approximately 150 people and the projects for 2023/24 aim to work directly with approximately 557 people. Participants include refugees, asylum seekers, those living in challenging circumstances impacted by socioeconomic deprivation, people with neurodiversity, social, emotional and mental health issues, and/or those who do not receive three meals a day, and some who had low intake of fruit and vegetables. Qualitative feedback indicated benefits around cooking skills, food and nutrition knowledge and skills, social connections, wider skills development, and budgeting.</p> <p><i>"It has changed my shopping habits as well, and my monthly shop is now a lot cheaper"</i></p> <p><i>"It was great to be able to cook with ingredients that I would not normally even consider. Also very nice to speak with others and exchange ideas. It has definitely helped me to be more confident and has brought my cooking mojo back!"</i></p>
	Purple Food Pantry (Food Club)	<p>2022/23 Q3&4: Warm space with >45 participants and 15-20 regular visits</p> <p>2023/24 Q1: 25 households joined in one month and community pantry launched. Wraparound services introduced e.g. food bank pop-up.</p> <p>7 of 9 respondents reported positive changes in dietary behaviour, 6 of 9 reported one or more benefits to mental or physical health; the weekly turnover of fresh food reached 70kg; and the estimated average basket was 60% cheaper than equivalent from supermarket.</p> <p><i>"It's a fantastic scheme both from a price-point view in this economic uncertainty and from an environmental issue view point. Its also given me</i></p>

		<p><i>somewhere local to 'pop' to and I really enjoy going every week to get out of the house".</i></p> <p><i>"..the pantry has really helped us with our food spending"</i></p>
Physical activity	NSC, Health Walks	<p>In one quarter (2022/23 Q4), 2,028 people attended Health Walks in North Somerset.</p> <p><i>"Had done no regular walking or exercise for many years. Everybody is so friendly and I get chatting to different people every time. And I feel so much better for it. I do struggle to keep up and I am sometimes out of breath, but I feel this is got to be good for me..."</i></p> <p><i>"The group were very welcoming and there was always someone to chat to and make new contacts. As my friends retired I persuaded them to join and so over the years it has become a regular, weekly social event. You learn about different areas, you make friends, keep fit and more importantly we usually find something to laugh about".</i></p>
	Age UK, Physical activity classes for older adults.	<p><i>"Good exercise, good fun and good for all round health"</i></p> <p><i>"Always look forward to Fridays meeting up with friends. Always feel better mentally & physically afterwards. This is down to our instructors ability to make the classes enjoyable as we learn new skills for coping with the challenges of everyday life in later years"</i></p> <p><i>"Please carry on with these classes"</i></p>
Mental health	Reclaim	<p>The number of people accessing the service has risen and four additional therapists have been recruited in response. Therapists offer specialist therapies e.g. art therapy, family therapy. A peer support group has been introduced as has support for those experiencing chronic pain and disability due to domestic abuse.</p> <p><i>"My counsellor's setting, approach to my journey, and unbelievably never-ending striving to help me have undoubtedly changed my life."</i></p>

		<i>"I have felt I have been given coping mechanisms that helped me through this time in my life massively."</i>
	Community mental health grants	<p>Among mental health projects, of 755 interactions: 40% reported a positive change in relation to loneliness, 24% in relation to happiness, and 34% in relation to anxiety.</p> <p>Among 502 individuals attending social prescribing programmes: 32% reported benefit in happiness, 29% anxiety, 16% social isolation.</p>
	Osprey Outdoors, Outdoor activities and skills development.	<p>11 Horticulture for Wellbeing Sessions, 13 Cycling and Exploring the Landscape, 8 Walking and Exploring the Landscape, 7 Conservation for Wellbeing (80 people reached).</p> <p><i>"I avoid certain area of the community and am always depressed so coming on the walks gives me more confidence and makes me feel happy."</i></p> <p><i>"Hiding away from the rain yesterday was a bit depressing, so coming out for a walk today was just what I needed. Very wet and very muddy but totally fun, friendly and uplifting. I really value these walks."</i></p>
Support with alcohol use	WAWY Alcohol Liaison	In total, 86 referrals were made in 2022/23 Q4, and 76 in 2023-24 Q1.
Tobacco dependence	Stop smoking services	The prevalence of smoking among pregnant women at the time of delivery has fallen from 11.3% in 2017 to 9.1% in 2022
Wider determinants of health	Cost-of-Living Crisis and Housing	<p>Warmer Homes, Advice and Money</p> <p>Since the start of the project in August 2022, 191 individuals have been supported, (42 in Q2, 46 in Q3, 103 in Q4). The total financial impact for those receiving the service in Q4 alone was £41,079. One third of clients were >65 years of age and 70% were female.</p>
	Asset-based approach	<p>Asset build – Weston-super-Mare South Ward</p> <p>Q4+Q1: contact with 620 people + 100, direct work with 230 + 200 people, collaboration with 80 + 60 organisations.</p>

		Support to community & activities include repair shop, family events, growing, art in action, and new community support groups, among others.
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2.2. Oral health in children and young people

In North Somerset, 22% of 5-year-olds have visible tooth decay, 52% of under 11-year-olds have not seen a dentist in the last 12 months, and in 2019, hospital admissions for extraction due to tooth decay in 0–19-year-olds were higher than the national and regional averages (157 per 100,000 in 2019, vs 109/100,000 in England and 149/100,000 in the South West). Access to NHS dentistry is extremely limited.

In response to this need, two of the Health and Wellbeing Strategy objectives include:

- Reduction in percentage of 5-year-olds with tooth decay.
- Increased uptake of interventions that prevent tooth decay in children under 5 years.

The NHS children and young people's CORE20PLUS5 plan also includes an aim to reduce the number of children being admitted to hospital for tooth extraction under general anaesthetic, while supporting good dental health supports the wider ambition of Starting Well.

The Health and Wellbeing Strategy funding supports several actions:

- Targeted toothbrush pack distribution pilot project to 3-5 schools in the most deprived areas of North Somerset to reach years 1-6 (age 5-11)
- Support for refugee and asylum seeker oral health including co-ordination of Dentaaid provision and toothbrush pack distribution.
- Support for the Regional Supervised toothbrushing scheme to 40 early years settings (ages 3-4) across North Somerset.
- Support with First Dental Steps initiative for early years children (intervention at 2 years).
- Oral health promotion training to early years and school staff, childminders, children's centre staff with support for the Healthy Early Years programme (0-5 year olds).

In order to enable this work to continue, it is proposed that the role of the Oral Health Specialist is extended from 31 August 2024 to 28 March 2025 with an increase in hours from 12 hours/week to 18.5 hours/week (0.5WTE). The cost of this extension for 7 months would be approximately £12,630, which could be sourced from underspend in the phase 1 budget.

The rationale for extension of the role is as follows:

- An increase in oral health promotion training workload due to oral health promotion training no longer being available from the Oral Health promotion team.

- The Toothbrush pack distribution scheme started in September 2023 and is due to run for an 18-month period. The additional length of contract and increased hours will be used to ensure full delivery of this project, including the final delivery and distribution in phase 2 and phase 3, the post intervention survey and evaluation.
- The Regional procurement of the Supervised Toothbrushing scheme has been delayed further than expected. The scheme was due to start in September 2023, but a confirmed start date is not available, and the scheme will be started in other local authority areas first before being rolled out to other areas, including North Somerset.

The Health and Wellbeing Board are invited to consider and approve the proposed extension of the role.

2.3. Phase 2 priority workstreams and allocations: Mental health

As outlined to the Health and Wellbeing Board previously, the phase 2 mental health workstream is linked to the all-age North Somerset Mental Health Strategy in development, overseen by a multi-agency stakeholder group.

To date, funding has been allocated to two projects, totalling £80K:

1. A Wellbeing Practitioner (for an 18-month period) with Off the Record to deliver the MindAid and Shameless group workshops, with young people in secondary schools who may be self-harming and for those impacted by low self-esteem and poor body image (£40K).
2. Embedding of a trauma-informed approach in primary and secondary schools via training; topic-specific seminars; peer supervision; a pilot programme in two schools and a dedicated role to co-ordinate this work. Led by North Somerset Council Children's Services Directorate (£40K).

Potential allocations for the remainder of funding were discussed and agreed with the North Somerset Mental Health Strategy Board. It is proposed that the remainder of the budget be allocated indicatively as below.

Theme	Activity	Indicative budget	Rationale
Children and young people's mental health	Engagement and co-production of new services or service developments.	£15K	Stakeholders have identified a need for targeted engagement with children, young people and families regarding mental health and facilitation of co-production to ensure that activities and services meet their needs in the best way possible.
	Contribution towards mental health support	£3.5K	See 'Adult Mental Health'

	for families at risk of housing problems.		
	Support for information provision and workshops for parents/ carers regarding children and young people's mental health.	£1.5K	Engagement for the mental health strategy highlighted a need for support for those awaiting services or between services. North Somerset is also an outlier in relation to admissions to hospital for mental health conditions and for self-harm among children and young people. The provision of information and guidance for parents/ carers might therefore strengthen the information and support provided within families. Workshops provided to date in the community in Woodspring provide a foundation for potential expansion.
Adult mental health	Development and implementation of a training programme around dual diagnosis.	£6.3K	<p>A larger programme of work around dual diagnosis (in relation to mental ill-health and drug and/or alcohol dependence) is being taken forward by the North Somerset Drugs and Alcohol Partnership, building on the findings of an audit. One emerging recommendation from the audit is around training for professionals.</p> <p>It is proposed that a half-day training programme be developed (involving people with lived experience) and delivered that provides information on prevalence and other data to illustrate the frequent co-occurrence of substance misuse and mental health; lived experience of substance use and mental ill-health and the barriers and challenges experienced; stigma; national and local guidance; referral pathways; and available services. The suggested audience for the training might include: professionals from adult social care, primary care, mental health and substance use services, hospitals (e.g. alcohol care team, A&E), social prescribers, and others.</p> <p>Training would aim to:</p> <ul style="list-style-type: none"> • Strengthen awareness and understanding about co-

			<p>occurring substance misuse and mental ill health, aiming to reduce stigma;</p> <ul style="list-style-type: none"> • Provide health and care professionals with the knowledge and understanding of the challenges face by people with co-occurring substance use dependence and mental ill-health and how best to support individuals to engage in services; and • Improve awareness of referral pathways, referral mechanisms and local services available in North Somerset. <p>Anticipated outcomes would include:</p> <ul style="list-style-type: none"> • Increased referrals from health services into substance misuse services (using OHID data) • Increase in the number of people with substance use dependence accessing mental health services. • Increased knowledge and understanding of the issues encountered and experiences of those with a dual diagnosis.
	Mental health support for individuals engaged with housing services and at risk of housing problems.	£40K	<p>The North Somerset Mental Health Needs Assessment highlighted the importance of focusing on wider determinants of health. Shifting the focus of action upstream to wider determinants of mental health need, such as housing, has the potential to address mental health-related inequalities and to have a long-term beneficial impact on mental health. Safe, secure and warm housing is critical to stability, resilience and mental wellbeing for both adults and children and young people.</p> <p>Stakeholders have identified the importance of addressing risks to housing stability. Snapshot data from September 2023 demonstrate that</p>

			<p>90% of those (n=32) applying for the social housing register declared mental health needs (and 19% of family members) but 22% were currently accessing support from mental health services.</p> <p>Early intervention through mental health support may reduce the risk of escalation in mental ill-health and enable accommodation to be maintained for both adults, and CYP for families. To address this gap, a one-year pilot scheme could be trialled, involving recruitment of a mental health support worker to provide support to those at risk of homelessness or housing problems and who are not eligible for social care or mental health services. It is proposed that £3.5K of the children and young people's budget be used, with a view that support would encompass their needs.</p>
	Engagement and co-production	£10K	As outlined above, the NS Mental Health Strategy Group have agreed that investment is needed to enable engagement around service development and design and to facilitate co-production over the longer-term.

It should be noted that approximately £43K would remain in the adult mental health budget. One suggested gap, identified via stakeholder engagement and in the adults mental health needs assessment as an immediate priority is peer support, which could be linked to the co-production outlined in Table 2 above. Work is ongoing to explore the feasibility and costs of a pilot programme.

The Health and Wellbeing Board are invited to approve the above recommendation for allocation of the mental health strategy budget.

2.4. North Somerset Mental Health Strategy

One objective in the Health and Wellbeing Strategy was to publish an all-age mental health strategy to optimise strategic co-ordination and delivery of mental health support. The ambitions and objectives were presented to the Health and Wellbeing Board in July 2023. The Board are invited to note a slight adjustment to the structure

of the ambitions and objectives, with similar objectives now grouped to streamline the structure.

It should be noted that based on recent and ongoing feedback, the draft is being updated to strengthen the focus on how inequalities and dual diagnosis will be addressed and evaluated, and to set out how mental health will be improved via a health in all policies approach and action on the wider determinants of health, such as housing, employment, social isolation, and engagement with green and blue spaces.

Next steps will be final stages of engagement and update of the draft, typesetting, and public consultation. A copy of the final draft (prior to typesetting) of the strategy and action plan can be found in Appendix 2, with the plan on a page below.

The Health and Wellbeing Board are invited to provide comments and feedback regarding the draft mental health strategy.

North Somerset Mental Health Strategy 2023-2028

Our Vision

People in North Somerset are enabled and supported to have the best possible mental health and wellbeing and to live well in their communities, via a focus on prevention and early intervention and targeted action to reduce inequalities

We will achieve our vision by focusing on three approaches and four ambitions. In the full strategy, we describe our objectives for each ambition, and the actions that we will take to support people to have the best possible mental health and wellbeing.

Prevention: preventing mental ill-health before it arises or preventing any worsening of mental health problems as early as possible

Our ambition: The foundations of good mental health and wellbeing are developed for all, through focused action in communities and settings across the life course

Early Intervention: identifying mental ill-health as early as possible and intervening early with the right support to prevent worsening of outcomes.

Our ambition: Timely support and early intervention are available in a range of settings for people

Supported and Living Well: supporting individuals in a holistic way so that people with mental ill-health can live well in our communities.

Our ambition: Services and service developments are co-produced with people with lived experience of mental ill-health and members of local communities, and build on data, intelligence, and engagement

Our ambition: Support and care provided takes a proportionate universalism approach that tackles inequalities, builds on strengths, and is responsive to risk and mental health need

How will we know when we've been successful?

We will monitor progress towards targets for mental health and wellbeing outcomes and inequalities for adults and children and young people.

- Among adults, we will examine wellbeing scores and the prevalence of depression.
- Among children and young people, we will examine the prevalence of school pupils with social, emotional and mental health need, and the rate of A&E attendance and hospital admission for self-harm among children and young people.

Delivery of the strategy will be underpinned by our guiding principles



2.5. Joint Local Health and Wellbeing Strategy 2024-2028

The Health and Wellbeing Strategy has been contrasted against the ICS strategy and the emerging ambitions and commitments in the North Somerset Council plan to examine strategic fit. Analysis and collation of data regarding priority health needs is underway and the findings of existing and recently conducted engagement activities are being collated. Initial discussions have also been held with the Health and Wellbeing Strategy Oversight Group regarding overarching ambitions.

To ensure alignment and a clearer focus on addressing wider determinants of health and inequalities, it is proposed that the ambitions be broadened to include:

- (i) **Prevention:** preventing health and wellbeing problems before they arise and before they deteriorate.
- (ii) **Early intervention:** improving outcomes by intervening as early as possible when health problems develop.
- (iii) **Holistic action and support:** ensuring action on the social, economic and environmental determinants of health.
- (iv) **Thriving communities:** empowering people and communities to be connected, healthy and resilient through strengths-based approaches, engagement and involvement.
- (v) **Tackling inequalities:** actively reducing inequalities in access, experience and outcomes between groups.

Within the lifecourse approach, it is also proposed that 'dying well' be included, alongside starting well, living well, and ageing well.

Priority topics may include, as previously:

- Mental health (including social isolation and loneliness and trauma-informed practice), healthy weight, physical activity, alcohol and drug use, and tobacco use.
- Specific psychosocial, environmental and socio-economic factors (the *causes of the causes*) that are associated with ill-health and lower life expectancy e.g. unemployment, low educational achievement, discrimination, housing quality etc.
- Chronic pain, in line with a commitment in the ICS strategy.

The above will be shaped further as development of the strategy proceeds, but initial comments and suggestions are invited from the Board. Targeted consultation and engagement will be conducted to understand the views and perspectives of those who may not have been reached in previous consultation and engagement activities. A more in-depth update will be presented to the Health and Wellbeing Board at the next meeting.

3. FINANCIAL IMPLICATIONS

Proposals for funding are outlined in the content above, totalling indicative amounts of:

- £12,630 towards oral health
- £76,300 towards mental health (£20K for children; £56.3K for adults)

4. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

Implementation of the proposed activities, if approved, may result in greater travel and therefore carbon emissions. Efforts will be made to mitigate this through localised provision.

5. RISK MANAGEMENT

Delivery and implementation of the strategy and action plan is overseen by the Health and Wellbeing Board, and risks to delivery of this work will be identified to the Board for discussion and resolution.

6. EQUALITY IMPLICATIONS

The proposals above are for actions or activity that will be targeted to areas of greatest deprivation and/or to population groups with higher health need with the aim of improving outcomes and addressing inequalities.

7. CORPORATE IMPLICATIONS

The Health and Wellbeing Strategy and draft Mental Health Strategy contribute to delivering North Somerset Council's vision and priorities set out in the Corporate Plan 2020-2024. For instance, actions aim to be fair and reduce inequalities, as outlined in the vision; and actions contribute to commitments to tackle inequalities and improve outcomes; engage with and empower communities; work collaboratively with partners and families; and to protect the most vulnerable people in our communities.

AUTHOR

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REFERENCES

N/A

APPENDICES

Table A1. Actions lacking progress and next steps to progress implementation.

Action	Detail and mitigation
We will develop a food award programme for food businesses to improve the quality and sustainability of food offered to local residents.	<p>This action would require considerable capacity and this has not been available for this action to date, as originally anticipated.</p> <p>However, an options appraisal is underway focused on where we can best invest capacity and resource to bring about the best outcomes for our population to enable a healthy diet. This options appraisal includes how we can work with partners across the ICS to enable healthy eating.</p>
We will review all policies in light of health and wellbeing among partners of the Health and Wellbeing Board, sign up to the Local Authority Declaration on Healthy Weight, Sugar Smart and review advertising and planning policies.	There is now scope and capacity in the public health team for 2023-24 to consider opportunities to take this action forward working as a system. Progress is therefore anticipated in 2023-24 and 2024-25, for instance relating to the declaration on healthy weight. Further details will be shared for approval in a future meeting of the Health and Wellbeing Board.
We will run campaigns to encourage children and young people to be active locally, including a campaign to encourage children to take part in the daily mile either within, or outside of, school.	A number of actions are included in the action plan to enable our population to be active and to engage with North Somerset's green infrastructure, including ParkPlay, Wellbeing Walks, the Get Active scheme, active travel, physical activity classes for older people, community programmes etc.
We will explore opportunities to develop interventions or modes of advice and support to address high levels of screen time, sedentary behaviour and/or gaming among young people.	The actions included in this table reflect a proportion of these. A physical activity strategy for North Somerset will be published in 2023 which will build on actions outlined in the Health and Wellbeing Strategy and which will outline actions to support physical activity in children, young people and adults.
We will use behaviour change principles and run social marketing campaigns about local opportunities to be active in North Somerset linking with the Better Health North Somerset website.	Development of the physical activity strategy has built on assessment of need and extensive engagement and consultation and so will most effectively capture the actions required and therefore provide a more timely summary of the actions required to provide population benefit.

We will refresh our tobacco control plan.	The tobacco control plan will be refreshed following partnership working with BNSSG ICS to ensure it fits with system priorities and action.
We will reduce short term harms relating to alcohol misuse by working more effectively with licensed premises to reduce risk for: hospital admission, impact on young people and feeling of safety in the town centre. (Phase 1)	Service pressures have meant that the project has not commenced. Administrative support is being sought to free up officers' capacity.
We will explore opportunities to provide additional support for perinatal mental health.	Support has been provided to Mothers to Mothers via the community mental health grants programme. NSC to explore options for addressing this gap.
We will undertake a review of 'Health in all Policies' across Health and Wellbeing Board partners.	Capacity to take this forward has not been available. For consideration regarding inclusion in the next strategy.
We will improve understanding of the health and wellbeing of taxi drivers to identify interventions needed to help promote and improve their health and wellbeing. (Phase 1)	Training for taxi drivers has been implemented. Staff changes meant that leadership for this project was not available. Options are being explored for this work at present.

A2. Draft North Somerset All-Age Mental Health Strategy 2023-2028

A copy of the draft Mental Health Strategy and Action Plan for North Somerset is appended and provided separately with the meeting papers.

A3. Summary slideset.

North Somerset All Age Mental Health and Wellbeing Strategy 2023-2028

DRAFT (v2.4, 22-10-23)

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Foreword

Improving the mental health of our population is a key priority in North Somerset. Positive mental health is equally as important as physical health and is vital for people to be able to lead fulfilled and productive lives.

The challenges and experiences of recent years, including the profound impact of the COVID-19 pandemic and the ongoing cost-of-living crisis, have impacted on mental health and wellbeing across the population and have led people in many of our communities to feel vulnerable and anxious about the future. Levels of depression as well as loneliness have increased over the last few years and need is increasing.

Within this context, I am delighted to introduce North Somerset's mental health and wellbeing strategy. The strategy intends to address this rising need through focused and co-ordinated actions, with a particular focus on how we can tackle health inequalities between groups and how we address all of the factors and wider determinants of health that affect mental health and wellbeing.

The strategy sets out our vision and ambitions for improving mental health and how we will make a difference for people across the life course from birth to older age. Our focus includes preventing mental ill health from occurring, and intervening as early as possible when it does occur, through clear actions, interventions and pathways to care and support. We also include a focus on supporting people with mental ill-health to live well, providing holistic support and taking action to address inequalities in access, experiences and outcomes between population groups.

The strategy has been developed in collaboration with a range of partners, and builds on data, engagement and insight from the local authority and health, care, voluntary and community sectors, people with lived experience of mental ill-health, members of our communities, and findings from regional and national studies.

Our understanding of mental health needs stems from our Adult and a Children's and Young People's mental health needs assessments, which brought together comprehensive local and national data, stakeholder perspectives, and insights from members of our communities, about mental health and wellbeing in North Somerset. We have responded to the findings and recommendations of these needs assessments in setting out our principles and planned actions in this strategy.

We are very grateful for all those who contributed their views, as well as those involved in the mental health strategy group for oversight of strategy development. Through joint support from Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) and North Somerset Council's Public Health and Regulatory Services Directorate, we have boosted funding for delivery of the

action plan, focusing on addressing areas where we have identified gaps in support. Over the course of strategy implementation, we will monitor and evaluate progress and impact on key mental health outcomes to ensure that we are maximising benefit for our population and that we are closing the gap in outcomes between different groups.

I look forward to working together with colleagues and members of our communities to put good mental health and wellbeing at the heart of everything that we do, to support people and communities in the right place and in the right way, and ultimately, to enabling North Somerset to be a mentally healthier place to live, work and flourish.

Cllr Jenna Ho Marris

Executive Member, Homes and Health Chair, North Somerset Health and Wellbeing Board

Executive Summary

Our purpose

The North Somerset All-Age Mental Health Strategy sets out our shared vision and ambitions for supporting and enabling people to have the best possible mental health and wellbeing throughout life. The strategy highlights the importance of mental health and maps out how we will work collectively to address rising mental health need and to tackle health inequalities.

Our vision

Our vision is that:

People in North Somerset are enabled and supported to have the best possible mental health and wellbeing and to live well in their communities, via a focus on prevention and early intervention and targeted action to reduce inequalities.

We will achieve this vision through a focus on:

- **Prevention:** preventing mental ill-health before it arises or preventing any worsening of mental health problems as early as possible
- **Early Intervention:** identifying mental ill-health as early as possible and intervening early with the right support to prevent worsening of outcomes.
- **Supported and Living Well:** supporting individuals in a holistic way so that people with mental ill-health can live well in our communities.

How have we developed the strategy?

Our strategy and action plan builds on our understanding of mental health and wellbeing need from national and local data; as well as views shared by members of our communities and partner organisations about need and how best to improve and support mental health and wellbeing.

What will we do?

Our action plan captures the services, service improvements, training provision, professional development, and mental health and wellbeing programmes to be implemented across early years settings, schools, workplaces, health and care settings, mental health services, and communities. All of our actions seek to lay the best foundations for good mental health throughout life, provide timely support in a range of settings for people of all ages, and to co-produce services, building on data, insight and ongoing learning.

How will we know we've made a difference?

We will monitor progress in implementing our actions and realising our vision regularly, through our multi-disciplinary mental health strategy partnership. Refresh of the strategy will be built-in to the timeline to enable us to review progress and understand any changes we may need to make to meet our targets. We will use data and insight collected through national and local sources to evaluate the impact of our actions and approaches.

DRAFT

1. Introduction

Mental health has been defined as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.¹

Good mental health and wellbeing provides the foundation for growth, development, physical health, and quality of life for individuals, enabling people to thrive and achieve their potential, cope with the stresses of life, and work productively, while underpinning healthy communities and societies. In this way, mental health is not just the absence of mental illness but is fundamental to underpinning our health and wellbeing throughout life. Our mental health has equal importance to our physical health and underpins our health throughout life, with mental and physical health being dependent on each other.

Supporting mental health has multiple and wide-ranging beneficial impacts for individuals and the wider population, such as improved physical health; inclusive, safe, and healthy settings, places and communities; strong social and community networks; individual and community resilience; and advances in tackling inequalities through action on the wider determinants of health, such as employment, housing, discrimination, the built environment, and education.

Importantly, however, the prevalence of mental ill-health is high. In any given week, one in six adults may experience a mental health problem² with mental illness disproportionately affecting some groups in society, such as people who identify as LGBTQ+, people in Black, Asian and minority ethnic groups, people living with disabilities, and people living in poverty,³ contributing to health inequalities.

More than half of all mental health illnesses originate in childhood or adolescence, with three quarters of mental health problems emerging by the age of twenty⁴. The early years are therefore a critical stage for the development of good mental health and wellbeing. The first 1,001 days of a child's life set the foundations for lifelong emotional and physical wellbeing,⁵ and determinants of health and experiences during childhood and adolescence are critical in determining future mental health and wellbeing.

¹ World Health Organisation 2001: Basic Documents: 43rd Edition: World Health Organisation:

² McManus S, Bebbington P, Jenkins R, Brugha T (eds) (2016). Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014.

³ Public Health England. Mental health and wellbeing: JSNA toolkit. Guidance 2. Mental health: environmental factors; Guidance 3. Mental health: population factors. Updated 25 October 2019.

⁴ Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH.

⁵ HM Government. The Best Start for Life. A Vision for the 1,001 Critical Days. 2021.

In this strategy, we highlight how we will collectively support good mental health and wellbeing for everyone in North Somerset by taking a person-focused approach that responds to our understanding of local need and the circumstances and environments in which people live and which incorporates both universal and targeted actions.

DRAFT

2. Our vision for mental health and wellbeing in North Somerset

Our vision for mental health and wellbeing in North Somerset is that:

People in North Somerset are enabled and supported to have the best possible mental health and wellbeing and to live well in their communities, via a focus on prevention and early intervention and targeted action to reduce inequalities.

Our vision will be achieved through the 3 themes of:

- **Prevention:** preventing mental ill-health before it arises or preventing any worsening of mental health problems as early as possible
- **Early Intervention:** identifying mental ill-health as early as possible and intervening early with the right support to prevent worsening of outcomes.
- **Supported and Living Well:** supporting individuals in a holistic way so that people with mental ill-health can live well in our communities.

Through our shared ambitions and objectives, we will work towards protecting and supporting the mental health and wellbeing of people living in North Somerset, preventing mental illness and increasing the number of people being supported and empowered to experience optimal wellbeing. Through targeted action, we will reduce mental health inequalities and narrow the gaps in health outcomes for individuals, groups and communities living with mental illness.

This strategy has been developed with input from partners and people with lived experience of mental ill-health to ensure that our objectives and actions reflect a partnership approach to improving mental health and wellbeing in North Somerset.

3. Approach: How will we achieve our vision?

We will achieve our vision by working to five key principles that will drive the work of this mental health strategy forward:

Partnerships and collaboration

Seeking insight and involvement from a range of partners, including people with lived experience, and working in an integrated way across North Somerset and the ICS

Tackling health inequalities

Addressing health inequalities by taking a proportionately greater focus where, or among whom, there is greater need

Life course

Taking action from birth to older age, with the understanding that addressing risk factors and promoting good mental health and wellbeing in childhood can have long-lasting benefits

Data, insight, evaluation and learning

Using data, evidence, feedback and insight to guide decision-making and strategic planning, and evaluating progress to ensure maximum benefit of action

Enabling and empowering people and communities

Maximising strengths-based approaches and building strong social connections and community participation to support wellbeing

3.1. Partnerships, Collaboration and Co-production

We have sought involvement and insight from a range of partners to develop this strategy, with the process overseen by a multi-disciplinary mental health strategy group. Our action plan includes interventions, services and programmes led by a range of organisations and mental health services with a shared goal of co-producing new developments in services or support.

All of our work is underpinned by the wider system in which we work, Healthier Together, our integrated care system (ICS) for Bristol, North Somerset and South

Gloucestershire (BNSSG), which includes the three local authorities, primary and secondary care, and community and mental health services. This provides the opportunity to work in a truly integrated and collaborative way between agencies with one of the ICS's key commitments being early identification and support for people experiencing anxiety and depression. The two locality partnerships, Woodspring and One Weston, include a range of organisations and sectors, working with local people and communities to improve health and wellbeing, including the Mental Health & Wellbeing Integrated Teams (MINTs), in place to deliver joined up mental health support.

3.2. Tackling health inequalities

Health inequalities are avoidable and unfair differences in health and wellbeing across the population or between different groups of people. Health inequalities arise because our health is affected by the conditions in which we are born, grow up, live, work and age, as well as factors such as age, gender, ethnicity and where we live.

North Somerset includes areas of high deprivation and particular population groups in the area experience inequalities in determinants of mental ill-health and mental health outcomes. North Somerset has one of the highest levels of inequality between areas, which can be masked by outcomes for the whole local authority area, with the most deprived areas found mostly in Weston-super-Mare. More information about inequalities is provided in section 4.

Through this strategy, we will seek to tackle inequalities in mental health outcomes by taking a proportionately greater focus where, or among whom, need is greater, to enable the mental health of people with the poorest health outcomes to improve faster. We also aim to take action across all of the factors influencing mental health (e.g. housing, employment, social isolation) among people in our communities. In this way, we aim to close the gap in access, experience and outcomes between groups.

3.3. Life course

Our mental health strategy considers the whole life course, from birth to older age, and the different risk and protective factors and solutions needed. Notably, a substantial proportion of mental health problems have been established early in life, with half of all mental health problems established by age 14, and three quarters established by age 24.⁶ Taking action from the antenatal period, infancy and through childhood is therefore critical to support a preventive approach, alongside opportunities to prevent and protect mental health throughout the life course, to reduce the incidence of mental ill-health and to promote wellbeing, with the right support given at the right time in the right place for the best outcome.

⁶ Public Health England and Association of Directors of Public Health. What Good Looks Like for Public Mental Health.

3.4. Informed by data, insight, evaluation and ongoing learning

Our strategy and action plan has been informed by data and evidence both in understanding mental health need but also in the interventions needed to prevent and protect the mental health of North Somerset's population. This has been used alongside the feedback and insight from residents, stakeholders and people with lived experience to inform and guide decisions. Through the course of this strategy, we will seek to draw on people's lived experience of mental ill-health and mental health needs, as well as other members of our communities, to guide decision-making and action.

We will also evaluate the impact of the strategy, so that we know we are making a difference to people's lives. The five-year action plan includes measurable targets against each action, which will enable us to monitor impact over this period and to refresh the actions as needed to maximise impact. Broader impact of the actions implemented will also be measured using nationally available measures of mental illness and wellbeing in North Somerset. Our key measures include wellbeing scores, prevalence of depression, self-reported anxiety scores, hospital attendance for self-harm among young people and the proportion of school pupils with a social, emotional and mental health need.

3.5. Enabling and empowering people and communities

North Somerset's strength-based approach in communities is set out in full in our *Empowering Communities Strategy* and through the extensive work of the VCFSE sector and others. We build on this in our action plan, advocating for an approach that builds on the assets within communities such as local resources, skills, knowledge, social networks and organisations play an essential role in improving wellbeing.

Addressing social isolation and loneliness by building strong social connections, and community participation is also a critical factor in supporting and enabling wellbeing. A range of community mental health programmes are already in place and our action plan highlights ways to promote resilience and wellbeing through local strengths.

4. What are the mental health needs in our population?

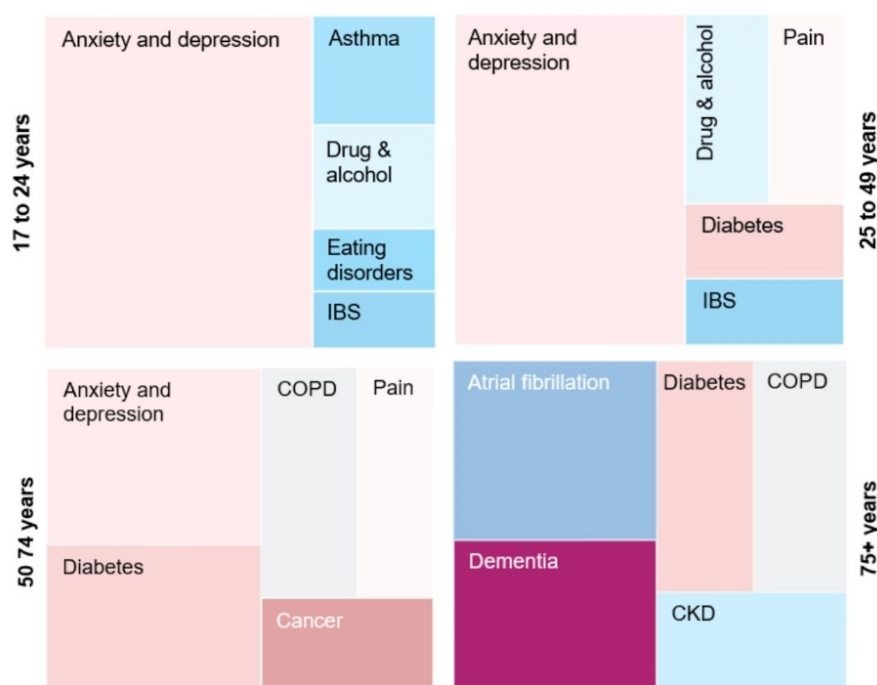
Nationally, approximately one in 6 adults have had a common mental health problem in the last week and over one in ten children and young people experience a mental health problem.

Understanding mental health needs in our local population provides the case for action. As part of developing this strategy, detailed local mental health needs assessments have been undertaken for children and adults. Outlined below are the key findings from these assessments.

4.1. Levels of mental health concerns in the North Somerset population

Across Bristol North Somerset and South Gloucestershire, anxiety and depression have the greatest impact on the population aged 17-49 years and a substantial impact for those aged 50-74. For those aged over 75 years dementia and atrial fibrillation have the biggest impact.

Figure 1. Conditions that have the greatest impact on the BNSSG population by age group.

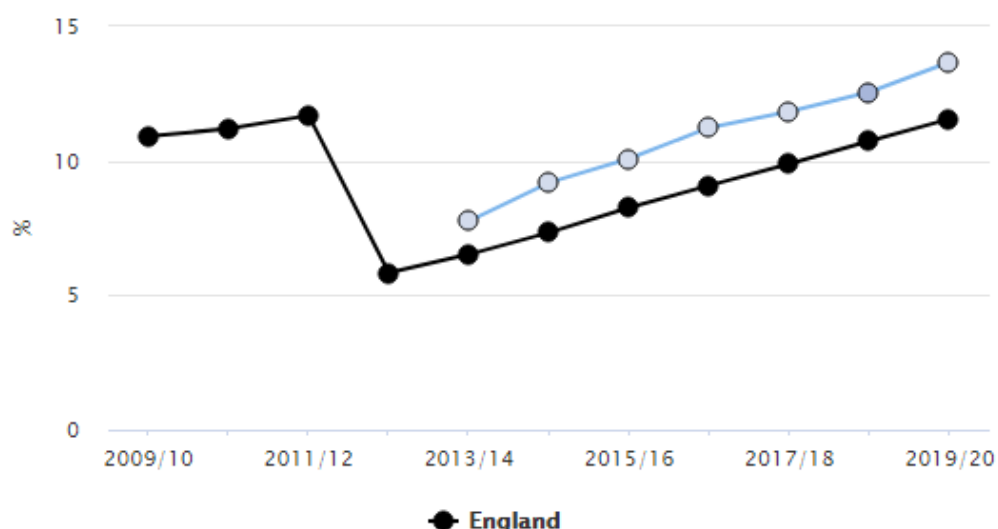


Among children and young people, data shows that 3.3% of school pupils have a social, emotional and mental health need, which is slightly higher than the England average of 3.0%.

Emotional wellbeing was a cause for concern among 39% of looked after children in North Somerset, which is slightly above the England average (37%). However, in some areas the prevalence is as high 49% and as low as 29%, indicating inequality across the area.

Among adults (aged over 18 years), data from GP practices suggests that prevalence of depression is increasing locally and currently stands at 15%, equating to approximately 24,000 people aged >18 years in North Somerset

Figure 2: The prevalence of depression (%) among adults in North Somerset, by year, as recorded by GP practices, compared to the England average.



The prevalence of anxiety among adults in North Somerset is high, although the prevalence is in line with the average prevalence in the South West region and England.

Figure 3. Prevalence of self-reported anxiety symptoms by adults in North Somerset.

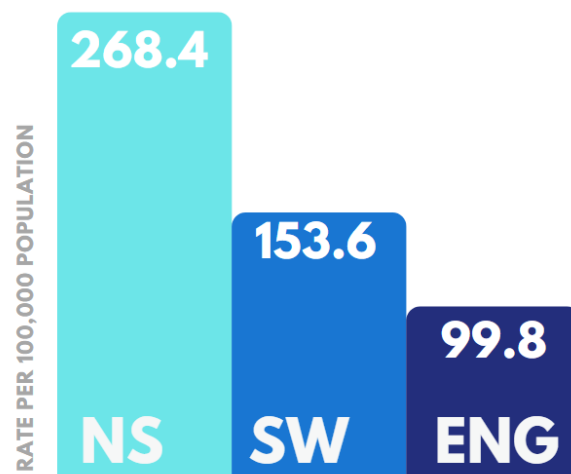


4.2. Hospital admissions due to mental illness and/or self-harm

Among children and young people, the rate of hospital admissions related to mental health conditions is higher in North Somerset compared to the regional and national average (Figure 4).

Figure 4. Rate of hospital admissions related to mental health conditions among children and young people in North Somerset

**IN 2021, HOSPITAL ADMISSIONS
RELATING TO MENTAL HEALTH
CONDITIONS IN UNDER 18S ARE THE
HIGHEST IN THE SOUTH WEST AND THE
SECOND HIGHEST IN ENGLAND**



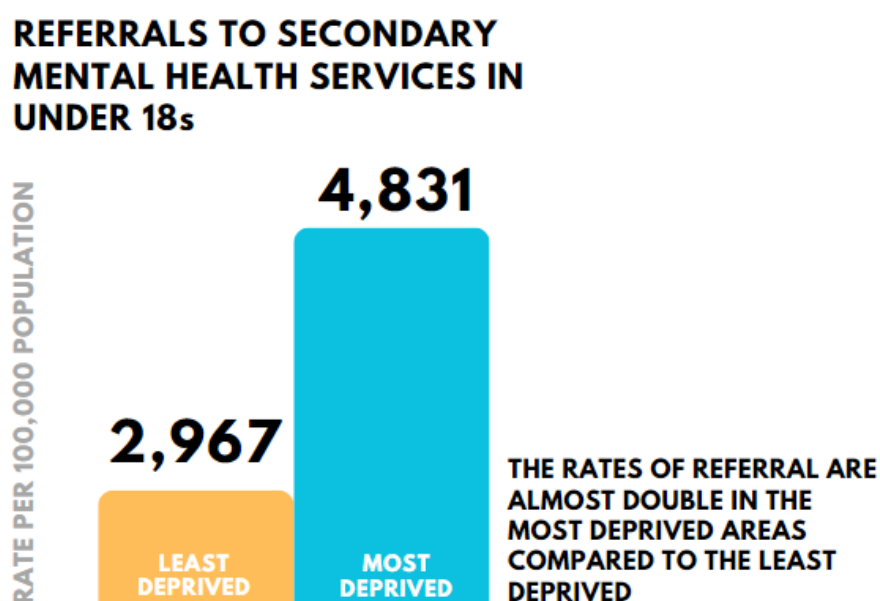
Locally the rate of hospital admission as a result of self-harm is higher than the national average in young people, with the rate being 1.5 times higher for those aged 20-24 in North Somerset compared to the average rate across England.

In 2020/21, there were 333 emergency hospital admissions for intentional self-harm per 100,000 population of all ages. This is significantly higher than the South West and England rates (249/100,000, 181/100,000, respectively). Rates were particularly high in areas of Weston super-Mare.

4.3. Referral to secondary mental health services

The rate of new referrals to secondary mental health services for CYP aged <18 years was 2,967/100,000 in 2019/20, but there is substantial inequality as can be seen in Figure 5 below.

Figure 5. The rate of referrals to secondary mental health services among those aged under 18 years in North Somerset.



4.4. Mortality rates

Local suicide rates for adults are comparable to England. As is observed nationally, the rate of suicide was 3 times higher among males than females (Figure 6).

Figure 6. Inequality in suicide between males and females (adults aged >18 years).

**IN NORTH SOMERSET
51 PEOPLE DIED BY
SUICIDE BETWEEN
2019-21.**



69% WERE MALE

Data demonstrates higher mortality rates amongst adults with severe mental illness. A resident with a documented severe mental illness is 4.5 times more likely to die

before the age of 75 than someone without a severe mental illness (Figure 7). This is a risk significantly higher than that seen nationally.

Figure 7. Increased likelihood of premature mortality among people with a severe mental illness.

IN NORTH SOMERSET,
ADULTS WITH A SEVERE
MENTAL ILLNESS ARE
4.5 TIMES
MORE LIKELY TO DIE BEFORE THE
AGE OF 75



4.5. Wider determinants of health

While many areas in North Somerset have low levels of deprivation, a significant proportion of North Somerset residents also live in some of the most deprived areas of England. The most deprived areas are focused with Weston-super-Mare.

Weston-Super-Mare Central and Weston-Super-Mare South wards are wards with the highest proportion of children living in absolute poverty (17.6% and 17.5%, respectively) (Figure 8).

Figure 8. Inequality in eligibility for free school meals between Weston-super-Mare and other areas of North Somerset.

**In North Somerset,
14.6% of Primary
School children
are eligible for
free school meals**

**IN
WESTON
SUPER
MARE
SOUTH**

45%

are

The rate of 16–17-year-old not in education, employment or training (NEET) is slightly higher in North Somerset (5.1%) compared to England (4.7%)

5. What have people told us is important to them?

A range of perspectives, feedback and ideas were contributed from people, stakeholders and people with lived experience of mental ill-health from North Somerset and BNSSG, which were collated from a range of engagement opportunities. Comments spanned a range of topics and ideas, which fit within three overarching themes, and which are summarised below. Notably, some specific comments and suggestions about gaps in provision that are being addressed through other strategies and funded programmes are not included in this action plan, to avoid duplication.

5.1. Wider determinants of health

People and professionals highlighted the importance of good employment in healthy workplaces, but also the importance of minimising stress and a good work-life balance. The impact of the cost-of-living crisis in bringing new financial and family stressors to people's lives was highlighted as a priority with suggestions of ensuring that all relevant services and organisations signpost individuals to mental health and wellbeing support.

Recognition of the beneficial impact of being active and engaging with the natural environment in improving mental health and wellbeing was also clearly communicated. A forthcoming Physical Activity strategy for North Somerset sets out ambitions and plans for maximising opportunities to be active and engage with green space and we recognise this in our action plan.

5.2. Approaches to supporting mental health

Reflecting BNSSG ICS's commitment to developments around trauma-informed practice, stakeholders communicated that practice and services need to be trauma-informed, and ultimately, trauma-responsive. Access to services can be affected by fear of stigma or being labelled, and collective action is also needed to address unconscious bias or prejudice, alongside diversity within services.

In relation to community-led and strengths-based action, individuals highlighted the role of non-specialised support for those between services or awaiting a service, which may include peer support, social prescribing and/or social and community engagement.

5.3. Mental health services through the life course

Feedback highlighted the cohesion and visibility of mental health services needed, and the importance of joining up and integrating services. The need for support that is tailored to different stages of the life course and/or to different population groups was also raised. For instance, in relation to young people, a need for family-focused and parent/carers support, and a focus on supporting emotional literacy was considered key, while, it was noted that older people may have different support-seeking behaviours compared to younger people. Furthermore, population groups such as people with a dual diagnosis, people that have experience of trauma, people with a disability, carers, refugees, or children with SEND may need tailored and person-centred support.

5.4. Immediate priorities for action

Priorities for immediate action in the strategy were considered to be:

- Strengthening CYP wellbeing, including through parental support and family-focused approaches.
- Addressing the cost-of-living crisis and support for those with additional financial pressure.
- Supporting the role of workplaces in managing wellbeing in the workforce.
- Increasing awareness of services and ensuring integration of services to provide more seamless support.
- A focus on trauma-informed practice training, supporting a move to trauma-informed and trauma-responsive practice.
- Support for 'bridging' support while individuals await a service, including non-specialist peer support.
- Improving support provided for those experiencing mental ill-health and substance use dependence.
- Facilitating carers' mental wellbeing through dedicated support.

6. How does the strategy fit with national and local strategy and policy?

6.1. National policy, strategy, and programmes

Our vision, ambitions, objectives and actions build on, and are integrated, with national and local policies.

*The NHS Long Term*⁷ plan (2019) highlighted increased support for individuals in crisis, and improved access to psychological therapies, while the *Community Mental Health Framework for Adults and Older Adults* (2019) paved the way forward for our current MINTs in our two localities. Our action plan reflects these advances.

Our focus on prevention as a key theme supports the *Prevention Concordat for Better Mental Health*⁸ (updated in 2022), a practical resource to promote good mental health and prevent mental health problems, while also supporting the *Advancing Mental Health Equalities Strategy* (2020)⁹, which aims to address inequalities in access, experience and outcomes among those in mental health services. The focus on reducing inequalities also supports the *Core20plus5* approach for adults¹⁰, which aims to reduce health inequalities among those living in the 20% most deprived areas and specific population groups (e.g. inclusion health groups, people in ethnic minorities, people with learning disabilities and those with protected characteristics). One of the five focus areas for adults sets an ambition for physical health checks for people with severe mental illness (SMI), while improvement in access rates to CYP mental health services for those experiencing health inequalities a focus area for CYP.

The promotion of children and young people's mental health and wellbeing through a whole school approach¹¹ is described in national guidance highlighting eight principles for supporting good emotional health and wellbeing in these settings, an approach being implemented in North Somerset.

Lastly, the national Suicide Prevention Strategy for England (2023-2028)¹² aims to reduce the suicide rate, improve support for people who have self-harmed, and improve support for people bereaved by suicide. Our strategy, and links to the North

⁷ NHS, 2019. *The NHS Long Term plan*.

⁸ Public Health England (2017): *Prevention Concordat for Better Mental Health*. Office for Health Improvement and Disparities.

⁹ NHS 2020. *Advancing mental health equalities strategy*.

¹⁰ NHS England. [Core20PLUS5](#).

¹¹ HM Government (2021): *Promoting Children and Young Peoples Mental Health and Wellbeing: A Whole School Approach*: Children and Young People's Mental Health Coalition.

¹² Department of Health and Social Care (2023): *Suicide prevention strategy for England: 2023-2028*.

Somerset Suicide Prevention Action Plan, support the priority areas for action outlined.

6.2. Local policy, strategy, and programmes

Our strategy does not intend to re-invent or re-design services and local provision that supports mental health and wellbeing in our population. Rather, we aim to collectively build on the extensive practice and the range of services already in place to address mental health needs. The action plan aims to capture ongoing activity, as well as new areas that address gaps in delivery or emerging needs.

In particular, we note a range of existing strategies that dovetail with this mental health strategy, where action contributes to improving mental health and wellbeing, for instance, through increased physical activity, addressing social isolation and loneliness and/or empowering communities.

- First, the North Somerset Council Corporate Plan 2021-2024 incorporates an aim to reduce inequalities in its vision, with priorities to protect the most vulnerable people in our communities, a focus on tackling inequalities, partnerships that enhance skills, learning and employment opportunities and an approach that enables children to achieve their full potential.¹³
- The North Somerset Health and Wellbeing Strategy 2021-2024 also includes mental health as a key priority with objectives to reduce the prevalence of poor mental health and to improve access to timely mental health support.
- Additional strategies that contribute to meeting the objectives and outcomes of this strategy include: the North Somerset Domestic Abuse Strategy 2020-2023; Suicide Prevention Action Plan 2023-2028; Social Isolation and Loneliness Needs Assessment and Strategy 2019; Green Infrastructure Strategy, Active Travel Strategy 2020-2030 and forthcoming Mental Health Strategy for Children in Care 2023-28, and Physical Activity, Education, and Early Years Strategies.

Importantly, our strategy responds to the ICS Strategy and links with the ambitions and actions outlined in the forthcoming ICS Mental Health Strategy, while contributing to the ambition of the ICS to become a trauma-informed ICS. A commitment to trauma-informed practice is included within the ICS strategy, the BNSSG Joint Forward Plan and the ICS Mental Health and Wellbeing Strategy, and is included in our North Somerset Mental Health Strategy too. Dedicated resource is in place within the ICS through a trauma-informed practice manager, to further develop a shared language and approach to trauma informed practice and to support organisations and different parts of the system to consider how to recognise and effectively respond to trauma and adversity experienced by individuals, families,

¹³ North Somerset Council (2021). Corporate Plan 2021-2024.

communities and staff. We will build on this development through the timeline of our strategy with a clear focus on working towards this ICS commitment.

Further to links with these strategic plans, and as described above, the actions captured in our all-age mental health strategy build on a range of services and programmes provided across the local authority area. We have not captured all of this work in our action plan. However, developments such as those below are just a few that provide the framework on which our action plan has been developed:

- The implementation of the Mental Health & Wellbeing Integrated Teams (MINTs) which provide community-based and integrated assessment and treatment for adults with mental ill-health via a person-focused, multi-disciplinary approach
- Improved access to NHS Talking Therapies
- Service provision for those in crisis or following bereavement by suicide
- The introduction of Mental Health Support Teams which now provide support to approximately half of our school-aged children, with other schools supported by the range of programmes in place by Off the Record
- A range of service developments within Avon Wiltshire Mental Health Partnership NHS Trust (AWP), including Children and Adolescents Mental Health Services (CAMHS).

The mental health impacts of the COVID-19 pandemic and the cost-of-living crisis are still emerging and a long-term view is required. We note, however, that the current time is one of financial pressure and reducing budgets, and so while we are ambitious in our plans and optimistic about the beneficial impacts of our action plan, we must be realistic about what can be achieved, as mental health – and physical health – needs rise.

7. Measuring Progress

The North Somerset Mental Health Strategy 2023-28 action plan has measurable targets owned both by North Somerset Council and partners. We will monitor progress in implementation of the action plan and to the targets outlined. We will also use national data reported by OHID as well as local data collected by service providers and partners to evaluate the overall impact of the actions implemented on specific measures of mental health and wellbeing among children, young people and adults.

7.1 Measures of progress and impact

Among adults, we will examine:

- Wellbeing scores: anxiety, feeling that the things people do are worthwhile, life satisfaction, happiness.¹⁴
- The prevalence of depression (%).¹⁵

Among children and young people, we will examine:

- The prevalence of school pupils with social, emotional and mental health need (%)
- The rate of A&E attendance and hospital admission for self-harm among children and young people aged 10-24 years.

7.2. Targets

Our targets to achieve by 2028 for adults are:

- Wellbeing scores to be in line with or below the England average¹⁶
 - High anxiety score (22.9% to ≤22.6%)
 - Low worthwhile score (remaining at 3.3% or lower)
 - Low satisfaction score (5.5% to ≤5.0%)
 - Low happiness score (8.6% to ≤8.4%).
- To reduce the prevalence of depression from 14.9% to 14.6%
- A narrowing of the gap in premature mortality between people with serious mental illness and the general population.

Our targets to achieve by 2028 for children and young people are:

- To reduce the prevalence of school pupils with social, emotional and mental health need from 3.3% to be in line with, or lower than, the England average of 3.0%.

¹⁴ Office for Health Improvement and Disparities.

¹⁵ Quality and Outcomes Framework (2021-22).

¹⁶ Based on currently available data (2021-22, Office for Health Improvement and Disparities)

- To reduce the rate of hospital admission as a result of self-harm among children and young people aged 10-24 years (559/100,000) towards the England average (427/100,000).

The findings of our monitoring and evaluation will be reported quarterly to the Mental Health Strategy Group. Reports will also be provided to the Health and Wellbeing Board and Local Authority Scrutiny Panels and other partners to ensure awareness of progress and impact of shared actions. Membership of the North Somerset Mental Health Strategy Group collectively includes representation from:

- North Somerset Council (Public Health and Regulatory Services, Children's Services, Adults Services, Place and Corporate Services Directorates)
- BNSSG Integrated Care Board – Weston, Worle and Villages and Woodspring Locality Partnerships
- Voluntary Action North Somerset
- Independent Mental Health Network
- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), including CAMHS and Mental Health Support Teams
- Off the Record
- Kooth
- Vita Health Group (NHS Talking Therapies)
- Primary care
- North Somerset Wellbeing Collective

8. Themes, ambitions and objectives

To achieve our vision of improving the mental health of the residents of North Somerset and to reduce inequalities, we have key objectives and actions to work towards.

Overarching themes have been categorised to align with the North Somerset joint Health and Wellbeing Strategy and Action Plan:

- **Prevention:** these are upstream actions to prevent mental ill-health
- **Early Intervention:** this involves identifying mental ill-health as early as possible and intervening early with the right support to prevent worsening of outcomes. The earlier action is taken to prevent or resolve a problem, the better the outcome.
- **Supported and Living Well:** This includes a focus on the wider determinants of health, such as employment, transport, and housing and places. It also highlights our commitment to improving the physical health of those with severe mental health issues.

Our ambitions and objectives within each theme are:

Prevention: Strengthening action to prevent mental ill health before it arises and to promote protective factors to enhance wellbeing.

Ambition: The foundations of good mental health and wellbeing are developed for all, through focused action in communities and settings across the life course.

Objective 1: The development of healthy, secure attachments and good emotional wellbeing is supported to enable the best start in life.

Objective 2: Wellbeing is maximised across settings and communities to build resilience and to reduce social isolation and loneliness.

Objective 3: Inclusive and trauma-informed and responsive practice is embedded across North Somerset.

Objective 4: People are enabled to have the best possible mental health and wellbeing through effective training and development of professionals, and improved communication and signposting about programmes and services.

Early intervention: Identifying mental health needs and responding to those needs at the earliest opportunity.



Ambition: Timely support and early intervention are available in a range of settings for people of all ages in North Somerset



Objective 1: Children and young people can access a range of mental health services and support.

Objective 2: Adults living in North Somerset receive the right support in the right place at the right time.

Objective 3: Appropriate actions, services, and evidence-based support are available for people at risk of self-harm and/or suicide.

Supported and living well: Providing targeted opportunities and support to enable people with mental ill-health, and members of local communities, to live well

Ambition 1: Services and service developments are co-produced with people with lived experience of mental ill-health and members of local communities, and build on data, intelligence, and engagement.

Objective 1: Local residents and people from a range of population groups are engaged in creating community networks and co-producing mental health and wellbeing activities and interventions using a strengths-based approach.

Ambition 2: Physical health is improved among people with severe mental illness.

Objective 1: The number and quality of physical health checks is improved for people with severe mental illness.

Ambition 3: Support and care provided takes a proportionate universalism approach that tackles inequalities, builds on strengths, and is responsive to risk and mental health need.

Objective 1: Services are targeted proportionately to where, or among whom, need is greatest.

Objective 2: Mental health support is available for people with a dual diagnosis.

Objective 3: Holistic support is provided for people living with mental ill-health that incorporates consideration of the wider determinants of health such as financial pressures, employment and housing.

9. Mental Health Strategy Action Plan 2023-2028

9.1. Prevention: Strengthening action to prevent mental ill health before it arises and to promote protective factors to enhance wellbeing

Ambition: The foundations of good mental health and wellbeing are developed for all, through focused action in communities and settings across the life course.

Objective 1: The development of healthy attachments and good emotional wellbeing is supported to enable the best start in life

Action	Target	Year	Lead
We will provide breastfeeding support aimed at improving maternal attachment and reducing inequalities by focusing more on the areas with lowest breastfeeding prevalence to achieve the BFI target	UNICEF Baby Friendly Initiative (BFI) training uptake among: <ul style="list-style-type: none"> • 90% children's centre staff • 100% Health Visitors (HVs) • 100% Breastfeeding supporters 70% of mothers breast feeding at 14 days post-natal	2024 2028	North Somerset Council Public Health and Regulatory Services Directorate (NSC PHRS) (TG)

We will continue to provide Maternal Early Childhood Sustained Home Visiting (MESCH) support	100% HVs trained in MESCH	2028	Sirona CiC (children in care) (Public health nursing)
We will increase capacity for delivery of 1-1 interventions such as Theraplay and Video Interactive Guidance (VIG) within the North Somerset parenting team	12 Wellbeing practitioners trained in delivering 1-1 interventions within North Somerset	2025	NSC CSD (LMM)
We will provide targeted group support, e.g. Mellow Parenting, for parents who want to build strong relationships with their children	100% of parents expressing an interest for further parenting support	2025	NSC CSD (LMM)
We will implement targeted parenting support for (i) parents of children with autism spectrum disorder and (ii) non-violent parenting	N attending support groups	2026	NSC CSD (EP)
We will ensure that there are integrated pathways for all agencies working with young families so that children and families receive the right support at the right time, for the best outcome.	Relevant pathways mapped, shared and understood by all partners	2028	Sirona CiC (PH)
We will create a virtual offer of parenting support to make it easier for parents to self-serve courses appropriate to their needs	Virtual offer created	2025	NSC CSD (LMM)

We will create a Parenting Village where parents, neighbours, and members of our communities are providing peer support to each other	Parenting village created.	2028	NSC CSD (LMM)
We will develop an additional hub for providing information across NS on mental health services	Increase information hub from 1 to 2	2024	OTR
We will increase the capacity of Mental Health Support in schools by introducing a further 0.5 team	Increase Mental Health Support Team (MHST) reach from 46.2% to 57.78% of the school population	2024	NS PH (SC) OTR/AWP
We will develop and implement a secondary PSHE Award pilot in five secondary schools	5 secondary schools will have implemented a secondary PSHE Award	2028	NSC PH (SC)
We will develop nurture hubs in 5 schools in the areas of highest need	5 hubs developed	2028	NSC Children's Services (WP)
We will extend current provision of resilience labs (stress management workshops) to community venues	4000 young people attending	2028	OTR
Objective 2: Wellbeing is maximised across settings and communities to build resilience and to reduce social isolation and loneliness			
We will recruit and support more workplaces to join The Healthy Workplace Award Programme	Increase number of workplaces in Healthy Workplaces Scheme from 4 to 8	2024	NSC PH (LG)

We will support local, strengths-based, community approaches to improving health and wellbeing	Increase in numbers engaging in social prescribing destinations and community mental health programmes:	2025	NSC PHRS (KB) NSC Place Directorate (SR)
We will develop and publish a multi-agency action plan to improve the health and wellbeing of men living in North Somerset	Publication of action plan	2024	NSC PH (BT)
We will refresh the North Somerset Social Isolation and Loneliness Strategy ensuring a life course approach and that new areas of concern have been considered	Refreshed Strategy published	2025	ASC (GH)
We will publish and implement a North Somerset Physical Activity Strategy to support the links between activity levels and mental health and wellbeing	Physical activity strategy published and implemented	2028	NSC PH and Place Directorate (RS, KP)
Objective 3: Inclusive and trauma-informed and responsive practice is embedded across North Somerset			
We will support implementation of the BNSSG trauma-informed systems programme.	North Somerset Trauma Informed Practice action plan completed and signed off	2026	NSC PHRS, NSC Adults Services Directorate (ASD), CSD.

We will introduce dedicated capacity to deliver a North Somerset-based action plan to embed trauma-informed practice and responsiveness in all our CYP and adult services	Delivery of all actions in the North Somerset trauma informed action plan	2028	NSC Children's Services Directorate (JS)
We will provide trauma-informed practice training to professionals in health, care and voluntary services	5 training courses provided	2028	NSC Children's Services Directorate (JS)
We will deliver two 2-hour workshops on developing trauma awareness and embed a community of learning, shared purpose and infrastructure to facilitate peer support.	Delivery of two workshops around trauma awareness	2025	North Somerset Wellbeing Collective and Second Step (MG)
We will reduce discrimination and encourage diversity within our workforces including related to age and other protected characteristics in the local authority.	NSC commitment to age friendly pledge Delivery of North Somerset Council Anti-racism action plan	2024 2028	NSC Corporate Services Directorate (STW) and (LR)
We will hold the Good Grief Festival aimed at supporting people who have been bereaved	1 x Festival	2024	Culture Weston
Objective 4: People are enabled to have the best possible mental health and wellbeing through effective training and development of professionals, and improved communication and signposting about programmes and services			
We will provide and embed 5-to-thrive training across children centres, family hubs and early years, health and social care partners.	100% children's centre staff 100% children's hubs 40 staff per year- EY health and social care partners	2025 2028	NSC Children's Services Directorate (CSD)

			and PHRS (MM, TG, GA)
We will provide training for mental health and pastoral care leads, monthly seminars, peer supervision groups and run a pilot project in two schools to embed learning in practice, including thresholds and signposting to services	70% of schools accredited in mental health lead and pastoral lead training programme. 100% of schools knowing where to access the right support for CYP.	2028 2028	NSC Children's Services Directorate (JS)
We will promote Mental Health Leads training from the Department of Education to schools and monitor uptake.	Mental health leads will be supported with three network meetings per year and 70% of Mental Health Lead in North Somerset will have completed the DfE Mental Health Leads training (from 50% in March 2023)	2028	NSC PH (SC)
We will publish and disseminate 'Right Service, Right Time: A pathway for supporting Children and young people's mental health' (available here)	Publication of Right Service, Right Time: A Pathway for Supporting Children and Young People's Mental Health	2024	NSC Children's Directorate (FK)
We will continue to work with Weston College and NS schools to exhibit local CYP artwork in Sovereign Mall, and Town Hall	1 exhibition per term	2024	NSC Place Directorate (JC)
We will deliver a public mental health training programme targeted at professionals who support people living with mental ill-health	200 attending training in 1 year Increased trend in attendance at mental health training among employers.	2023	NSC PH (HY)

We will widen our public mental health training programme offer to those who work in North Somerset.	Increase trend in number of workplaces scheme employees attending Public Mental Health Training programmes.	2028	NSC PH (HY and LG)
We will increase awareness of mental health and wellbeing and available services among professionals and residents, by running three campaigns per year and utilising the Better Health North Somerset website, social media channels, and community-based networks to disseminate information.	3 mental health awareness raising campaigns per year	2024	NSC PHRS (HY)
	The mental wellbeing services that are included on the Better Health North Somerset website will be up to date	2024	NSC PHRS (DH)
	Promote the 'Finding your way around wellbeing support services in North Somerset' leaflet Addition of link to Culture Weston's resource booklet to Better Health North Somerset website Inclusion of signposting to the North Somerset Adult Carers brochure via the NS Better Health Website	2024	NSC PH (HI)
We will ensure that reading well resources about mental health and wellbeing are available in libraries in regular book, e-book and audio book format	Increase awareness and use from 3,000 to 3,500 annually	2024	NSC Place Directorate (Libraries team)

9.2. Early intervention: Identifying mental health needs and responding to those needs at the earliest opportunity

Ambition 1: Timely support and early intervention is available in a range of settings for people of all ages in North Somerset			
Objective 1: Children and young people can access a range of mental health services and support.			
Action	Target	Timeline	Lead
We will explore opportunities to incorporate infant mental health specialist support for children aged <5 years into the service provision in North Somerset.	Opportunities explored between partners	2026	NSC PH (GM)
We will provide the Mind Aid and Shameless group workshops for CYP in secondary schools for those with the greatest need and support.	N=120 young people engaged in MindAid and Shameless workshops	2025	OTR
We will raise awareness of the Kooth online counselling and wellbeing support service for young people aged 10-25 in North Somerset and ensure provision is responsive to local need.	Increased access to Kooth, particularly among those groups currently under-represented in the service.	2028	Kooth (RL)
We will continue to roll out of mental health support teams in schools.	Increase by 0.5 team	2024	BNSSG ICB (LW)
We will scope and review BNSSG transition services for young people who are transitioning from CAHMS to adult services and pilot a transition service.	Review of YP MH services completed. Pilot completed.	2025 2028	BNSSG ICB (LW)

Objective 2: Adults living in North Somerset receive the right support, in the right place at the right time.			
We will identify women who have suspected perinatal mental ill-health through screening and will ensure referral to perinatal mental health services for a comprehensive assessment and treatment plan	All women who meet criteria are referred for assessment and treatment	2025	Sirona CiC (PHN)
We will provide support for mothers with postnatal mental ill-health, including through peer support.	Peer support provision in place for mothers.	2024	NSC PH
We will pilot the North Somerset Together Virtual hub (front door for social prescribing) in 4 GP practices	Pilot completed and evaluated.	2025	North Somerset Citizen's Advice Bureau
We will conduct a detailed review of VCSE provision and provide recommendations for re-procurement of VCSE contracts (subject to approval)	Options appraisal completed	2024	BNSSG CMH Programme Team (VB)
We will reprocure our VCSE contracts according to best practice, to align with the BNSSG model of community mental health.	Contracts reprocured	2028	BNSSG CMH Programme Team (VB)

We will explore opportunities to improve co-ordination of, signposting to, and delivery of services to address the mental health impacts of the menopause.	Options appraisal completed	2026	NSC PHRS, CS.
We will develop and publish an Adult Carers Strategy for North Somerset	Adult Carers Strategy approved and published	2028	NSC AS Directorate (KB)
We will carry out a carers' health and wellbeing needs assessment and put a support plan in place for all unpaid carers including training if required	Completed carers health and wellbeing needs assessment	2024	NSC PH (RK) NSC Adults Services Directorate
Objective 3: Appropriate actions, services and evidence-based support will be available to people at risk of self-harm and/or suicide			
We will conduct a deep-dive data analysis to understand the characteristics of people admitted to hospital for self-harm and mental health conditions and to understand pathways through services.	Deep dive analysis completed	2024	NSC PH and BNSSG ICB (GM, NR)
We will use the deep dive to understand how best to target resources and provide the most effective support	Resources targeted according to need	2025	

We will develop a set of shared principles for addressing self-harm among children and young people for implementation by the services involved in providing support.	Shared principles agreed.	2025	NSC PH (HY) and partners
We will evaluate the impact of the Self-Injury A&E follow-up service for adults who self-harm and implement recommendations for future service development.	Self-Injury A&E follow up service is evaluated and further commissioned	2025	BNSSG ICB (KT)
We will review the Self-harm: assessment, management and preventing recurrence NICE guidance and ensure compliance locally across local providers	Publish a report and implement recommendations to ensure compliance to NICE guidance on self-harm	2024	AWP (NE)
We will implement the North Somerset Suicide Prevention Action Plan to reduce the incidence of suicides in North Somerset	Publication of North Somerset Suicide Prevention and Self harm action Plan Six monthly progress updates	2028	NSC PH (HY) with suicide prevention steering group
We will continue to promote and bereavement support services and groups for people bereaved by suicide.	Increasing numbers of people attending bereavement support groups and services.	2026	Pete's Dragons, Second Step, Survivors of bereavement by suicide

We will deliver the BNSSG HOPE project in North Somerset to address the disproportionately high numbers of men who lose their life to suicide	Explore ways to increase referrals, from services with low referral rates, to ensure higher NS numbers and also representation from men from equality groups	2028	Second Step
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9.3. Supported and Living Well: Providing targeted opportunities and support to enable people with mental ill-health and members of local communities to live well within their communities.

Ambition 1: Services and service developments are co-produced with people with lived experience of mental ill-health and members of local communities and build on data, intelligence, and engagement.

Objective 1: Local residents and people from a range of population groups are engaged in creating community networks and co-producing mental health and wellbeing activities and interventions using a strengths-based approach.

Action	Target	Year	Lead
We will explore opportunities for enhanced delivery of peer support for people with mental ill-health at different points in the life course.	Number of peer support projects in place (<i>subject to funding</i>)	2028	IMHN; NSC PH
We will ensure that people with lived experience and people from a range of population groups are involved in co-design and where possible co-producing new policies or strategies via input of the Independent Mental Health Network (IMHN) and members of the North Somerset population across the life course.	Inclusion of IMHN in all MH planning groups	2024	IMHN

Ambition 2: Physical health is improved among people with severe mental illness.

Objective 1: The number and quality of physical health checks is improved for people with severe mental illness.

We will ensure that people with severe mental illness receive a complete annual health check screenings and appropriate follow up interventions.	Increased number of people with severe mental illness receiving a full annual physical health check. Increased number of people with severe mental illness receiving referrals into healthy lifestyle advice, cancer screening programmes and onward referral to primary or secondary care for monitoring or treatments	2026	BNSSG ICB
We will ensure that when Primary Care and Avon and Wiltshire Mental Health Partnership undertake health checks for SMI that they are joined up and follow up is undertaken in a timely manner.	TBC	2025	System partners
Ambition 3: Support and care provided takes a proportionate universalism approach that tackles inequalities, builds on strengths, and is responsive to risk and mental health need.			
Objective 1: Services are targeted proportionately to where, or among whom, need is greatest.			
We will continue to develop the eating disorders service	Continued development of eating disorder service	2028	BNSSG ICB (LW)
We will increase intensive outreach for young people in crisis through our urgent care and assessment (UCAT) team	Increase team by 3 practitioners	2023	OTR and AWP

We will ensure that funding and service developments are responsive to clinical and demographic mental health need and build on the findings of the CYP and adults mental health needs assessments and other relevant data	All new community grants supported prioritised for funding in line with greatest need	2028	NSC PH and partners
We will ensure that new services and programmes funded complete and respond to Equality Impact Assessments	EQIA completed for all new services	2028	NSC PH & all partners
Objective 2: Mental health support is available for people with a dual diagnosis			
We will develop pathways to support adults with dual diagnosis via all mental health pathways	Establish a baseline for people with dual diagnosis being assessed by the Mental health nurse/ MH service	2024	North Somerset Drugs and Alcohol Partnership (NSC PHRS SH)
We will deliver improved access to mental health support for people using We Are With You services. This will be achieved partly through appointment of a mental health nurse.	Increased proportion of individuals referred to mental health nurse in the We Are With You Service for support or accepted by local mental health services	2025	North Somerset Drugs and Alcohol Partnership

			(NSC PHRS SH)
We will encourage collaboration between Substance Use and Mental Health services to build rapport and trust.	Increased trend in accepted referrals between substance use and MH services.	2024	North Somerset Drugs and Alcohol Partnership (NSC PHRS SH)
We will lead a shared benchmarking audit against NICE guidance to understand current practice.	Benchmarking audit 100% Completed by all relevant stakeholders and published for shared awareness	2024 & repeat 2026	North Somerset Drugs and Alcohol Partnership (NSC PHRS SH)
We will offer training to improve awareness of supporting people with dual diagnosis	100% attendees report increased confidence in supporting people with dual diagnosis	2025	North Somerset Drugs and Alcohol Partnership (NSC PHRS SH)

We will explore opportunities to identify and respond to mental ill-health among people with long-term conditions in primary care	Expansion of existing primary care reviews to incorporate mental health	2026	NSC PH (GM) and Woodspring LP (NW)
Objective 3: Holistic support is provided for people living with mental ill-health that incorporates consideration of the wider determinants of mental health such as financial pressures, employment and housing			
We will improve awareness of entitlement to Healthy Start and free school meals and uniforms via social media and other sources	% increase in residents that are eligible for support in receipt of benefits/ financial support	2024	NSC Children's Directorate, PH
We will assist with downloading Healthy Start vouchers as required.	Library staff will facilitate downloading of HS vouchers as required	2024	NSC Place Directorate (Libraries)
We will provide a range of training opportunities relevant to the needs of our client group as a first step into employment	Review the current levels of support and to identify further support in the local area	Ongoing	NSC Place JH/JG/DWP (VM)
We will provide a range of disability confident employers to assist people back into the workforce	Increase the number of disability employers to meet the needs of the customers with disabilities	Ongoing	DWP (VM)
We will launch the new Talking Therapies Employment Support Service in North Somerset	Number of people seen within North Somerset broken down by: <ul style="list-style-type: none"> • Remaining in work 	2023-2024	Vita Health

	<ul style="list-style-type: none"> • Returning to work • Finding work <p>Number and % of people achieving their agreed goals broken down by:</p> <ul style="list-style-type: none"> • Remaining in work • Returning to work • Finding work 		
We will continue to develop and implement the Mental Health & Wellbeing Integrated Teams (MINT) in our two locality partnerships to provide holistic, person-centred support in response to need	Continued delivery of IMHT in the two locality partnerships	2028	AWP and BNSSG ICB (Locality Partnerships)

10. Glossary

Abbreviation	Name
AWP	Avon and Wiltshire Mental Health Partnership
BNSSG	Bristol, North Somerset, and South Gloucestershire
CIC	Children in Care
Co-produced	The term 'co-production' describes working in partnership by sharing power between service users, carers and families, to ensure that our service accurately fits their expressed need
DfE	Department for Education
IAPT	Increased Access to Psychological Therapies (Talking Therapies)
IMHN	Integrated Mental Health Network, consisting of a diverse network of people with lived experience
ICS Integrated Care System	<p>Integrated Care System, comprising of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP)</p> <p>BNSSG ICS was set up on 1 July 2022, along with another 42 across the country, to plan and deliver joined up health, council and voluntary sector services, for the people who live and work within the area. Within North Somerset our 2 Locality Partnerships.</p>
LP	Locality partnership work at a local level with their communities, to improve health and wellbeing. North Somerset's two locality Partnerships are Woodspring, and Weston, Worle and Villages
NSC	North Somerset Council
OTR	Off the Record: mental health support and information service
PH	Public Health
PHRS	Public Health and Regulatory Services

SMI	Severe Mental Illness. This term is used to describe anyone whose life is enduringly affected by mental ill health.
Sirona CIC PHN	Public Health Nurses employed by Sirona Care and Health a not-for-profit community interest company
SEND	Special Educational Needs and Disabilities
VANS	Voluntary Action North Somerset
VCSFE	Voluntary, community, faith and social enterprise (VCFSE). These organisations have formed an alliance/enterprise to facilitate joined up working to improve health and care outcomes.
WAWY	We are With You: an organisation providing free confidential support to anyone with drug, alcohol or mental health issues.
WHO	World Health Organization

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Joint Health & Wellbeing Strategy 2021-2024



Summary

The Health and Wellbeing Board are invited to:

- Note the quarterly progress report and qualitative data
- Consider and approve proposals for funding regarding
 - (i) oral health
 - (ii) mental health
- Note plans and the timeline for development of the next strategy and provide any comments or suggestions
- Share views regarding the draft North Somerset Mental Health Strategy

Progress Update 2023-24 Q1

Progress update (phase 0 and 1)

Status as per 2023/24 Q1

Status	2023/24 Q1	
	Number	Percentage
Completed	11	12
In-Progress (Green/Green-Amber)	19	21
In-progress (Amber)	49	55
In-progress (Amber Red) or Not Started (Red)	10*	11

* Includes 1 project not yet due to start

Actions delayed/ not started

Action not progressed	Challenge & solution
Develop food award programme for food businesses	Capacity requirement high. Options appraisal underway regarding healthy weight interventions and ICS programme being initiated
Review policies in light of health and wellbeing among members of the HWB board, sign up to LA declaration on healthy weight and review advertising and planning policies.	New capacity available to take this forward via new HWB officer role in NSC.
Run campaigns to encourage CYP to be active locally	New physical activity strategy in development, building on extensive consultation. Actions to be captured in that strategy/ repurposed based on actions that will bring most benefit to local population.
Explore opportunities to develop interventions/ advice re screen time/ sedentary behaviour	
Run social marketing campaigns about local opportunities to be active	
We will refresh our tobacco control plan	To be actioned following partnership working with BNSSG ICS

Actions delayed/ not started

Action	Detail
We will reduce short term harms relating to alcohol misuse by working more effectively with licensed premises to reduce risk for: hospital admission, impact on young people and feeling of safety in the town centre. (Phase 1)	Service pressures have meant that the project has not commenced. Administrative support is being sought to free up officers' capacity.
We will explore opportunities to provide additional support for perinatal mental health.	Support provided to Mothers to Mothers via community mental health grants programme. NSC to explore options for addressing this gap.
We will undertake a review of 'Health in all Policies' across Health and Wellbeing Board partners.	Capacity to take this forward has not been available. For consideration re inclusion in next strategy.
We will improve understanding of the health and wellbeing of taxi drivers to identify interventions needed to help promote and improve their health and wellbeing. (Phase 1)	Training for taxi drivers implemented. Staff changes meant that leadership for this project was not available. Exploring options for this work at present.

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Actions: Snapshot of feedback

2022/23 Q4 & 2023/24 Q1

Qualitative Snapshot

Weight management:

"Great experience. Lost weight and have made healthier choices throughout course that I will continue. Met other mums and exercise more"

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"lower BMI, weight loss, better posture, more energy"

Community food grants:

"It has changed my shopping habits as well, and my monthly shop is now a lot cheaper"

"It was great to be able to cook with ingredients that I would not normally even consider. Also very nice to speak with others and exchange ideas. It has definitely helped me to be more confident ..."

Health Walks:

"Had done no regular walking or exercise for many years. Everybody is so friendly and I get chatting to different people every time. And I feel so much better for it. I do struggle to keep up and I am sometimes out of breath, but I feel this is got to be good for me..."

Purple Pantry (Food Club)

"It's a fantastic scheme both from a price-point view in this economic uncertainty and from an environmental issue view point. Its also given me somewhere local to 'pop' to and I really enjoy going every week to get out of the house.

"..the pantry has really helped us with our food spending"

Age UK

"Good exercise, good fun and good for all round health"

"Always look forward to Fridays meeting up with friends. Always feel better mentally & physically afterwards. This is down to our instructors ability to make the classes enjoyable as we learn new skills for coping with the challenges of everyday life in later years"

"Please carry on with these classes"

Osprey Outdoors

"I avoid certain area of the community and am always depressed so coming on the walks gives me more confidence and makes me feel happy"

"Hiding away from the rain yesterday was a bit depressing, so coming out for a walk today was just what I needed. Very wet and very muddy but totally fun, friendly and uplifting. I really value these walks."

Warmer Homes, Advice and Money

Since the start of the project in August 2022, 191 individuals have been supported, (42 in Q2, 46 in Q3, 103 in Q4).

The total financial impact for those receiving the service in Q4 was £41,079.

Tobacco

The prevalence of smoking among pregnant women at the time of delivery has fallen from 11.3% in 2017 to 9.1% in 2022

Reclaim:

"I have felt I have been given coping mechanisms that helped me through this time in my life massively."

"My counsellor's setting, approach to my journey, and unbelievably never-ending striving to help me have undoubtedly changed my life."

Impact: *"life changing"*

Funding proposals

Oral health – proposal for funding

Proposal for extension of funding for capacity to lead oral health programme

- Extension of Oral Health Specialist role (by 7 months), increase to from 0.3 to 0.5WTE at an approximate cost of £12,630 (from the phase 1 budget)
- This would enable completion of:
 - Toothbrush pack distribution
 - Supervised Toothbrushing scheme
 - Oral health training
 - Support for First Dental Steps initiative for children aged 2 years
 - Support for refugee and asylum seeker oral health.

Phase 2: Mental health – proposal for funding

Mental health (adults)

- Dual diagnosis training (£6.5K)
- Mental health support for those identified as at risk of housing problems (£40K)
- Engagement and co-production (£10K)

Mental health (CYP)

- Engagement and co-production (£15K)
- Parent/ carer workshops (£1.5K)
- Support for CYP affected by housing problems (linked to action above £3.5K)

*Rationale for proposals outlined in full paper; agreed by Mental Health Strategy Group

Phase 2 - update

To note

- Owing to delayed timescales to initiation of certain workstreams, projects may run into 2024-2025
- The relevant actions can be represented in the next version of strategy

North Somerset Mental Health Strategy 2023-2028

Update to structure & draft for comment

Updated structure

Vision: *People in North Somerset are enabled and supported to have the best possible mental health and wellbeing and to live well in their communities, via a focus on prevention and early intervention and targeted action to reduce inequalities*

Prevention: preventing mental ill-health before it arises or preventing any worsening of mental health problems as early as possible

Our ambition: The foundations of good mental health and wellbeing are developed for all, through focused action in communities and settings across the life course

Early Intervention: identifying mental ill-health as early as possible and intervening early with the right support to prevent worsening of outcomes.

Our ambition: Timely support and early intervention are available in a range of settings for people

Supported and Living Well: supporting individuals in a holistic way so that people with mental ill-health can live well in our communities.

Our ambition: Services and service developments are co-produced with people with lived experience of mental ill-health and members of local communities, and build on data, intelligence, and engagement

Our ambition: Support and care provided takes a proportionate universalism approach that tackles inequalities, builds on strengths, and is responsive to risk and mental health need

Monitoring and evaluation

We will monitor progress towards targets against each action

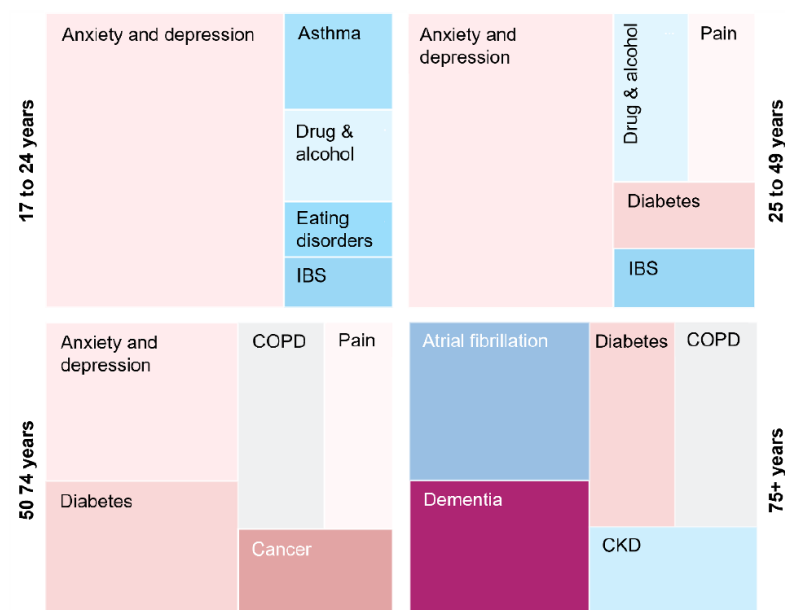
We will monitor mental health and wellbeing outcomes for adults and children and young people, including inequalities.

- Page 129
- Among adults, we will examine wellbeing scores and the prevalence of depression.
 - Among children and young people, we will examine:
 - the prevalence of school pupils with social, emotional and mental health need
 - the rate of A&E attendance and hospital admission for self-harm among children and young people.

Full details of all objectives and actions are outlined in the draft strategy

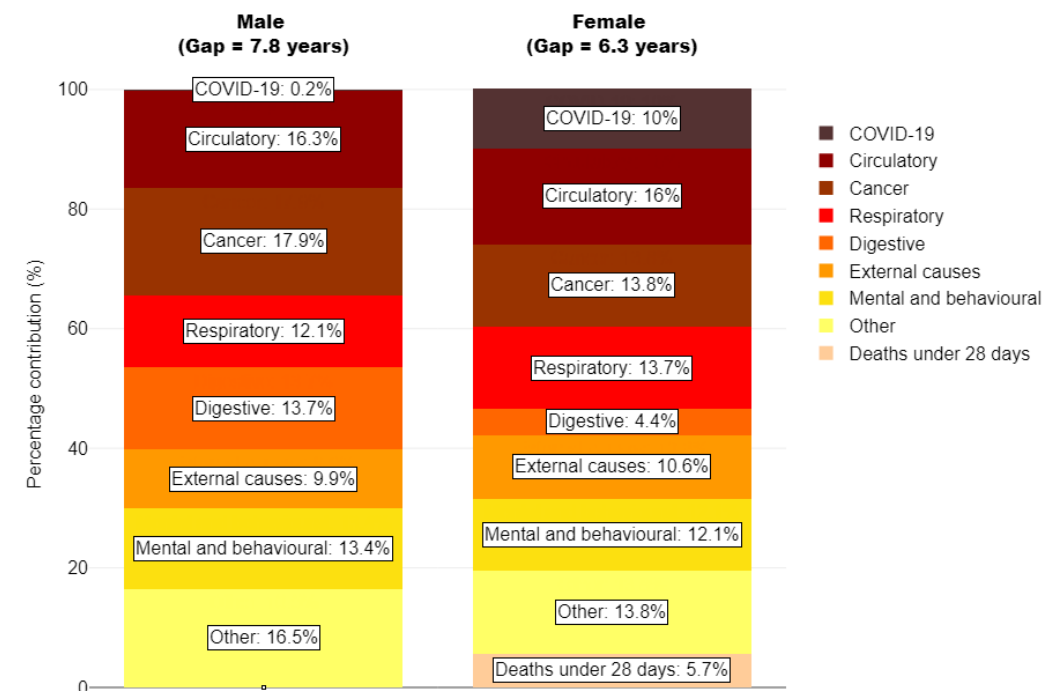
Joint Local Health and Wellbeing Strategy 2024-2028

Conditions that have the greatest impact on the population in BNSSG



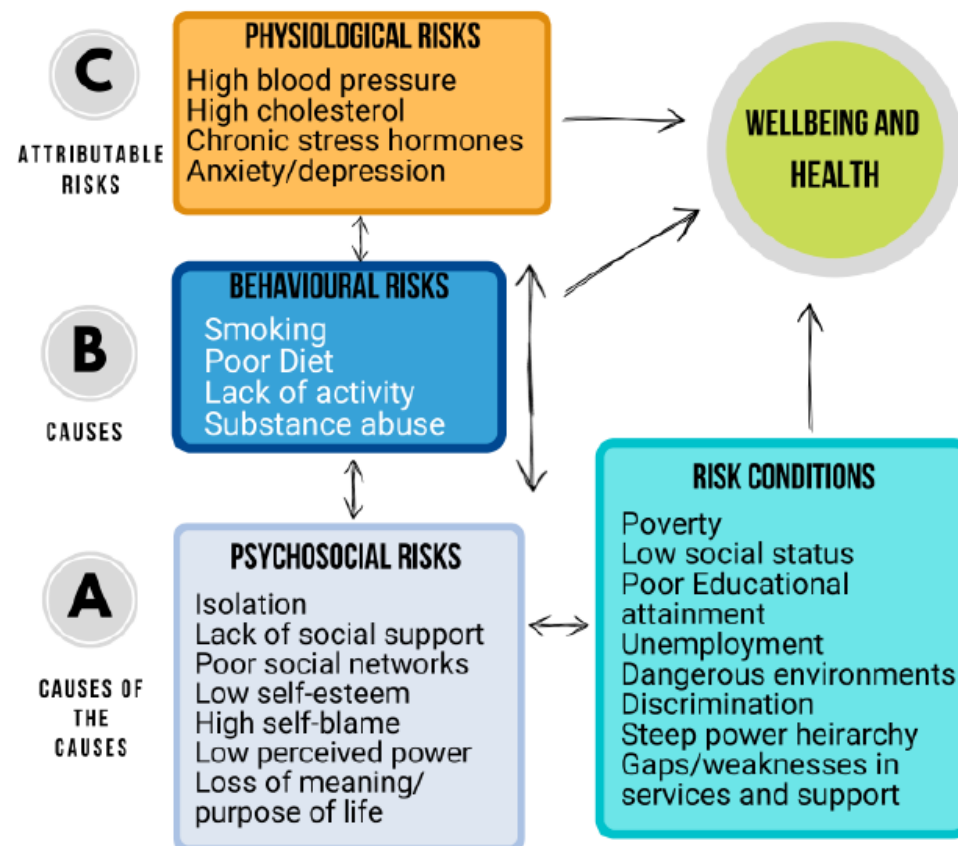
Source: Our Future Health; BNSSG Healthier Together

Breakdown of the life expectancy gap between the most and least deprived quintiles of North Somerset by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid-year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Figure 3.1: The connections that shape our health and wellbeing^[16]



Source: Our Future Health; BNSSG Healthier Together

Overarching approaches/ ambitions:

- Taken together so far, additional approaches could be included to enable a clearer focus on (i) wider determinants of health (ii) how we will tackle inequalities
 - (i) **Prevention:** preventing health and wellbeing problems before they arise
 - (ii) **Early intervention:** improving outcomes by intervening as early as possible when health problems develop
 - (iii) **Holistic action and support:** ensuring action on the social, economic and environmental determinants of health
 - (iv) **Thriving communities:** empowering people and communities to be connected, healthy and resilient through strengths-based approaches, engagement and involvement
 - (v) **Tackling inequalities:** actively reducing inequalities in access, experience and outcomes between groups

Priority topic areas:

- Mental health (including trauma-informed practice, social isolation and loneliness)
- Healthy weight (including oral health)
- Physical activity
- Drug and alcohol use
- Tobacco
- Wider determinants of health / psychosocial and socio-economic factors
- Chronic pain
- Ensure focus on: Starting Well, Living Well, Ageing Well, Dying Well
- Guiding principles to demonstrate approach e.g. empowering communities, place-based.

Stages and timelines for development of Health and Wellbeing Strategy 2024-2028

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Stage	Detail	Timing
Scoping	Scoping of design, strategic links, exemplar strategies, overarching ambitions and guiding principles	Oct – Dec 2023
Assessment of need	Analysis of: Our Future Health, JSNA, topic-specific HNAs, survey data	Oct – Dec 2023
Engagement	Collation of existing findings; targeted engagement with groups not yet reached; stakeholder engagement	Oct – Feb 2024
Action planning & drafting	Analysis of themes; ambition and objective finalisation; collaborative action planning; monitoring and evaluation plan	Dec – Apr 2024
Consultation	Stakeholder and public consultation; approval by Health and Wellbeing Board	Apr – Oct 2024

The Health and Wellbeing Board are invited to:

- Consider approval for extended capacity to implement oral health actions
- Consider approval of funding proposals for mental health
- Comment on the proposed approaches and priority topics for the next strategy and provide input and feedback
- Provide comments and suggestions regarding the draft all-age North Somerset Mental Health Strategy

Thank you

Health.wellbeing@n-somerset.gov.uk
Georgie.macarthur@n-somerset.gov.uk

With thanks to:

Health and Wellbeing Strategy Action Plan Delivery Leads
Health and Wellbeing Strategy Oversight Group
Mental Health Strategy Group

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Report to the Health and Wellbeing Board

Date of Meeting: 1 November 2023

Subject of Report: Development of the Joint Forward Plan

Officer Presenting: Cintia Faria (ICB Programme Delivery Manager)

Recommendations

For discussion

1. Background

The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, to produce and publish a Joint Forward Plan (JFP). As well as setting out how the ICB intends to meet the health needs of the population within its area, the JFP is expected to be a delivery plan for the integrated care strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies (JLHWSs), whilst addressing universal NHS commitments. As such, the JFP should provide a bridge between the ambitions described in the Integrated Care Strategy developed by the ICP and the detailed operational and financial requirements contained in NHS planning submissions.

The attached slide summarises the process to develop the next iteration of the Joint Forward Plan as per national guidance. The national guidance and principles for development of the Joint Forward Plan includes:

- The need to be fully aligned with wider system ambitions
- Supports subsidiarity by building on existing local strategies and plans, as well as reflecting the universal NHS commitments.
- Delivery focused, including specific objectives, trajectories, and milestones.

2. Details

At the time of developing the first Joint Forward Plan, the Strategy was not completed, therefore a pragmatic approach was taken to collate existing plans. The first BNSSG Joint Forward Plan was structured around the responsibilities of the Health and Care Improvement Groups (HCIGs), including links to the relevant HWB strategies.

Key elements of our plan include:

- Health and Wellbeing Board Plans x 3
- Improving the lives of our children
- Improving the lives of people in our communities
- Improving the lives of people with mental health conditions, learning disability, and autism
- Improving our acute healthcare services
- Enablers (workforce, digital, estates, etc)

Now we have the opportunity to ensure that the plans are aligned to the ICS Strategy, therefore, a template has been shared with relevant contributors to ensure that their plans

have clearer contributions to either the ICS aims, the 9 strategic commitments or the outcomes framework. The deadline for completion of the templates is **20th December 2023**, to be returned to the ICB Planning Team: bnssg.planning@nhs.net

Drop-in sessions are being delivered twice a week by the ICB planning team to support relevant colleagues as appropriate.

3. Consultation

The ICB recognise the importance of incorporating plans delivered by Local Authorities and the VCSE when they are not clearly stated within the Local Partnership Plans and/or the relevant Health and Care Improvement Groups' plans.

In order to improve the integration and visibility of wider plans that contribute to the ICS Strategy, we would like members of the Health and Wellbeing Board to consider the following:

1. How can we effectively integrate the Local Authority's and VCSE's plans into this System-wide process?
2. Should the Health and Wellbeing Board plans continue to be presented separately or integrated with the Localities Partnership plans?
3. How can we improve visibility of the Health and Wellbeing Board, VCSE and Localities' plans impact system-wide? (Including the process to monitor and assess the plans)

We would like to remind all members of the Health and Wellbeing Board that the Health and Care Improvement Groups (HCIGs) should include representation from Local Authorities and Voluntary sector as well, therefore, it is the first point for discussion on integration by all partners. There are obviously other groups that this could be raised and escalated in case HCIGs are not able to address relevant issues, however, HCIGs should be the main forum for discussion.

There is also an opportunity to discuss interdependencies and integration between relevant plans delivered by different partners at the next Planning Day being organised by the ICB Planning team on 20th November. It is advised that this opportunity is taken by the Local Authorities and VCSEs who may not have been part of system-wide processes before. The planning team should be contacted should this be taken forward: bnssg.planning@nhs.net

4. Equality Implications

The JFP includes plans to address inequalities in outcomes, experience and access to healthcare. Identifying, understanding, and addressing the drivers of health inequalities within our diverse population is a fundamental reason as to why the System Strategy has been developed.

The Joint Forward Plan takes account of the Public Sector Equality Duty, Section 149 of the Equality Act 2010 and the NHS Act 2006.

Author: Cintia Faria, Programme Delivery Manager and System-Thinking Practitioner at the BNSSG ICB.

Appendices: JFP slide pack (attached)



Joint Forward Plan

Process, timeline and next steps

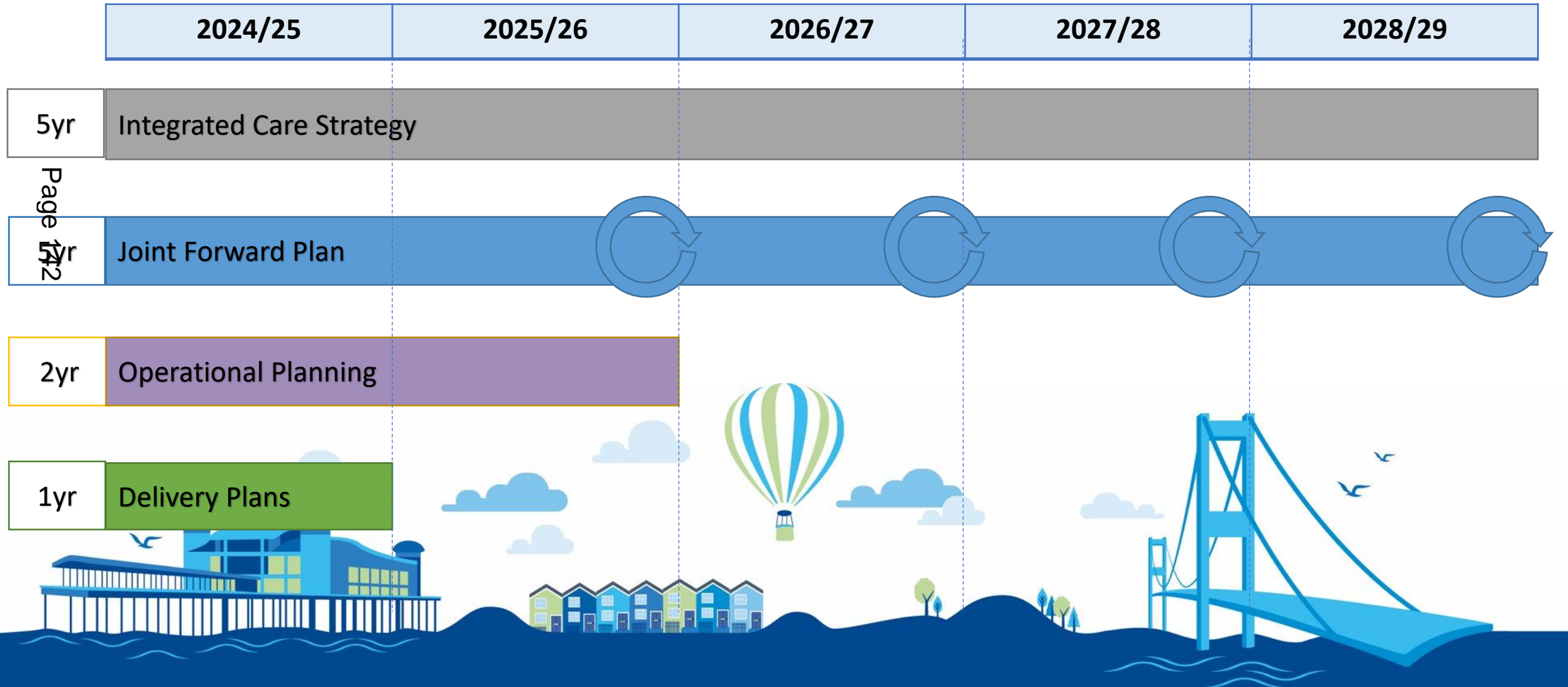
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Cintia Faria, Programme Delivery Manager and System-Thinking Practitioner
October 2023





Context from national mandate



Purpose of the JFP

To describe how the ICB and provider trusts intend to meet the physical and mental health needs of the **population** through arranging and/or providing NHS services, supported by local authority and VCSE partners

Address the four core purposes of ICS:

1. Improving outcomes in population health and healthcare
2. Tackling inequalities in outcomes, experience and access
3. Enhancing productivity and value for money
4. Helping the NHS support broader social and economic development

Delivery of universal NHS commitments:

1. Long Term plan
2. Annual NHS Priorities
3. Operational planning guidance

Meet Legal Requirements:

1. Public Sector Equality Duty
2. Section 149 of the Equality Act 2010
3. NHS Act 2006

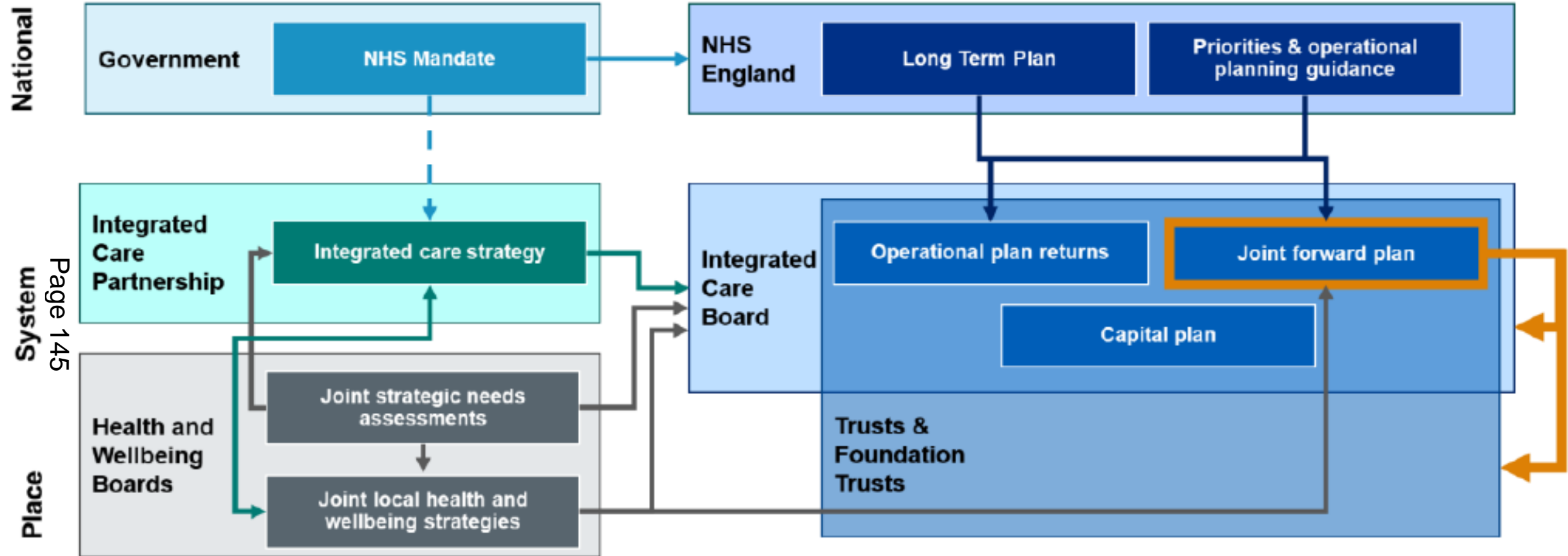
National guidance encourages systems to use the JFP to develop a shared delivery plan for the ICS Integrated Care strategy (developed by the ICP) and the Joint Local Health & Wellbeing Strategies (developed by HWBs)

Principles of the JFP (awaiting guidance update)

National guidance sets out 3 principles describing the JFP's nature and function

1. **Fully aligned** with the wider system partnership's ambitions.
2. Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
3. **Delivery focused**, including specific objectives, trajectories and milestones as appropriate.

Legislative Framework – relationship with other strategies and plans



BNSSG approach to update the first JFP - mandate

1. Alignment with [system operational planning process](#).
2. Take opportunity to address [feedback and lessons identified](#). We will reduce the contents of the JFP to be published, using a **visual format** that is easier for the public to read and understand; Include an explanation on **how** the plans will **benefit the population** with the new template provided by the planning team)
3. Focus on 5-year deliverables, trajectory and metrics, including assessment of first year delivery (partial assessment due to constraint timeline, update the original table for deliverables and metrics so it can be used internally for planning purposes).
4. Ensuring clearly articulated alignment with **BNSSG strategy, 4 ICS aims** and how plans will support the **outcomes framework**

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JFP High Level Process Timeline

JOINT FORWARD PLAN	September				October					November				December				Jan-24					February				Mar-24			
	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	4	11	18	25
Stakeholders to address mandate																														
System Planning Day 1					3 rd																									
System Planning Day 2												20 th																		
Work with Strategy and Comms Team to ensure alignment																														
Drop-In Sessions to support relevant stakeholders on mandate	7 th	11 th	20 th	25 th	4 th	12 th	17 th	26 th	1 st	6 th	14 th	23 rd	29 th																	
Deadline for final updates from programme leads																20 th														
Protected time for Governance approvals																														
Final approval of the JFP by ICB Board																											7 th			
Final sign off by relevant HCIG SROs																													20 th	
Submission and publication of the final (updated) JFP																														28 th



Engagement and Governance Timeline

Sept - Oct 2023	November	December	January	February	March 2024
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Locality Partnerships, Primary Care, H&C Professional Leadership, System Quality Group, VCSE Alliance...

Health and Wellbeing Boards x 3, Health and Care Improvement Groups x 4

Individual Organisation Trust Boards - if needed

7th - ICB Board
20th relevant SROs

7th - ICB Board
Approval of
process
timeline and
templates



Template



JFP template

Programme (new column)	Deliverables / milestones (The changes or improvements you are planning to complete based on the last JFP)	Timeline (Year and Quarter)	Metrics (to monitor progress and support evaluation/benefits realisation)	Which outcomes of the system outcomes framework will this contribute to?	Which of the 4 ICS aims will this support?	Which of the 9 ICS strategic commitments will this support?	Benefits to the population – in plain English and no acronym
Green Plan example	e.g. Ensure all new contracts with suppliers have plan to take their operations to net zero by 2030	25/26 Q2	Carbon footprint of supply chain will be reduced by 50% before 2028	ENV19, ENV20, ENV21	4	6,7	EXAMPLE - By the end of 2025/26, if all the health and care providers and suppliers are able to take their operations to net zero carbon, then the population will benefit from a reduced air pollution amongst other cultural changes and benefits. This will support our system to achieve a sustainable procurement, achieving the required social and economic development, which is one of the 4 ICS aims.
			Carbon footprint of supply chain will be net zero by 2030	ENV19, ENV20, ENV21	4	6,7	

Original table for key deliverables, milestones and timeline - pls update this table for your programme if not included above so we can use it for internal planning and evaluation purposes (including reporting to NHSE). If the plans have changed and your commitments will not be the same, please ensure you include a narrative to explain that, including assessment of deliverables so far (up to Q2 23/24 if possible). Please note a new column has been added for 2028/29.

Deliverables	2023/2024				2024/2025				2025/2026				2026/2027				27/2028		28/29
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1+2	Q3+4	
Programme – Green Plan example																			
To establish a system-wide dashboard – update required, example of completed tasks could be turned blue with narrative in small fonts	Completed, IMPACT: xyz																		
Develop costed delivery plan to measure ourselves against - update required if possible, if slipped timeline pls confirm new deadline with different colour e.g dark green, darker amber or darker red, according to RAG, so we know there is a change					Deadline slipped?														

Original table for the metrics (and how they align with the outcome’s framework) - pls update this as well if not included above, so we can use it to support the benefits realisation process.

Programme (new column)	Metrics	Contribution to Outcomes Framework
Green - Procurement	Carbon footprint of supply chain will be net zero by 2030	ENV19, ENV20, ENV21
Green - Estates	Our estate will be net zero by 2030	ENV19, ENV20, ENV21

For consideration by all members /partners

1. How can we effectively integrate the Local Authority's and VCSE's plans into this System-wide process?
2. Should the Health and Wellbeing Board plans continue to be presented separately or integrated with the Localities Partnership plans?
3. How can we improve visibility of the Health and Wellbeing Board, VCSE and Localities' plans impact system-wide? (Including the process to monitor and assess the plans)
4. There is an opportunity to address interdependencies and integration between relevant plans delivered by different partners at the next Planning Day on 20th November, please let the planning team know if this would be helpful/relevant.

Thanks

Contact us: bnssg.planning@nhs.net

Appendices

Locality Partnership and Health and Wellbeing Board Plans x 3 as presented at the first Joint Forward Plan

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Summary of Bristol Localities and HWB draft Joint Forward Plan

Priority	Trajectories
Starting well Supporting children and young people who live with anxiety or depression or with risk factors for poor mental wellbeing	Bristol North & West - reduction in self harm admissions for N&W population
Starting well Enabling healthy weight	<p>Bristol South - To reduce the number of children who are found to be overweight at ages 4-5 years old in Hartcliffe, Withywood and in Filwood from 360 to under 250 by 2028.</p> <p>Bristol North & West - To reduce the rate of children who have excess weight at age 10-11 (Year 6) in outer areas of North & West Bristol, particularly Avonmouth & Lawrence Weston, Henbury & Brentry, Southmead and Lockleaze.</p> <p>Bristol Inner City and East - Reduction in rate of obesity in Y6 children towards BNSSG overall rate, targeted to wards with the highest prevalence. Trajectory to be worked up as part of developing Locality Led Implementation</p>
Living well People who might feel excluded from communities and/or are experiencing particularly poorer health outcomes	Bristol South - Increase the number of newly diagnosed patients who take part in education programmes to support better management of type 2 diabetes (in 2019 only 22.3% of newly diagnoses patients attended education programmes for type 2 diabetes)
Living well Reducing the harm from tobacco, alcohol and drugs	Bristol North and West - reduce HbA1c levels, blood pressure, cholesterol, weight and BMI for the cohort identified for the wellbeing coach.
Living well Supporting people with heart conditions, diabetes or stroke to keep healthy	Bristol Inner City & East - Reduction in rate of people who did not have a blood pressure reading suffering a negative cardiovascular event towards BNSSG rate. Trajectory to be worked up as part of Locality Led Implementation.
Ageing well People at high risk of having a fall	<p>Bristol South - Reduction in falls attending ED in the over 65s by 770 - 50% over five years.</p> <p>Bristol North & West - Reduction in the number of conveyances to hospital by ambulance.</p>

Deliverables	2023/2024				2024/2025				2025/2026				2026/2027				2027/2028			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Bristol Inner City & East																				
Tackle inequalities in mental health (In ICE Bristol there are more contacts with secondary care Mental Health services in Black / African / Caribbean compared to the white Mental Health population (BNSSG QOF SMI register)																				
Tackle the higher prevalence of severe frailty in over 75s in Asian, mixed and black communities in comparison to white communities																				
Bristol South																				
Work with schools, children's centres and families specifically in Hartcliffe and Withywood, Filwood and Bishopsworth to improve access to interventions which support healthy weight in childhood.																				
Roll out small grants scheme to enable community innovation and support healthy eating/active lives																				
Co-produce an approach to reduce alcohol harms with our communities and partners																				
Build the existing range of interventions to better meet the needs of those at risk by working with voluntary sector partners and drawing on expertise in frailty and the causes of falls																				
Develop plans to increase take up of lipid lowering therapies in South Bristol																				
Support the use of integrated community clinics to help people in South Bristol to age well																				
Identify an approach to reducing the impact of COPD on health and wellbeing in South Bristol, using data and input of those with lived experience.																				
Bristol North and West																				
Identify and target specific areas with the relevant self-harm reductions interventions to support children and young people who live with anxiety or depression or with risk factors for poor mental health.																				
Work with Sirona to utilise an identification tool to target Pulmonary Rehab provision to those communities most at risk of COPD including Avonmouth, Lawrence Weston and Shirehampton.																				
Improve the health and wellbeing of people with COPD/Diabetes and their families in North & West Bristol.																				
Understand the impact alcohol and substance misuse has on mental and physical health																				
Explore whether co-designed community interventions can reduce use of unplanned care before people get sick or frail																				
Ensure those with dementia have access to Psycho-social care, support and information when needed, so that people can, and will, live well with dementia for many years to come																				
Ensure the workforce receive training and are equipped to deliver care to those with dementia with kindness and empathy																				
Provide individualised 1:1 support, workshops and behaviour change support via education, motivational interviewing and peer discussions around what a healthy diet is, how GI affects blood sugar, understanding food labels, encouraging dietary changes, support to increase fitness levels and overcome barriers – We will work with Northern Arc PCN and Southmead Development Trust to identify people who would benefit from support from a Wellbeing Coach.																				

Summary of North Somerset Localities and HWB draft JFP

Priority	Trajectories	Deliverables	2023/2024				2024/2025				2025/2026				2026/2027				2027/2028			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Starting well	Woodspring – reduce the levels of anxiety in children and young people	Weston, Worle and Villages																				
Supporting children and young people who live with anxiety or depression or with risk factors for poor mental wellbeing		Deliver a falls and frailty fast response service pathway to assess and keep people in their own home's																				
		Ensure families and health professional understand, know and respect an individual's wishes regarding places of death																				
Starting well	Weston - Reduction in children at reception and year 6 being an unhealthy weight creating a longer-term platform of healthy eating	Woodspring																				
Enabling healthy weight		Tackle increased levels of anxiety in children and young people																				
		Support people aged between 50-74 living in Woodspring who suffer from painful conditions.																				
Living well	Weston - Reduction in Hypertension / high cholesterol results that contribute to shorter life expectancy and additional health problems	All localities																				
People who might feel excluded from communities and/or are experiencing particularly poorer health outcomes		Develop integrated models of care bringing together primary care, secondary care and the voluntary sector together to better meet the needs of those with serious mental illness (SMI)																				
		Pilot place-based and person-centred care through new integrated mental health teams (IMHT)																				
Ageing well	Weston - reduction in ambulance conveyance	Pilot different Test and Learn Approaches and collectively develop a consistent model of community mental health care across BNSSG, which will be tailored to each area																				
People at high risk of having a fall		Develop Anticipatory Care Models																				
		Develop and implement Ageing Well Models and develop local interventions to tackle local needs, including Enhanced Health in Care Homes																				
Dying well	Woodspring – A reduction in people dying in hospital rather than their preferred setting. Trajectory and target to be determined as part of Locality Led Implementation Planning	Support lipid lowering therapy take up to reduce incidence of cardiovascular diseases.																				
Ensuring that people are given the support to make an informed choice about the most appropriate place for their death																						



Details of North Somerset Health and Wellbeing Board deliverables, metrics and action plan can be found [here](#)



Summary of South Glos Locality Partnership and HWB draft JFP

Priority	Trajectories	Deliverables	2023/2024				2024/2025				2025/2026				2026/2027				2027/2028			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Starting well Supporting children and young people who live with anxiety or depression or with risk factors for poor mental wellbeing	South Gloucestershire - reduce emotional based school absence and exclusion	All localities																				
		Develop integrated models of care bringing together primary care, secondary care and the voluntary sector together to better meet the needs of those with serious mental illness (SMI)																				
		Pilot place-based and person-centred care through new integrated mental health teams (IMHT)																				
		Pilot different Test and Learn Approaches and collectively develop a consistent model of community mental health care across BNSSG, which will be tailored to each area																				
Living well People who might feel excluded from communities and/or are experiencing particularly poorer health outcomes	South Gloucestershire - reduce the need for more costly specialist services, NHS admissions, referrals to social care and reduce demand on the crime, justice and welfare systems.	Develop Anticipatory Care Models																				
		Develop and implement Ageing Well Models and develop local interventions to tackle local needs, including Enhanced Health in Care Homes																				
		Support lipid lowering therapy take up to reduce incidence of cardiovascular diseases.																				
		South Gloucestershire																				
Living well We will improve everyone's mental wellbeing	South Gloucestershire – reduce the impact of chronic pain and the impact it has on mental health outcomes	Deliver actions to reduce emotional based school absence and exclusion																				
		Support the 3 proposals around the Think Family Database, Family Link Workers and Health Promotion in Education settings under Start Well through the Prevention fund																				
		Support delivery of 3 Prevention Fund projects – Cost of Living, transforming our approach to complex needs and Prevention of Violence Against Women and Girls (VAWG) inc. Drive programme.																				
Ageing well People at high risk of having a fall	South Gloucestershire - 10% reduction in the number of falls requiring hospital admission within South Gloucestershire over the next 2 years, to bring the number of falls below the Southwest average (target -1918)	Provide complex debt advice for patients experiencing mental health illness and distress compounded by financial worries. The service will offer direct referral to the specialist worker, who will be closely linked with the Integrated and Personalised Care Teams and the social prescribers																				
		Support integration of services and the Dementia Wellbeing service as part of the 'Ageing Well' motion passed within the Local Authority																				
		Roll out the ReSPECT+ form which is combined emergency care plan, based on the nationally endorsed ReSPECT process and an advance care plan for people who are dying.																				

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North Somerset Council

Report to the Health & Wellbeing Board

Date of Meeting: 1st of November 2023

Subject of Report: Better Care Fund

Town or Parish: All

Officer/Member Presenting: Gerald Hunt Assistant Director of Commissioning, Partnerships and Housing

Key Decision: No

Reason:

As it results in the Local Authority incurring expenditure or making savings of £500,000 or over

And it is significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the Local Authority

Recommendations

To delegate to the Chair of the Health & Wellbeing Board to approve the submission for November 2023 of the Quarter 2 Better Care Fund performance report.

1. Summary of Report

The reporting requirements for Health & Wellbeing meetings and BCF national reporting deadlines, remain unaligned, This report seeks delegated authority for the sign off of performance reporting which it is a requirement it is to be presented to the Board for sign off.

2. Policy

The BCF Plan supports several of the Corporate Plan priorities, including:

BEING A COUNCIL THAT EMPOWERS AND CARES ABOUT PEOPLE.

- A commitment to protect the most vulnerable people in our communities.
- A focus on tackling inequalities, improving outcomes.
- Partnerships which enhance skills, learning and employment opportunities.

AN OPEN AND ENABLING ORGANISATION

- Engage with and empower our communities.
- Empower our staff and encourage continuous improvement and innovation.
- Manage our resources and invest wisely.

- Embrace new and emerging technology.
- Make the best use of our data and information.
- Provide professional, efficient, and effective services.
- Collaborate with partners to deliver the best outcomes.

The Corporate Plan details about Adult Social Care

“The system for funding adult social care is widely recognised as no longer fit for purpose with a national solution for sustainable funding being essential. Care markets locally and nationally are challenged by rising costs, staff shortages and the ongoing need to maintain quality. As demand for these services increase in line with an aging population, so does the cost to the council, coinciding with almost a decade of reducing government funding for local authorities.”

We must commission a range of services across adult social care that prevent and / or delay people from needing to rely on statutory services for as long as possible. Details of how we will achieve this will reflect a move to offering better outcomes, that improve and maintain the confidence and therefore, wellbeing of service users. We also intend to focus on support for informal Carers to maintain their caring role, delaying the need for large packages of care and placements into care homes.

The services in this commissioning plan are key to the commitments in respect of Adult Social Services priorities for 2023/24.

Directorate Wide Commitments

Our Commitment What is the Outcome we Expect

Enable people to have independence, access to services, and reduce inequalities. North Somerset residents have good quality of life and good health and wellbeing.

Ensure we deliver and commission high quality services. Residents have good quality of life and satisfaction with the services they receive.

Reablement and TEC Pathway Commitments

Our Commitment What is the Outcome we Expect

Provide an effective wellbeing service. We support people to remain part of their community and reduces overreliance on commissioned domiciliary care services.

Establish a therapy led reablement service, with TEC first approach for the whole community. Preventing the requirement for statutory services and enabling people to stay in their own homes for longer.

Integrated Commissioning and ICP development commitments

Our Commitment What is the Outcome we Expect

Contribute to the ICP development and ensure North Somerset has a voice. Housing and social care voice is active in the delivery of ICP Partnership arrangements.

Contribute to the Development of Effective Housing with Support solutions for all adults with care and support needs Supports quality of life for residents and satisfaction with the services they receive.

Operational Service Development commitments

Our Commitment What is the Outcome we Expect

Ensure people have a variety of options for accessing information and identifying solutions.

People can get the right advice and information more quickly and conveniently.

Ensure carers are supported. Carers have access to information and services to support them in their caring role.

3. Details

The following Performance report is to be reported to Health and Wellbeing board, unfortunately at report dispatch for this meeting the report has yet to be finalised and will need to be reported retrospectively to Board. The format of the report has been subject to four version changes prior to its finalisation. Appendix One includes the current performance report format. The BCF is subject to extensive reporting including additional fortnightly and monthly reports on expenditure and activity as well as these mandatory quarterly reports.

The template has been developed to collect:

Confirmation of S75 agreements and that national conditions are being met

Updates on metric ambitions

As well as reporting, it also includes refreshed capacity and demand plans for Nov 2023 – Mar 2024

In advance of the report completion, I have enclosed a snapshot of Length of Stay positions with regard to Hospital Discharge pathways and for P1 and P2 performance continues to improve.

Community LOS

	P1				P2				P3			
	Aug 23 Performance	Target	21/22 Av LOS	Direction of travel from Av Apr to Apr 23	Aug 23 Performance	Target	21/22 Av LOS	Direction of travel from Av Apr to Apr 23	Aug 23 Performance	Target	21/22 Av LOS	Direction of travel from Av Apr to Apr 23
Bristol	6.8	10	23.6	↓	39.2	21	34.8	↑	66.9	28	53.7	↑
North Som	9.9	10	16.7	↓	25.3	21	33.1	↓	44.3	28	37.8	↑
South Glos	11.6	10	12.0	-	30.1	21	32.1	↓	38.8	28	37.8	-

4. Consultation

N/A

5. Financial Implications

N/A

6. Legal Powers and Implications

N/A

7. Climate Change and Environmental Implications

8. Risk Management

N/A

9. Equality Implications

[Have you undertaken an Equality Impact Assessment? Yes/No No

10. Corporate Implications

N/A

11. Options Considered

N/A

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Appendices:

Appendix One BCF Quarter Two Submission

Background Papers:

BCF Plan 2023 -25

BCF Q2 submission

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2023-24

Key information

- BCF Q2 report should be submitted by **31st October 2023**
- Its contents need to be **signed off by your Health and Wellbeing Boards**
- Recording from a briefing session on completing the template is available on the Better Care Exchange. If you would like to join the Better Care Exchange, please request to join by emailing England.bettercareexchange@nhs.net
- Q2 templates have been re-published a few times due to some errors. The latest version is v4 and it has been saved on the Teams Share Point- **please ensure you Update V4 on the Share Point, which is the MASTER version**
- The template has been developed to collect:
 - ✓ Confirmation of **S75 agreements** and that **national conditions** are being met
 - ✓ Updates on **metric** ambitions
 - ✓ As well as reporting, it also includes **refreshed capacity and demand plans** for Nov 2023 – Mar 2024

Key changes

- **A new tab** has been added to the sheet with a set of specific narrative questions (**C&D Guidance & Assumptions** tab)
- Summary tables have been added to the top of both hospital and community sheets, so it should be faster and easier to see capacity gaps and surpluses
- Rehabilitation and reablement have been combined into one line
- **Spot purchasing is now being collected in the plans:**
 - ☐ This should be **capacity that is additional to the main estimate of commissioned/contracted capacity** (i.e. the spot purchased figure should not be included in the commissioned capacity figure)
 - ☐ This figure should represent capacity that your local area is **confident it can spot-purchase and is affordable**, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term
 - ☐ It remains the case that spot purchasing may not result in the best outcomes for people and is not being encouraged through the inclusion of this request for separate data
- If **unable to estimate a number for Pathway zero category of discharges** please put zero and do not default to all Pathway 0 discharges

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**One Weston,
Worle and Villages**
Locality Partnership

Woodspring
Locality Partnership

REPORT TO THE HEALTH & WELLBEING BOARD

DATE OF MEETING: 1ST NOVEMBER 2023

SUBJECT OF REPORT: Weston Worle and villages, Woodspring localities updates

TOWN OR PARISH: N/A

PRESENTING:

DAVID MOSS – HEAD OF LOCALITY ONE WESTON, WORLE AND VILLAGES.

KIRSTIE CORNS – HEAD OF LOCALITY, WOODSPRING.

KEY DECISION: NONE

RECOMMENDATION

MEMBERS OF THE PANEL ARE ASKED TO:

- a) Consider and comment
- b) Give suggestions and observations about any areas not covered within the report

1. SUMMARY OF REPORT

This report outlines the headline plans and the work that the ICB localities in Weston Worle and Villages and Woodspring participate in and how this work is being conducted with our partners to ensure alignment across North Somerset whilst also identifying the needs of the population within each locality working closely with lived experience representatives.

2. POLICY

The key purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare.
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money.
- help the NHS support broader social and economic development.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent.
- acting sooner to help those with preventable conditions.
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

All activities and plans developed will both fit into the above objectives but also will align with the HAWB strategy along with conversations that are being undertaken with the physical health strategy.

This is entwined in the frameworks that we jointly have started to work on, across Ageing Well and Community Mental Health.

3. DETAILS

Both Locality Partnerships continue to deliver their respective work plans, based on agreed priorities included in the July report.

Highlights from the last 3 months include:

North Somerset

The North Somerset Together **Virtual Hub** continues to roll out to GP practices across NS as part of an 18-month pilot. The ICB Research & Evidence Team are supporting development of an evaluation plan to fully evaluate the service and support development of a business case for future, sustained funding post September 2024.

Both Locality Partnerships have been working to establish a structured approach for collaboration between North Somerset's **Health & Wellbeing Board (H&WB)** and Locality Partnerships. Enhanced collaboration will improve the delivery of health and wellbeing initiatives and improve outcomes within our communities, including the reduction of health inequalities.

This is in line with DHSC guidance that Locality Partnerships should be seeking greater alignment to Health and Wellbeing Boards, and utilising existing structures and processes to support co-ordinated investment in place-based partnerships, and delivery of services closer to home.

In September, Adult Social Services and the NS Locality Partnerships appointed to a joint **Service Development** post to further support the Ageing Well work across North Somerset.

A core group of representatives from both Locality Partnerships have been working together to consider **End of Life** pathway improvement and advance care planning across North Somerset. This includes exploring the role existing community groups can play in advance care planning and how these strengths and assets can be grown, as well as the development of a hyper-local '10 steps to dying well' resource.

Weston, Worle & Villages

GP rollout of the **Weston Mental Health & Wellbeing Integrated Team (MINT)** has continued; to date the Team has received over 250 referrals and over 500 support conversations have taken place. A Researcher in Residence from the University of Bristol has recently completed a qualitative evaluation of the MINT, and a report has been provided to the One Weston Locality Partnership Board who will now consider its recommendations. This report will also be submitted to the BNSSG Community Mental Health Programme Board so that its learning can be shared with other Localities across the System.

The **One Weston Care Home Hub** has grown to cover 30 care homes, with preparations ongoing to increase to 40; 16 members of staff now work in the Hub. In recognition of its achievements so far, the Hub has been shortlisted for a Health Service Journal Award 2023 in the 'Place-based Partnership and Integrated Care' category.

In mid-July, the One Weston Locality Partnership Board agreed a model of care for an **Integrated Community Frailty Hub**. To deliver this, an overarching Outline Business Case is being developed which will be supported by a suite of cases detailing the new roles and services that will make up the Hub. Alongside this, a proposal has been developed for a group of partners to work together using population health data to assess on an individual basis what services the people clinically most at risk in the Locality (population Segments 4 and 5, over 50 years of age) are currently receiving, what more could be made available to them, and what would be required in order to achieve this.

Woodspring

Soft launch of the **Woodspring Mental Health & Wellbeing Integrated Team (MINT)** at the start of October, including Hub Manager in post; completion of estates work at the MINT Hub in Windmill House, Clevedon; appointment of a Clinical Psychologist for the MINT (start date 20th November); communication issued to all Woodspring GP practices.

In September, Portishead Wellbeing Partnership launched **free wellbeing workshops** for residents of Portishead. The workshops are a pilot project to help educate and inform people about a range of topics, including menopause, living with chronic pain, managing diabetes, and dementia and falls prevention. The first workshop 'managing anxiety in children and young people' was a huge success with around 60 members of the public attending. Following the pilot, it is intended to roll out similar workshops across the Woodspring Locality.

Re-scoping of the **Woodspring Aging Well** programme following retraction of dedicated funding by NHSE. Priority areas identified as: Falls; End of Life; Dementia and development of a business case for a community based Complex Care Team to provide focussed support for a cohort of circa 400k residents living with complex, long-term conditions.

Work to more clearly articulate the **inequalities** within Woodspring is underway, with a priority focus on Pill (where 1 of its 3 LSOAs falls in the 20% most deprived areas of NS). Community Leaders and volunteers have secured funding and established a '**Power to Pill**' Steering Group to understand the needs of the community better and to inform future service provision.

4. PAN-LOCALITY PARTNERSHIP WORKING

The 6 BNSSG Locality Partnership Chairs and Heads of Locality came together in September to discuss how we could collaborate in areas of commonality and make it easier for the ICS and System partners to interact with us as a collective. Following a very positive meeting, the group agreed to meet monthly to progress these discussions and work collectively on the 3–5-year vision for Locality Partnerships.

5. CONSULTATION

The ICB continues its organisational change process driven by the NHS England mandate that all ICBs need to deliver a further 30% saving on running costs. All ICB staff, including Locality Partnership staff employed by the ICB, will be included within this consultation. Applications for voluntary redundancies opened 2nd October and ran for 3 weeks. The ICB Executive Director consultation started and concludes in October 2023, with the wider organisation consultation planned for December-January. Costs (ideally) need to be removed from the ICB running costs by 1st April 2024.

The ICB is working with System Partners to agree and define the purpose of the ICB within an Integrated Care System, to inform the restructure, and a meeting was held with System Chief Executives 18th September. System Chief Executives indicated 4 areas in which they would like to take a System approach to the change process, which included the future of Locality Partnerships. Further discussions will take place through November, to inform the December consultation.

6. EQUALITY IMPLICATIONS

The ICB collaborating with its partners will ensure that all approaches are fair and equitable to the population of North Somerset.

A clear framework will be established to ensure we can evaluate both our successes and learnings from activities that are being undertaken.

AUTHOR

Kirstie Corns – Head of Woodspring Locality
David Moss – Head of One Weston, Worle and Villages Locality

BACKGROUND PAPERS

N/A