

Minutes of the Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 16 January 2020** at **Taunton Library, Paul Street, Taunton, TA1 3XZ**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Dr Jayne Chidgey-Clark	Non-Executive Director, Registered Nurse
	Sandra Corry	Director of Quality and Nursing
	Lou Evans	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	David Freeman	Chief Operating Officer
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Alison Henly	Director of Finance, Performance and Contracting
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance)
	James Rimmer	Chief Executive
	Sandra Wilson	Chair of the Somerset Patient Participation Groups (PPGs) Chairs' Network
In attendance:	Judith Goodchild	Chair, Healthwatch (Observer)
	Maria Heard	Programme Director, Fit For My Future
Apologies:	Basil Fozard	Non-Executive Director, Secondary Care Doctor
	Dr Jo Nicholl	Non-Executive Director, Member Practice Representative
Secretariat:	Julie Hutchings	Executive Assistant to Chief Executive and Executive Office Manager

SCCG 001/2020 INTRODUCTION

Dr Ed Ford, Chairman, welcomed everyone to the Meeting.

SCCG 002/2020 PUBLIC QUESTIONS

Note: All Public Questions are minuted anonymously unless the

person raising the question has provided specific consent for their name to be published.

No questions were raised.

SCCG 003/2020 APOLOGIES FOR ABSENCE

Apologies for absence were received from Basil Fozard, Non-Executive Director, Secondary Care Doctor and Dr Jo Nicholl, Non-Executive Director, Member Practice Representative.

SCCG 004/2020 REGISTER OF MEMBERS' INTERESTS

The Governing Body received and noted the Register of Members' Interests, which was a reflection of the electronic register as at 6 January 2020.

The following amendments were noted:

Jayne Chidgey-Clark: The Interim Adult Safeguarding Consultant role with East Kent CCG has been extended until 20 March 2020.

David Heath: The Non-Executive Director role with Bath and Wells Multi-Academy Trust ceased last year.

SCCG 005/2020 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

Under the CCG's arrangements for managing conflicts of interest, any member making a declaration of interest may be able to take part in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by Lou Evans, Vice Chairman, or – in his absence – another Non-Executive Director.

There were no declarations of Interest relating to items on the agenda. The quoracy of the meeting was confirmed.

SCCG 006/2020 CONSULTATION STRATEGY

The Meeting received the Consultation Strategy. David Freeman and Jane Harris reported that::

- This was an important milestone for the organisation, recognising that the team have worked hard to build up

engagement capacity and listen to feedback. Whilst the document is new, engagement has been ongoing.

- Jane Harris advised that the document is based on legal requirements and best practice, with the intention of setting out both to us and members of the public the expectations for when we go out to consultation. For each specific piece of work, everything will be co-designed with stakeholder reference groups.

Trudi Mann referred to page 18 of the proposal for changing acute inpatient mental health beds, where the disclaimer appears to be included within the consultation documents stating that individuals will not be named but that organisations will. However, on page 23, the fourth bullet point states that the names and addresses of those that have responded may be made public, so there appears to be a conflict. Considering how difficult it is for some service users to comment, concern was expressed regarding the lack of anonymity.

Jane Harris advised that this information is required for staff purposes only and is necessary to ensure we are not publishing that demographic information in such a way as to identify individuals.

Whilst the second example provided would guarantee anonymity of quotes, it is unclear as to why we would publish someone's details.

Action 752: To clarify exactly what information needs to be collated and how this will be used (Jane Harris)

Grahame Paine referred to page 13, where it does not appear that we have specified carers as a specific consultation group within the list of stakeholders. Also, where we have mentioned voluntary organisations and groups on the previous page, does this capture all the voluntary groups?

Maria Heard advised that people with carers' responsibilities have been covered and Jane Harris advised that where we have stated limited consultation, this is due to the fact that we have rationalised the list.

Action 753: To review list of consultation groups (Jane Harris)

Jayne Chidgey-Clark was pleased to see hard to reach groups within section 10 but asked whether this could be included earlier, perhaps in section 5 under 'collective engagement', to show our focus on hard to reach groups.

Jane Harris advised that we are still trying to make sure that we have captured everybody but advised of an exciting development about engagement with mental health groups, which will be shared later in the meeting.

Action 754: To include additional reference to hard to reach groups within section 5 under 'collective engagement' (Jane Harris)

James Rimmer suggested adding Voluntary, Community and Social Enterprise (VCSE) as a bullet point under section 12.3.

Action 755: VCSE to be included as a bullet point under section 12.3 (Jane Harris)

Wendy Grey asked whether Learning Disability (LD) groups are included?

Jane Harris advised that they should be but this will be checked as they are a key area we are working with as part of our communications engagement strategy.

Action 756: Check that LD groups are included (Jane Harris)

Lou Evans raised the issue of consultation with staff and how this was being carried out, as felt that this should take place first, in particular for those doing the jobs directly involved.

Jane Harris advised that the focus is on partnership working and how we are putting processes in place for partners to brief their staff at the same time.

Lou Evans queried that whilst this was clearly about adult services, what was happening with younger ones aged 16-18?

Maria Heard advised that this would be addressed under the specific agenda item later in the meeting.

Grahame Paine highlighted the roles and responsibilities listed on page 20 and the importance of this not being considered in isolation but in line with the existing Governing Body responsibilities.

Jane Harris advised that this will be considered at the Somerset County Council Health Overview and Scrutiny Committee (HOSC) on 29 January 2020, which may lead to further changes, dependent on feedback received.

Dr Ed Ford asked for these changes to be made for the paper being presented to HOSC.

Action 757: Updated paper, in line with actions 752 to 756 above, to be produced for consideration at SCC HOSC meeting (Jane Harris)

By a show of hands, the Governing Body approved the Consultation Strategy, subject to the changes highlighted above and subject to any significant issues raised by HOSC.

SCCG 007/2020

FIT FOR MY FUTURE: PROPOSALS FOR CHANGING ACUTE INPATIENT MENTAL HEALTH SERVICES FOR ADULTS OF WORKING AGE

The Meeting received the Fit for my Future: Proposals for Changing Acute Inpatient Mental Health Services for Adults of Working Age. Maria Heard and the Mental Health Team reported that:

- The purpose of the paper is to bring a proposal to change the acute inpatient mental health inpatient services for adults of working age and change the configuration of the inpatient beds that we currently have, for approval to start formal public consultation. The supporting documentation includes the pre-consultation business case and the public consultation documentation.
- The proposals have been long in their development and been through numerous groups, such as the Mental Health and Learning Disabilities Programme Delivery Board which is a systemwide delivery board which has been responsible for developing those under Fit for My Future. The proposals have been considered at our Clinical Executive Committee and also shared with the Health and Wellbeing Board and Scrutiny Committee and are supported by our system partners, ie. Somerset County Council, Taunton and Somerset NHS Foundation Trust, Somerset Partnership NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.
- Peter Bagshaw set the proposal in the broader context of the transformation of mental health services in Somerset. Referring to the mental health model (previously referred to as the 'swinging balls' model), we know that there is currently an inequity between spending in physical and mental health services. It is thought that over 70,000 people in Somerset have mental health problems at any one time and 1 in 4 people will have mental health problems at some stage in their lives. Of these, around 2400 are in touch with specialist mental health services and around 600 (0.1%) are admitted to an acute adult mental health inpatient unit during

any one year. Inpatient provision is therefore a tiny proportion of what is going on in mental health.

- An extensive consultation has been carried out with stakeholders, which highlighted the need for a greater focus on prevention and recovery, with the needs of the person at the centre.
- The team have been successful in four competitive bids against strong competition, bringing an extra £6 million of new Government money into mental health spending.
- There are six bands or offers and of those, three are new as a result of the additional funding – the first two are around building stronger communities and embedding resilience and the third is around those people who are just wanting some early help such as some peer support or primary care counselling. The fourth one is around trauma and mainly people with personality disorder who can often be helped in the community. The new model should address the historic inequalities.
- Dr Alex Murray advised that our acute admission wards are very much a county-wide resource, so when people are in acute mental health crisis, they will be assessed and admitted to the ward that is best able to meet the person's needs at that time, regardless of where they live. There are currently four wards across the County, two in Taunton (Rydon 1 and 2), one in Yeovil (Rowan) and one in Wells (St Andrews). Adjacent to the Taunton wards is an acute inpatient intensive care unit for adults with acute mental health conditions (Holford Ward), a section 136 suite and two older persons mental health wards. Adjacent to Rowan, we also have a section 136 ward. The proposal is about making a safe and effective service and providing the best care that we can for our population when they need that acute adult inpatient care for mental health conditions.
- We currently have two standalone wards in the County, so in Yeovil and Wells, staff have to dial the police if there is a crisis as there is no support available from a neighbouring ward. If people need acute medical support in Taunton, the wards are close to an emergency department, however in Wells there would be a 45-minute ambulance journey to the nearest emergency department which is at RUH Bath.
- The biggest concern is out of hours medical cover across those wards. In Taunton, Burrow and Yeovil, there is 24-hour psychiatric medical cover on site. In St Andrews, there is only medical cover between 9.00 am and 5.00 pm

Monday to Friday, with no medical support on site for crisis out of hours. If at high risk of self-harm or harm to others, with an acute medical or long-term condition, or unknown to the service, we are unable to admit people to Wells, so admission would be to Yeovil or Taunton to ensure that appropriate medical support is available.

- Over the last year, we have looked at a range of options for potential configuration of our wards, working with our stakeholders, staff and voluntary sector groups and patient and carer representatives, leading to three options, with one preferred option:-
 - 1) Stay the same – keep the four wards, with some building work required at Rowan and St Andrews to bring them up to the specification required but with the risks already identified remaining;
 - 2) Relocate the Wells ward to Yeovil, creating two wards on the Yeovil site, which would require some refurbishment to Holly Court, adjacent to Rowan Ward, currently held as offices;
 - 3) Relocate the Yeovil site to Wells, to the Phoenix ward which is adjacent to St Andrews, which was closed about ten years ago and is currently unused, so would require a significant amount of work to bring it up to the specification required.
- These options have been taken through three workshops with a wide range of stakeholders representing our staff, colleagues, partners, service users, service user representation, members of the public and local GPs and for each group worked with, the general conclusion has been the same as ours that the preferred option should be the move from Wells to Yeovil (Option 2) for all the reasons previously stated.
- Even if we were to move the beds from Yeovil to Wells, we would still need to put in place mitigations around distance to emergency department and high-risk patients would still need to be admitted to Taunton wards so there would still be a challenge across our ward base in that arrangement.
- Travel time was considered and in the relocation from Wells to Yeovil, fewer people would need to travel further, compared to the other way around.
- Workforce sustainability was considered and there is a shortage of psychiatrist nursing nationally and both Yeovil

and Taunton are accredited training placements for mental health, whereas St Andrews is not, so by co-locating our wards in Yeovil and maintaining the wards in Taunton, we are increasing our ability both to recruit and to train staff.

- Also looked at impact on equality by moving the ward and there was no difference in whichever option was chosen in terms of how those would be affected.
- Affordability and value for money – whilst we have to hit our financial budget, this proposal is not about saving money but about creating safe and effective services. The move from Wells to Yeovil is slightly more sustainable in terms of the capital cost required to develop the second unit but also in the revenue cost going on, which gives us more freedom to invest in community services.
- The potential impact of what we are proposing is to move the 14 beds in St Andrews to Yeovil to create two 16 bedded wards, which would be identical but will both have an extra care suite, meaning that those beds could be used as a standard bed or in times of crisis, provide an additional area to care for people at greater times of need. One of those units can be used as a section 136 suite. We would maintain the section 136 suite already at Rowan but have the potential to use an additional room in the same way.
- What happens in the North and for the people in Wells? The Priory Health site which has a GP surgery and some of our community mental health teams will remain but through the additional funding, we are now looking at the development of a crisis café – one in Bridgwater and another in the Mendip area – for those in crisis or at risk of crisis.
- The proposals have been taken through a range of assurance processes, including the South West Clinical Senate, who not only supported the proposals but were also very keen to support us moving through the consultation as quickly as possible. We have also had NHSE England approval, subject to Governing Body approval.
- Why are we going to consultation? We want to understand people's views about this – the challenges they currently have in accessing mental health services, what they think about our proposals and do whether they understand them and is whether there is anything we have missed, so we need to gather that feedback and consider our proposals and whether we need to flex or change them before we move forward with any actions or decision-making.

- Jane Harris summarised the consultation events and activities, co-designed with the stakeholder reference groups, as follows:-
 - Specific events for current adult bed sites (Rowan, St Andrews, Wellsprings) to talk to patients, relatives, visitors and staff on site
 - Two public meetings, one in Wells and one in Yeovil
 - Talking cafes run by our Village Agents
 - Patient Participation Group Chairs
 - Somerset Engagement and Advisory Group
 - VCSE forum
 - Mental Health Forum
 - Governor of our NHS Foundation Trusts
 - Pop up sessions in local colleges
 - Pop up sessions at Yeovil Hospital and Musgrove Park Hospital to capture staff, patients and visitors
 - Social media strategy, using boosted and targeted posts on Facebook and Instagram
 - Two Facebook live events, with our system partners also agreeing to stream them across their channels (Somerset County Council, Taunton and Somerset, Somerset Partnership and Yeovil District Hospital)
 - Contacting local influencers, asking not to endorse but raise awareness on their accounts and sites
 - Mapping exercise carried out of all the community pages on Facebook that can be used to raise awareness
 - Holding evening workshops with primary care colleagues
- There is also some exciting new work in developing a community asset-based approach, working with our voluntary sector organisations, to get into our seldom heard from groups and our mental health service users, where we will be using the connections they already have to help us have those conversations with those people.

Maria Heard invited questions as follows:-

- Wendy Grey enquired about staff having to relocate or work somewhere else across the county and whether we are confident that people in the ward to be closed could be absorbed into the community where they cannot travel or move into the new ward, rather than having to make redundancies?

Andrew Keefe advised that Somerset Partnership have engaged with their staff previously about their preferences

and the Trust is not looking to make any redundancies and staff will be guaranteed a job somewhere. Where travel to Yeovil is difficult, there are opportunities to accommodate those people either in Bridgwater or to work in the community in mental health teams, home treatment teams, or specialist teams. This would be facilitated by the Trust, appropriate to skill set.

Alex Murray advised that this fits with the ongoing expansion of community teams.

James Rimmer advised that the principle is an enhanced community offer and a consolidated inpatient offer, with local access increasing rather than decreasing.

- David Heath commented that the crucial issue is that it needs to enhance the service and reiterated the fact that the inpatient facilities are county-wide facilities. David Heath asked whether we were sufficiently engaging with other communities which have an interest in the North of the county, to help them to understand how local services will be enhanced and in order to secure their support. David Heath also asked whether Wells was the place of greatest need in relation to the location of the Crisis Café as it is a relatively small community with a small footfall and therefore asked that this be thought through carefully.

Andrew Keefe advised that whilst we have plans for one Crisis Café in Bridgwater due to the footfall, the other one would be located somewhere in the Mendip area and we need to ask the people in Mendip where that should be.

There are also options around pop-up cafes, so not necessarily static in one place for example, so there could be different models for crisis intervention and there is a commitment in the short to medium term but this needs to be fleshed out and expanded further.

- Lou Evans recognised that this was a very impressive document but queried why there was nothing particular around businesses and the Chamber of Commerce, as they are also affected by this?

Jane Harris advised that work was carried out as part of the winter messaging around contacting the biggest businesses in the County and providing content for their websites and newsletters and we intend to use that again as part of the mental health consultation and in-reach.

- Jayne Chidgey-Clark thanked the team for the immense amount of work and comprehensive business case and communications materials which is very robust and compelling but queried the timetable, as on page 103, the timetable for the preferred option is a year from decision to delivering the service change and wondered whether we have an ambition to be quicker and whether this process could be accelerated?

James Rimmer asked if the Governing Body could be taken though the timetable.

Andrew Keefe said this is due to the refurbishment required as this would involve the refurbishment of the empty Holly Court, to allow the patients currently in Rowan ward to move into Holly Court, which would enable the refresh of Rowan ward, to then allow those from St Andrews to move into Rowan ward. We need to meet the specifications of the rooms with the highest quality we can afford.

Maria Heard confirmed that the Trust is working with architects to refine the timetable should a decision be made.

Maria Heard advised that subject to Governing Body approval, the consultation would be launched tomorrow and this would be a 12-week process, taking us to 12 April. Participate, who have supported us in terms of our engagement and consultation, would then independently review the feedback received and report back, to feed into a final decision-making business case to come back in the autumn.

Jane Harris advised that we will be publishing the independent analysis of the consultation, ie. what people have told us and how we are responding to it.

- Sandra Corry queried whether there were more opportunities to engage with young people/colleges?

Jane Harris advised that as well as the college drop-in sessions, we are also asking colleges and influencers to put our content out on their Instagram pages and that every Friday we will be reviewing our reach and looking at the demographics and every time we identify something, we will take action and add to that if necessary.

- Trudi Grant made a plea for the farming community and considering use of the Junction 24 market.

Jane Harris advised that as part of the community asset-based approach, we have already identified rurality's as a

significant area, ie. Young Farmers, Exmoor Farmers and Rugby Clubs and will also consider stands at the J24 market. We are also putting events on in the evenings and on Saturdays.

- Grahame Paine stated that within the consultation document, it does not give a feel for the crisis cafes and just how exciting these are.

James Rimmer advised that one of the challenges we have is that you have to consult on what you are not doing rather than what you are doing and there is some fantastic work sitting behind this to enhance the inpatient and outpatient services to offer a safe and consolidated service at the end and we need to convey that even more.

Peter Bagshaw said that if successful, we would look to do this even more and move away from hospital, bed-based care.

- Grahame Paine queried why there is no meeting in Shepton Mallet and said that we need to be covering all the places on the map showing where all the patients come from to Wells. Grahame Paine asked how we are going to actually get people to these events as there is nothing more disappointing than having a poor turnout?

Jane Harris advised that in addition to the large mailshot tomorrow to all GP surgeries, we are also going to Talking Cafes, where people are already meeting.

James Rimmer said that the vast majority of events are drop-in type events, going to the areas where there is likely to be significant interest.

- David Freeman thanked the team, aware of how long this has been in the making and the amount of work involved, which shows the quality of thinking and in-depth work with partners and stakeholders, recognising that the Clinical Senate have endorsed this and recognised the wider service implications and opportunities and also that we have been assured by the Regional Office. This is an important milestone for the CCG and Somerset system.

David Freeman queried whether the timeline for developing the decision-making business case is quite generous and wondered whether there was an opportunity to move more quickly through those phases?

Maria Heard advised that we have set out what we think is best practice but if it is possible to go faster, then we would need to balance that with capacity in the team. Peter Bagshaw confirmed that there was a commitment to work at pace.

David Freeman said that the document references the questionnaire – are we asking questions about the model as well or is it purely on the proposals for the changes in ward location?

Alex Murray confirmed that the questionnaire is predominantly direct questions about the model and the ward locations but we can talk to people at drop-ins to ask if there is anything else we have missed. Kate said that a huge amount of work has taken place around the wider network.

- Alison Henly thanked everyone for their effort and wanted to provide assurance to the Governing Body, as there are some significant finance figures within the document, particularly around capital that whilst we do not know which option this would be subject to consultation, we have flagged up the need for national capital to support this as there is none in the system. Reinforcing Alex Murray's point about the money, this does flag up that there is a difference in terms of money and the preferred option would give us the advantage of being able to invest more into mental health services, so this is not about reducing the amount of money we put into mental health.

By a show of hands, the Governing Body noted the work to date and positive feedback from both the Clinical Senate and NHSE and approved both the mental health pre-consultation business case and the public consultation documents.

The Governing Body approved the recommendation that the views of the public should be sought through a formal consultation process to move the acute mental health ward currently at Wells to Yeovil. Following a formal report of the consultation process, the Governing Body will make a decision on the proposals, taking into account the feedback.

Dr Ed Ford and James Rimmer thanked the team for all their hard work to date and for all the work yet to come as we move into uncharted territory.

SCCG 008/2020

**VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE:
MENTAL HEALTH FUNDING**

The Meeting received the Voluntary, Community and Social

Enterprise: Mental Health Funding Report. David Freeman and Andrew Keefe reported that:

- David advised that this is all linked to the roll out of the new model and the trailblazer funding being put into action.
- Andrew Keefe advised that this is for the Voluntary, Community and Social Enterprise sector to appoint a partner in the delivery of this new model and this new transformational work in terms of expanding community mental health services.
- About 12 months ago, there were the rapid improvement proposals and the creation of the 'swinging balls' (emerging model of mental health services in Somerset) diagram. This was a radical approach as we were aware that mental health services were historically underfunded and yet we wanted to do something different, which at the time, was resisted by the current providers who said there was a need to fund the existing service properly first before starting other things. However, we believed the right approach was to intervene earlier, take a more preventative approach, deliver services closer to home and meet people's needs where they were rather than trying to fit them into our services.
- When the Long-Term Plan (LTP) was published earlier this year, it aligned to our plans which placed us in a very strong position, as when NHS England put out requests for localities to bid for transformational funding to transform services, we already had a model which aligned to the thinking in the LTP. We began developing those approaches by expanding community services and expanding IAPT services.
- When successful in winning the £4 million a year funding from NHS England and in the development of that bid, we wanted to change not only what we delivered but also how we delivered it, so built the bid with the voluntary sector in mind.
- A procurement process has been taking place since October 2019, as detailed in the report. The aim was to have a positive partnership with other agencies to help us develop a model of the ten-year plan and £1 million of the £4 million contract has been dedicated to working with partners. We invited a consortium approach and one bid went through to formal evaluation composed of people and agencies as listed in the document from the local area, also involving MIND and Rethink working collaboratively on a single bid.

- A proposal was put forward through the Innovation Partnership and the final bid was submitted before Christmas. The evaluation panel involved a wide range of people working collaboratively to evaluate this bid including Public Health, Somerset Partnership, Adult Social Care, CCG members, Clinicians and Managers. This was an exceptionally strong bid (83/84%) and Grahame Paine, Non-Executive Director, was also an observer on the panel.
- Grahame Paine advised that the Governing Body gave the Finance and Performance Committee an opportunity to review the proposal before coming to Governing Body, where Andrew Keefe talked through the robust selection process. All panel members agreed how strong the proposition was and whilst this is a collaboration, were mindful that this has not necessarily been achieved before, so the Committee asked that the team monitor how the different partners work going forward but recommended the approval of this approach.
- Kate Williams advised that as this is a trailblazer, it is on a national platform of delivery and there is evaluation to go alongside and regular monitoring and metrics used in the delivery.
- Peter Bagshaw advised that the metrics are new but the feedback has been very positive. There has been a shift in attitude with providers that they wanted to get things done.
- David Heath queried that this is countywide and Andrew Keefe confirmed that it is.
- Lou Evans said that whilst this is a really good document with a high score, the lowest score was the 10 out of 15 which related to liaison with Somerset Partnership and the Council, so there is a need to understand in a practical sense how that communication will work.
- Kate Williams advised that we are in the process of procuring a system that overlays between EMIS and RiO so that there is interoperability, which will allow us to bring in the voluntary sector agencies through the appropriate channels as well, once a decision is made. A meeting is taking place next week to explore some of the issues where there was a slightly lower score. There is national interest in understanding how this works and how things will come together.

- Lou Evans commented that we need to ensure that this has a focus at PEG/STP.
- Trudi Grant advised that a lot of work has been carried out a lot of work with the VCSE around developing them as a provider market, developing mental health hubs which has helped galvanise as these organisations started to know and trust each other more. Trudi Grant stressed the importance of ensuring this ties in closely with the neighbourhoods work. This is quite a landmark contract, which if done correctly, sets the precedent for multi-agency VCSE contracts in the future that we have not really managed to succeed with in Somerset for a long time.
- Andrew Keefe advised that we have worked with Public Health and Social Care right from the start and relationships in the mental health system are now considerably stronger than they were 18 months ago. In this particular contract, Rethink are the lead providers but there are then four localities and a dedicated lead for each of those four localities and each of those break down into the 12 neighbourhoods/13 Primary Care Networks (PCNs).
- Lou Evans asked whether the implementation timetable plan could include the necessary audit checks to make sure that the data sharing takes place.
- Alison Henly wanted to reinforce the discussion about the change in terms of the contract and how exciting this approach is.
- Trudi Mann echoed the excitement and raised the issue of bringing in the Community Council of Somerset and having early conversations with them as they are a micro-provider who are growing very quickly.
- Andrew Keefe advised that this is about adding to existing provision to complement village agents and other agencies such as Heads Up in Mendip who are a key player and whilst not part of this consortium, are associate partners in the delivery of the whole model.

By a show of hands, the Governing Body approved the Voluntary, Community and Social Enterprise: Mental Health Funding document and approved the awarding of the contract to this consortium led by Rethink Mental Illness.

SCCG 009/2020 ANY OTHER BUSINESS

Ed Ford thanked David Freeman, Chief Operating Officer, for his contribution to the CCG and wished him good luck for the future.

SCCG 010/2020 DATE OF NEXT MEETING

The next Governing Body meeting will be held on Thursday, 30 January 2020 at 9.30 am at Wynford House, Yeovil. Members of the public are welcome to attend.

The Chairman closed the Meeting.

CHAIRMAN

DATE