

Decision Report – Key decision

decision date – 14th June 2017

Prevention Charter for Somerset

Cabinet Member(s): Cllr Christine Lawrence, Cllr David Fothergill, Cllr David Hall, Cllr David Huxtable, Cllr Frances Nicholson, Cllr John Woodman, Cllr Anna Groskop, Cllr Clare Aparico Paul, Cllr Gemma Verdon, Cllr Faye Purbrick, Cllr Giuseppe Frascini
 Division and Local Member(s): All

Lead Officer: Trudi Grant/ Director of Public Health

Author: Louise Woolway/ Public Health Consultant

Contact Details: 01823 357269

	Seen by:	Name	Date
	County Solicitor	Honor Clarke	25.5.17
	Monitoring Officer	Julian Gale	25.5.17
	Corporate Finance	Kevin Nacey	25.5.17
	Human Resources	Chris Squire	25.5.17
	Property / Procurement / ICT	Richard Williams	25.5.17
	Senior Manager	Trudi Grant	25.5.17
	Local Member(s)	All	25.5.17
	Cabinet Member	Cllr Christine Lawrence Public Health and Wellbeing	25.5.17
	Opposition Spokesperson	Cllr Jane Lock	25.5.17
	Relevant Scrutiny Chairman	Cllr Leigh Redman Cllr Hazel Prior-Sankey Cllr Tony Lock	25.5.17
Forward Plan Reference:	FP/17/03/12		
Summary:	<p>As part of the work of the Somerset Sustainability and Transformation Plan (STP) being led by the NHS and Somerset County Council, the Somerset Health and Wellbeing Board have approved a new Somerset Prevention Charter (Appendix 1).</p> <p>All parts of the local health and wellbeing system now recognise that getting prevention right is essential to the future sustainability of public services. The Prevention Charter provides a common understanding of prevention across many organisations as well as:</p> <ul style="list-style-type: none"> • Committing organisations from across the health and care system to the Vision and Principles of prevention, in the widest sense • Making that commitment real by delivering, with co-signatories and others, the actions that together will put prevention at the heart of health and wellbeing in this county <p>The Prevention Charter has been formally endorsed and</p>		

	<p>adopted by key STP and Health and Wellbeing Board Partners; therefore this paper recommends that it is similarly adopted by the Council through its formal decision making process.</p>
Recommendations:	<p>That Cabinet approves the adoption of the Somerset Prevention Charter on behalf of Somerset County Council</p>
Reasons for Recommendations:	<p>The Prevention Charter has been endorsed and adopted by the following organisations:</p> <p>Somerset Partnership NHS Foundation Trust Somerset Clinical Commissioning Group Taunton and Somerset NHS Foundation Trust Yeovil District Hospital Taunton Deane Borough Council West Somerset Council Sedgemoor District Council</p> <p>It is in the decision making processes of the following organisations:</p> <p>Mendip District Council South Somerset District Council</p> <p>Somerset County Council is encouraged to also adopt the Charter as a key player in both the STP and the Health and Wellbeing Board.</p>
Links to Priorities and Impact on Service Plans:	<p>This work links significantly with both the County Plan and the Somerset Health and Wellbeing Strategy where the focus is on supporting people to live healthier lives.</p> <p>Prevention has been identified as a priority for the STP</p>
Consultations undertaken:	<p>A draft Prevention Charter was submitted to the Health and Wellbeing Board and each NHS organisation for comment. The Charter was amended to take into consideration the comments made before the final version was approved by the Health and Wellbeing Board.</p>
Financial Implications:	<p>The Charter commits organisations to maximise prevention within the work they currently do. For Somerset County Council this will be about encouraging everyone to think about how to maximise prevention within the work they do; within the resources they currently have in order to maximise the financial benefits that can be realised from adopting a preventative approach.</p>
Legal Implications:	

	<p>Nationally, it has been recognised that there needs to be a far greater emphasis on prevention to improve lives and to achieve the future sustainability of public sector services. As such, prevention is now a priority across a range of public sector duties, including those in the following:</p> <ul style="list-style-type: none"> • the NHS Sustainability and Transformation Plan (2016) • the NHS Five Year Forward View (2014) • The Care Act (2014) • The Children and Families Act (2012) • The Health and Social Care Act (2012) 						
HR Implications:	None						
Risk Implications:	<p>There is a reputational risk of the Council not adopting the Charter which it has initiated and developed when other organisations from across the health and wellbeing system have already adopted it, or are in the process of doing so.</p> <table border="1"> <thead> <tr> <th>Likelihood</th> <th>Impact</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Likelihood	Impact	Risk Score			
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Other Implications (including due regard implications):	<p><u>Equalities Implications</u></p> <p>An equality impact assessment on the actions taken to implement the commitment will be undertaken as and when appropriate.</p> <p><u>Health and Wellbeing Implications</u></p> <p>The vision for the Charter is:</p> <p><i>People live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and efficient public services when they need them.</i></p> <p>Therefore its adoption offers the opportunity to make significant positive impacts on health and wellbeing, reducing ill health and reducing health and social inequalities.</p>						
Scrutiny comments / recommendation (if any):	Not applicable.						

1. Background

- 1.1. It became clear through the early work of the Somerset STP that prevention meant so many different things to different parts of the health and care system and to drive forward the commitment to prevention detailed as a STP priority a common definition and understanding was required. The Charter achieves this.
- 1.2. The Somerset Health and Wellbeing Board had previously developed the Somerset Prevention Framework and the Charter built upon the framework using

a similar approach to the Declaration on Tobacco Control which many organisations in the county signed a few years ago.

2. Options considered and reasons for rejecting them

- 2.1. No alternative options were considered as this is a specific piece of work to achieve a specific aim

3. Background Papers

None