

Annual Report of the Cabinet Member for Public Health and Wellbeing

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Division and Local Member: All

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1. INTRODUCTION

- 1.1 This year we have focused on influencing across the health and wellbeing system, aiming to develop a more joined-up approach to improving health so we are all working together to achieve the same aims.
- 1.2 This report details some of the work which has been undertaken under the portfolio, including that of the public health team and the Health and Wellbeing Board; it is not a complete account of the work but an overview of highlights.

2. RESETTING THE STRATEGIC DIRECTION FOR HEALTH AND WELLBEING

2.1 New Improving Lives Strategy

- 2.1.1 Following the adoption of a new 10 year Vision for Somerset, the ‘Improving Lives’ vision, the Health and Wellbeing Board has focused on jointly developing the new Improving Lives Strategy (which will also be the Health and Wellbeing Strategy for the county). This strategy is a significant step forward for us as a county. By focusing on improving lives rather than taking a narrow view of health and wellbeing, we can all work together towards the same vision for Somerset. The strategy recognises that education, economic growth, housing, communities, transport, the environment and so on all have a key role to play in improving the health and wellbeing of our residents, not just traditional health and social care services.
- 2.1.2 The strategy consulted on four strategic priorities:
 - Priority one: A county infrastructure that drives productivity, supports economic prosperity and sustainable public services
 - Priority two: Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment
 - Priority three: Fairer life chances and opportunity for all
 - Priority four: Improved health and wellbeing and more people living healthy and independent lives for longer

2.2 **Fit For My Future**

- 2.2.1 During this year, the Somerset Clinical Commissioning Group (CCG) and Somerset County Council (SCC), under the Improving Health and Wellbeing priority of the Improving Lives Strategy, have committed to reviewing health and social care services and developing proposals for the future delivery of these services in line with the changing needs of our population.
- 2.2.2 The Fit For My Future Strategy aims to adopt a more preventative approach, seeking to 'flip the system' over time from a largely demand-driven system to one which puts the prevention of ill-health and dependence at the forefront. This is in line with the 'NHS Five Year Forward View' which called for a 'robust shift change in prevention'.
- 2.2.3 In preparation for both the new Improving Lives Strategy and Fit For My Future, the Health and Wellbeing Board has refreshed the overall Joint Strategic Needs Assessment (JSNA) this year so we have the most up to date data and intelligence about the needs of our population. The JSNA provides intelligence and analysis to underpin each of the four priorities of the strategy. In order to remain current, the JSNA is primarily an electronic resource and can be found at <http://www.somersetintelligence.org.uk/jsna/>

2.3 **Somerset Prevention Charter**

- 2.3.1 In its role of providing strategic leadership to the system, the Health and Wellbeing Board has focused on putting prevention at the heart of everything we do in Somerset, aiming to put 'health in all policies'. I am pleased to report that all six Somerset Local Authorities, Avon and Somerset Police, the CCG, the three NHS Foundation Trusts and St Margaret's Hospice Care have now signed up to the Somerset Prevention Charter which was developed by the Board. These organisations have backed this commitment up with prevention and health and wellbeing plans, which will turn put the Charter into action. We are already starting to see a greater focus on prevention through the Fit For My Future Strategy, workplace health initiatives and a greater focus on improving health in corporate business plans.

2.4 **Better Care Fund**

- 2.4.1 Significant progress in outcomes can be achieved if we all work collaboratively. Part of the role of the Health and Wellbeing Board is to oversee the integration of health and social care and the Better Care Fund. A real success this year, through the Better Care Fund, has been the development of "Home First", a joint health and social care initiative which has been successful in supporting people to get back home after a stay in hospital.

2.5 Annual Report of the Director of Public Health

2.5.1 This year's annual report focused on the important and sensitive issue of End Of Life. Public health is concerned with the health and wellbeing of the whole population from pre-pregnancy to end of life. Just as we look to give every child in Somerset the best start in life, and adults to have the opportunity to be healthy and productive for as long as possible, so the final months should be viewed as contributing to the overall quality of a life well-lived. The principal aim of using the Annual Report of the Director of Public Health to focus on end of life was to raise awareness of the growing importance of a peaceful and dignified end of life as an integral part of the whole life course.

3. IMPROVING THE HEALTH OF CHILDREN AND YOUNG PEOPLE

3.1 Health Visiting and School Nursing (Public Health Nursing)

3.1.1 The work of the Public Health Nursing (PHN) Service is underpinned by the evidence and best practice guidance provided in the Healthy Child Programme (HCP). The HCP is a public health programme for children, young people and their families which focuses on early intervention and prevention. It offers a programme of screening testing, immunisations, developmental reviews, information, and guidance on parenting and healthy choices. The provider has continued to provide a good service for the children and families of Somerset. We have started to skill mix the health visiting workforce to make necessary budget cuts to the public health grant.

3.2 Integrated Family Support Service

3.2.1 During this year we have been working with colleagues in Children's Services to develop a new Integrated Family Support Service. Following a Cabinet decision in October 2018 to reduce SCC's Early Help Services and a pending consultation on the future shape of these services, the integration with SCC Early Help services is currently paused. The development of the Family Support Service is however continuing, starting with the transfer of school nursing and health visiting services into SCC in April 2019. Preparation for this is progressing well; over the next year we will be looking to maximise improvements in health and wellbeing through better links between these services and with the specialist public health function already within SCC. There is potential to develop a strong 'community-based' model in the future, linking to the work being discussed within the Improving Lives and Fit For My Future Strategies.

3.3 Breastfeeding

3.3.1 The Infant Feeding Strategy was launched through the Children's Trust Board in August 2017. The strategy includes work on the assessment of tongue tie and the development of a pathway for lactation advice, to be used across all healthcare providers. In addition, with the SCC Communications team, a very successful social media campaign has been run, with significant public engagement. This has resulted in an increase in women volunteering to be breastfeeding champions and an increase in local establishments being nominated for the 'Positive About Breastfeeding Scheme'.

3.3.2 Most recent figures for Somerset show that 46.6% of women continue to breastfeed 6-8 weeks following birth compared to 46.4% in England overall. Exclusive breastfeeding for the first six months of life is widely recognised as having significant health benefits for the mother and child, as well as being a significant contributory factor in helping to develop neurological pathways in the child's brain to enable social bonding and attachment.

3.4 **Emotional Health and Wellbeing**

3.4.1 The emotional health and wellbeing of children and young people has been a high priority this year. Mindful Emotion Coaching has been developed across schools and other children's services, supporting both adults and children to better understand and be able to manage their emotions and behaviours.

3.4.2 With the CGG and NHS England, the new 'Phoenix Service' has been commissioned to address the adverse impact of the childhood experience of sexual abuse, which has been shown to have a lifelong impact on both physical and mental health. It provides specialist training and support to the wider children's workforce to help give appropriate advice and support to children and families. The service also delivers a small number of direct interventions for children, young people and families.

3.4.3 We have continued to work closely with the CCG to improve service provision for women experiencing mental health difficulties during the perinatal period (pregnancy to 12 months after giving birth). Through a successful bid to NHS England, Somerset has now been awarded funding to develop a specialist community perinatal mental health service.

3.4.4 We recognise that parents are probably the biggest public health workforce we have. It is vital to ensure parents are confident in their parenting ability and know where to go for help and support. This year, we have funded specific training for professionals in 'Tuning into Kids' and 'Tune into Teens', which will enable those individuals to support parents in groups or on a one to one basis. The public health team has also created a Parent Care Toolkit which provides top tips for parents and professionals about how to manage common parenting challenges, such as sleep, potty training, and behaviour management in adolescents.
https://www.cypsomersethealth.org/parent_and_carer_toolkit

3.5 **Children and Young People's Survey (SCYPS)**

3.5.1 In March 2018, public health commissioned the School Health Education Unit (SHEU) to run a third online children's health and wellbeing survey in schools and colleges across Somerset. At present the survey is the largest and most robust children and young people's survey undertaken both locally and nationally and contributes to the overall strategic needs assessment of children and young people.

3.5.2 Results from the survey were published in September 2018. A total of 7,302 pupils and students took part in 74 infant and primary and 26 middle and secondary schools in Somerset. Children who took part in the survey were aged from 8 to 18 years from year groups 4, 6, 8 and 10.

3.5.3 Key headlines for primary-aged children from the report found that for most of the

questions in the survey, Somerset primary pupils gave similar responses to other local authority schools. However there were some significant difference reported. These included:

- Primary pupils in Somerset are more likely to report being physically active on at least 5 days the previous week compared with the wider SHEU sample; 40% in Somerset vs. 26% of the SHEU sample
- A higher proportion of children reporting that they are sometimes afraid of going to school because of bullying (40% in Somerset compared with 35% in the wider survey)
- An increase in the number of Somerset primary school children (27%) said they had been bullied at or near school in the last 12 months compared with pupils in the wider sample (21%)
- Somerset primary pupils reporting lower levels of self-esteem compared with the wider survey sample.

3.5.4 For secondary-aged pupils there were also some significant differences reported compared with wider SHEU sample. These were identified as:

- Somerset Pupils are more likely to report having 5+ portions of fruit and vegetables the day before compared with the wider SHEU sample; (26% of Somerset pupils compared with 22% of the SHEU sample).
- Secondary pupils in Somerset are more likely to report being physically active on at least 5 days the previous week compared with other areas; (41% in Somerset vs.29% of the SHEU sample)
- 51% of pupils in Somerset said their school takes bullying seriously compared with 48% of the wider sample.
- Higher proportion of Somerset pupils said they had been bullied in the last 12 months (25%). This is higher than the 19% seen in the wider sample.
- Fewer secondary pupils in Somerset recorded levels of high self-esteem (35%) compared with 41% seen in the wider sample

3.5.5 To see the full survey reports and district wide reports please visit:

https://cypsomersethealth.org/somerset_children_and_young_people_survey

3.6 **Personal Social Health and Economic (PSHE) Education**

3.6.1 The Department for Education (DfE) is proposing that health education, as well as new reformed Relationships Education in primary schools, and Relationships and Sex Education in secondary schools, will become compulsory taught subjects from September 2020. Currently schools are free to develop their own PSHE programme to reflect the needs of their pupils. To support schools in developing and delivering a whole-school approach to PSHE, public health has partnered with experienced youth charity LIFEbeat to provide a four-day PSHE teacher training programme for all schools in Somerset.

- 3.6.2 The Somerset LIFEBeat model exceeds best practice recommendations for developing a PSHE teacher training programme. The bespoke course provides participants with a toolbox of activities for PSHE and the classroom and the motivation to use them. It also provides professionals with an opportunity to network with colleagues and to support each other with the vision and inspiration to enhance their PSHE teaching practice, as well as including practical tools and training to support staff self-care and wellbeing.
- 3.6.3 Thirty delegates attended the training and 29 completed the course. Due to the success of the programme, an additional two-day enhanced creative practice was delivered with 27 participants completing the training. LIFEBeat also offers PSHE community network and mentorship for teaching staff. A further two PSHE courses are planned for March 2019. The organisation will also be leading an eight-day residential camp for 14-18 year olds in Kilve Court during the summer holidays in 2019.

3.7 **Somerset Wellbeing Framework**

- 3.7.1 It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and this continues to influence their mental wellbeing into adulthood.
- 3.7.2 In response to schools requiring more support on promoting positive emotional health and wellbeing, we launched the Somerset Wellbeing Framework for schools in June 2018, which over 80 schools attended.
- 3.7.3 The Somerset Wellbeing Framework builds on evidence from schools and colleges across the country which are integrating health and wellbeing within the ethos, culture, routine life and core business of the school setting. This framework sets out key actions that schools can take to embed a whole-school approach to promoting emotional health and wellbeing. These actions are informed by evidence and practitioner feedback about what works and includes the voices of young people who themselves say that they want to learn more about how to keep themselves emotionally healthy. The framework has been developed in partnership with schools, school nurses, SHARE (Schools Health and Resilience Education) service and education psychologists. Since its launch, over 40 schools in Somerset have signed up and are completing the framework.

4. **IMPROVING THE HEALTH OF THE WHOLE POPULATION**

4.1 **Smoking**

- 4.1.1 Smoking remains the single greatest cause of preventable premature death as a driver of health inequalities. Specialist support to stop smoking is provided directly by SCC, as part of the public health team, and through some GP practices and pharmacies. We have moved to a group-based model of providing support, as the evidence shows us peer support is of key importance to people stopping smoking and staying stopped. Telephone support is also available for those who meet certain criteria and are unable to attend a group.

4.1.2 Mums2Be Smokefree, our local programme of work to reduce smoking in pregnancy, saw 325 pregnant women setting a quit date with the service, of whom 200 (52%) stopped smoking. The smoking in pregnancy rate in Somerset has now dropped significantly to 11.5% in 2017/18, from 18.9% in 2010/11. This reduction is double the fall seen nationally; our success reflects the ongoing focus we have had on this issue.

4.2 **NHS Health Checks Programme**

4.2.1 NHS Health Checks is a national programme that provides people aged 40 to 74 with a cardiovascular risk assessment and lifestyle advice to help them stay healthy for longer. The service was recommissioned in April 2015 and is in its third year, having delivered over 30,400 health checks. Health Checks are offered at participating GP practices (36% of all checks delivered) and pharmacies (46% of all checks delivered), as well as a range of community locations (18% of all checks delivered), such as libraries and leisure centres. The service continues to work with a wide range of organisations including Somerset businesses and parish councils, to deliver health checks in village halls or from the mobile van.

4.2.2 In 2017/18 of the 10,402 checks delivered in year, 1,965 people were identified as obese; 2,238 were identified as inactive; 2,150 people had raised blood pressure readings; 121 people were referred to their GP for raised blood glucose readings (a key indicator for diabetes) and 329 people were referred to their GP for high risk of Cardiovascular Disease (heart attack, stroke, diabetes, kidney disease and vascular dementia). We are currently discussing a more joined-up approach to cardiovascular disease prevention with the CCG.

4.3 **Healthy Eating, Physical Activity and Weight Management**

4.3.1 Overweight, obesity and physical inactivity continue to be significant challenges to Somerset's health and a major cause of those illnesses that place a burden on council and health services. Most recent data shows 63% of adults in Somerset are overweight or obese (down from 67% in the previous year). 20.1% of 4-5 year olds and 28.8% of 10-11 year olds have excess weight.

4.3.2 Support and advice for physical activity and healthy eating has been reconfigured to take into consideration the reduction in the central government grant, the evidence base, and local needs, and is now provided in-house as part of public health team. We have changed the approach from a very individual one to a community-based model, working particularly in areas of highest need, aiming to empower local areas and groups to help achieve social change.

4.4 **Mental Health**

4.4.1 This year SCC became the first authority in the country to formally agree to have two elected members as Mental Health Champions, one for adults and one for children. This initiative is promoted through the Local Government Mental Health Challenge.

- 4.4.2 A key area of work continues to be children and young people's mental health and this year a new resource called LifeHacks has been developed. LifeHacks are a series of practical tips and ideas, developed by young people for young people, to look after their own and their friends' mental health. These are now being promoted and used widely across schools and communities. More information on LifeHacks can be found at the following link:
https://www.cypsomersethealth.org/new_lifehacks
- 4.4.3 In collaboration with the CCG, public health have invested in the Somerset Mental Health Hub. This is a voluntary sector-led collaboration to help build the sector and improve representation on strategic and policy groups to promote and improve mental health. The initiative has already provided significant improvements in the links between organisations and will continue to help develop the sector's voice in policy making.
- 4.4.4 Excellent working between public health and the library services has continued to reap benefits this year, with the launch of two Health and Wellbeing Zones in Taunton and Yeovil libraries to compliment the Books on Prescription Schemes and Feel Better with a Book groups found weekly in five library settings.
- 4.4.5 We continue to have a strong focus on suicide prevention, through audit and action. Sadly, there has been a small increase in both numbers and rates this year and we continue to monitor this closely to see if there is an increasing trend. Action includes ensuring there is a support for those bereaved by suicide, promoting positive mental health, with a particular focus on men and boys, and delivering the Applied Suicide Intervention Training Programme alongside supporting targeted actions by Somerset Partnership Foundation Trust mental health services and developing suicide prevention champions who help raise awareness.

Reducing Inequalities and Improving the Health of Vulnerable People

4.5 Building Stronger Communities

- 4.5.1 Building stronger communities to support health, wellbeing and independence is an aspiration of the Health and Wellbeing Board and its partners. This year we have focused on developing the Somerset Voluntary Sector Forum and launched the Somerset Fund which will support small grants. The Stronger Communities for Somerset Group has worked closely with the Richmond Group, local organisations and the CCG to develop proposals to invest in and use resources within communities to help people stay well and independent. This work will continue to develop, in particular linking with the proposed development of social prescribing through the Fit For My Future Strategy.

4.6 Ageing Well

- 4.6.1 Staying active is one of the best ways to age well. We have therefore continued to invest in our community falls prevention programme "Stay Strong Stay Steady" through Age UK Somerset, providing exercise classes across the county to help avoid some of over 4,000 falls-related hospital admissions in Somerset. We have maintained the popular Active Living Programme, and from 2019 will be moving this into a grants programme delivered by the Somerset Community Foundation. This will enable more groups to be supported across the county.

4.7 Supporting the health of people with a Learning Disability

- 4.7.1 People with a learning disability can experience poorer health and wellbeing. This year, we have been working with NHS England on the Learning Disability Mortality Review Programme, carrying out reviews for people with a learning disability who have died. This national level work is important in learning from the deaths and how services can be improved to meet needs to a greater extent. The programme is helping to narrow the twenty year gap in mortality that exists for people with a learning disability.
- 4.7.2 In collaboration with colleagues in Adults and Health and with people with learning disabilities, we have developed a number of Peer Support Groups. Through these groups, people with a learning disability will be able to support each other and work together to help make Somerset a place where people with a learning disability can live active, independent and fulfilling lives.

4.8 Syrian Resettlement Programme

- 4.8.1 The public health team has led the co-ordination of the Syrian Vulnerable Persons Resettlement Programme across Somerset. An additional ten families have been resettled in Somerset this year (in line with our local target), plus a second family supported via CHARIS, a community sponsorship group based in Taunton. This has continued to be a very successful joint programme, with input from district councils, the CCG and community and faith groups across Somerset.

5. PROTECTING THE HEALTH OF THE POPULATION

- 5.1 The Director of Public Health has a statutory duty to ensure there are appropriate and tested arrangements in place to protect the population's health. Ensuring robust health protection arrangements is a vital function which goes largely unnoticed until there is an incident or outbreak.
- 5.2 During 2017/18, Somerset response arrangements were tested, with several complex cases of TB and several outbreaks of cryptosporidium linked with the annual open farm season. Nationally, the UK threat level was escalated to 'critical' in response to the terrorist attacks in London and Manchester. In response to this threat level, organisations in Somerset demonstrated how strong and resilient relationships can lead to an efficient and robust response to developing incidents and ensure that crucial learning takes place across the system.
- 5.3 Additionally, a major incident was declared in response to the severe weather that hit Somerset in February and March 2018 and the impact this had on the health care system. The public health team helped to lead the response and, throughout the year, have continued to ensure that the learning from the incident has been adopted across the system. A number of multiagency response plans have also been exercised throughout the year, including the nuclear offsite release plan through Exercise Nighthawk.

5.4 Sexual Health

- 5.4.1 The new integrated sexual health service SWISH has now established itself and is providing comprehensive community-based contraceptive and sexual health services. The service has been responding to increasing demand through sexually transmitted infections.
- 5.4.2 Following a complete service redesign and procurement process, SWISH was launched on 1st April 2016. Somerset Partnership NHS Foundation Trust were awarded the contract to deliver comprehensive contraceptive and genitourinary medicine services in community settings across Somerset. During 2017/18 the service had 16,386 attendances from Somerset residents, an 8% increase on the previous year, following a national trend in the demand for sexual health services. Improvements are already being seen in the two Public Health Outcomes Framework (PHOF) indicators for sexual health that Somerset were ranked poorly on, with a reduction in the late diagnosis of HIV and an increase in the chlamydia detection rate for 15 to 24 year olds. The SWISH service is participating in the national trial for the provision of pre exposure prophylaxis for HIV (PrEP) for high risk groups and emerging evidence of PrEP is demonstrating a significant impact on the reduction of HIV transmission.
- 5.4.3 The inclusion of young people has been a particular strength in the development of the new service and this has continued throughout the year, with young people from the UK Youth Parliament attending recent training for pharmacists on Emergency Hormonal Contraception, where they used 'role play' to simulate a number of real life scenarios that the pharmacists may come across during consultations with young people, including Child Sexual Exploitation. The input from young people was really well received by the pharmacists.

5.5 **Drugs and Alcohol**

- 5.5.1 Somerset services are currently one of the highest performing in the country at supporting people through treatment and into recovery. This is vitally important work, as around half of those in treatment have parental responsibilities and we need to protect children from the lifelong harm from exposure to adult substance use.
- 5.5.2 In Somerset we are fortunate to have an excellent Peer Mentor programme within which ex-service users volunteer their time to support others. Several of our Peer Mentors have gone on into employment as a result of being involved in the programme and some very moving stories about recovery were presented at the Peer Mentor Celebration event.
- 5.5.3 The current service contracts are due to end in 2019 and a tender exercise has been completed to appoint the new provider for a new service, which will have a stronger focus on children and young people and an even greater focus on working with partners to achieve positive outcomes.

5.6 **Prevent**

- 5.6.1 As part of the Safer Somerset Partnership, SCC works alongside partners to prevent extremism and radicalisation in Somerset. The Partnership oversees the Somerset Prevent Plan. A key part of the plan is to train all relevant frontline staff in prevent awareness (including education). Training has been provided to schools, early years and council staff with options for face to face or e-learning modules. Prevent duties are now reflected in key SCC policies. The Somerset Channel Panel is designed to assess the risk attached to vulnerable people to be radicalised and act on these beliefs. This is a safeguarding process which is well embedded in Somerset.

5.7 **Domestic Abuse**

- 5.7.1 The multi-agency Somerset Domestic Abuse Board has a key role in quality assurance across the whole domestic abuse system. An estimated 57,000 adult Somerset residents (aged 16-59) have experienced some form of domestic abuse. An estimated 17,300 people in Somerset will have experienced some form of abuse within past year. 1,056 people have received support from the Somerset Integrated Domestic Abuse Service because they and their families have been at high risk of harm from domestic abuse. Sadly, in the past year six people have died as the result of domestic abuse.
- 5.7.2 The Somerset Integrated Domestic Abuse Service is provided jointly by Livewest (previously Knightstone Housing Association) and Barnardos. The service has been a finalist in the UK Housing Awards, 24 Housing Awards and Chartered Institute of Public Relations Awards, and recently achieved national Leading Light accreditation.
- 5.7.3 The NHS has also employed a new hospital-based Domestic Abuse post which works as part of the Domestic Abuse service. In addition, the police are working to improve the way they respond to victims of domestic abuse as part of their transformation to a Lighthouse and Safeguarding unit, and are also planning a new way to work with perpetrators.
- 5.7.4 The current contract expires in 2020 and commissioners have begun the process of evidence gathering and design to support the development of the new service specification and contract.

5.8 **Multi-Agency Risk Assessment Conferences**

- 5.8.1 Multi-Agency Risk Assessment Conferences (MARACs) are held to ensure that safety plans are in place for those at high risk of domestic abuse. Withdrawal of Home Office funding for coordination of MARACs has meant that each area has had to review its arrangements. A new model is being implemented in Somerset which makes greater use of the specialist Independent Domestic Violence Advisors. The model reflects the need to 'think family' and treats children in contact with high risk adult victims, as being at potentially high risk themselves.

5.9 Hate Crime and Community Cohesion

- 5.9.1 The Somerset Hate Crime and Community Cohesion Group oversees the delivery of the Somerset Hate Crime and Cohesion Strategy. Overall, total crimes reported in 2017/18 numbered 36,491 and of these, 658 were hate crimes (1.8%). This is a rise of 25 on the 633 reported in 2016/17 (1.7%). However a note of caution should be used with these figures as hate crime is considered to be under-reported.
- 5.9.2 A new set of materials to help raise awareness of hate crime has been produced by the group and are available on a new hate crime web page www.somerset.gov.uk/hatecrime

5.10 County Lines

- 5.10.1 County lines and Dangerous Drugs gangs continue to pose a significant threat to vulnerable adults and children, upon whom they rely to conduct and/or facilitate the criminality. A common feature is 'cuckooing' residents - using their homes to run their business. Exposure to gang exploitation has the potential to generate emotional and physical harm. Agencies in Somerset continue to work together to tackle and prevent this crime and to protect young people from exploitation. A new police email address has been set up to receive reports and concerns about this activity. You can access the form here: <https://forms.avonandsomerset.police.uk/forms/vul>

5.11 ONE Teams

- 5.11.1 One Teams are focused on the highest priority neighbourhoods. The Countywide One Team Co-ordinator, funded by the Police and Crime Commissioner, is now in post and this has supported the network of One Teams to develop common standards around information sharing and performance. The Co-ordinator has supported work to develop best practice around multiple vulnerability, anti-social behaviour and complexity.

6. HEALTHCARE PUBLIC HEALTH

6.1 Public Health Intelligence

- 6.1.1 One of the statutory duties of SCC is to provide specialist public health advice to the NHS to inform their commissioning of health services for the population. The Public Health Core Offer was delivered in full this year; examples of work undertaken under the core offer include providing public health advice to the Sustainability and Transformation Plan, the development of detailed health profiles for each GP practice in Somerset and aggregated profiles for local commissioning localities. Specialist public health advice is also provided to support the process of policy development for health interventions which are not normally funded. A significant area of work this year has been supporting the development of the Fit for My Future Case for Change and supporting the development of an Integrated Care System in Somerset in the future.

7. LOOKING BACK AND AHEAD

- 7.1 This report marks the end of the first five years of public health responsibilities being placed back with local authorities after 40 years of being with the NHS. Even in a relatively short period of time, the face of public health work in Somerset now looks considerably different than it did five years ago. There is undoubtedly a far greater focus now on the social and environmental determinants of health and, whilst the public health services market is still very underdeveloped, the strong commissioning focus of the council has enabled us to redesign and recommission services very differently than previously. Many of our public health services have seen significant improvements during the five years and many are now considered national exemplars, including the Somerset Domestic Abuse Services, Somerset Substance Misuse Services, our work around mental health and suicide prevention and the Mums2Be programme.
- 7.2 The strategic influencing work undertaken this year, both under the Improving Lives Strategy and the Fit For My Future Strategy, places improving health and wellbeing at the centre of local policy. This has been a significant step forward and sets the scene for even greater developments in the next five years. The emergence of a new Integrated Care System in Somerset is an exciting prospect and one which as portfolio holder for Health and Wellbeing, I am keen to lead and influence.
- 7.3 I am particularly delighted to have the school nursing and health visiting teams joining us in April 2019. I think this development could provide a platform for significant improvements in the health, wellbeing and life chances of our children and young people and I would like to request that everyone gets behind this to help make it as successful as possible.

8. BACKGROUND PAPERS

- 8.1 Joint Strategic Needs Assessment
<http://www.somersetintelligence.org.uk/jsna/>