

Somerset Health and Wellbeing Board

Thursday 9 March 2017

11.00 am Luttrell Room - County Hall,
Taunton



To: The Members of the Somerset Health and Wellbeing Board

Councillor Ann Bown, County Council (Chairman)
Councillor Frances Nicholson, County Council (Vice-Chairman)
Councillor Anna Groskop, County Council
Councillor Ross Henley, County Council
Councillor William Wallace, County Council
Councillor Sylvia Seal, South Somerset District Council
Councillor Gill Slocombe, Sedgemoor District Council
Councillor Jane Warmington, Taunton Deane Borough Council
Councillor Keith Turner, West Somerset District Council
Councillor Nigel Woolcombe-Adams, Mendip District Council
Lou Evans, Clinical Commissioning Group
Dr Ed Ford, Clinical Commissioning Group
Dr David Slack, Clinical Commissioning Group
Mark Cooke, NHS England
Judith Goodchild, HealthWatch
Stephen Chandler
Trudi Grant
Julian Wooster

Issued By Julian Gale, Strategic Manager - Governance and Risk - Date Not Specified

For further information about the meeting, please contact Katherine Dunn or 01823 359044
KYDunn@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers



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AGENDA

Item Somerset Health and Wellbeing Board - 11.00 am Thursday, 9 March 2017

*** Public Guidance notes contained in agenda annexe ***

1 **Apologies for absence**

To receive Board Members' apologies

2 **Declarations of Interest**

3 **Minutes from the meeting held on 12 January 2017** (Pages 5 - 12)

The Board is asked to confirm the minutes are accurate.

4 **Public Question Time**

The Chairman will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting.

5 **Health and Wellbeing Strategy Refresh** (Pages 13 - 30)

6 **Joint Commissioning Board including Better Care Fund** (Pages 31 - 34)

7 **Autism Strategy update on Progress** (Pages 35 - 54)

8 **SEND reform update** (Pages 55 - 72)

9 **Somerset Health and Wellbeing Board Forward Plan** (Pages 73 - 74)

To discuss any items for the work programme. To assist the discussion, attached is the Board's current work programme.

10 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

Guidance notes for the meeting

1. **Inspection of Papers**

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Board's Administrator Jamie Jackson. Telephone: (01823) 359040 or email jajackson@somerset.gov.uk . They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

2. **Minutes of the Meeting**

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Board will be asked to approve as a correct record at its next meeting. In the meantime, information about each meeting can be obtained from Jamie Jackson. Telephone: (01823) 359040 or email jajackson@somerset.gov.uk

3. **Public Question Time**

If you wish to speak, please tell Katherine Dunn, the Board's Clerk, by 12 noon the (working) day before the meeting - (01823) 359044 or email kydunn@somerset.gov.uk

At the Chairman's invitation you may ask questions and/or make statements or comments about any matter on the Board's agenda – providing you have given the required notice. You may also present a petition on any matter within the Board's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chairman. You may not take direct part in the debate. The Chairman will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chairman may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

4. **Exclusion of Press & Public**

If when considering an item on the Agenda, the Board may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they

were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

5. **Committee Rooms & Council Chamber and hearing aid users**

To assist hearing aid users the following Committee meeting rooms have infra-red audio transmission systems (Luttrell room, Wyndham room, Hobhouse room). To use this facility we need to provide a small personal receiver that will work with a hearing aid set to the T position. Please request a personal receiver from the Board's Administrator and return it at the end of the meeting.

6. **Recording of Meetings**

The Council supports the principles of openness and transparency, it allows filming, recording and taking photographs at its meetings that are open to the public providing it is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone who wishing to film part or all of the proceedings. No filming or recording will take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Council's Monitoring Officer (Mr Julian Gale on 01823 359047) so that the Chairman of the meeting can inform those present.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room - County Hall, Taunton, on Thursday, 12 January 2017 at 11.00 am

Present: Cllr A Bown (Chairman), Cllr F Nicholson (Vice-Chairman), Cllr A Groskop, Cllr R Henley, Cllr W Wallace, Cllr S Seal, Cllr G Slocombe, Cllr J Warmington, Cllr K Turner, Cllr N Woollcombe-Adams, E Ford, D Slack, J Goodchild, S Chandler, T Grant and J Wooster

Other Members present: Cllr L Redman

Apologies for absence: M Cooke

255 **Declarations of Interest** - Agenda Item 2

None

256 **Minutes from the meeting held on 24 November 2016** - Agenda Item 3

Agreed

257 **Public Question Time** - Agenda Item 4

Sarah Miller from the Stroke Association addressed the board regarding her concerns that the CCG and Somerset County Council have cut funding for Stroke Patients. Steven Chandler responded by reading a statement saying that there is a range of support services available to stroke victims and their families and this has improved since the service was started in 2008.

Somerset CCG and SCC are confident that there are other services are now available. The association have been offered help to explore options from other local funding. William Wallace wanted to add that the amount of funding that had been cut was both £32,000 for Somerset County Council and £32,000 for the Clinical Commissioning Group.

258 **Better Care Fund update** - Agenda Item 5

Steven Foster informed the board that this is an update on the 2017/19 plan.

SF highlighted the key points:

- This is not new money but with a focus on trying to use the existing funds more creatively. It is about helping people to stay healthy and well with a focus on building support through joined up care in the communities.
- When the Better Care Fund first came out it was a challenge to be creative due to tight guidelines – the money was already been spent by our health and care providers and we are now in the position where we can have the conversation with our providers about doing things differently. It is extremely difficult to take money from services and move around the system.

- The planning guidance for 2017/19 is not yet published. Last year the guidance came out in February which gave us a very tight deadline. However we have been given glimpses into what is going to be in the policy framework.
- There will be a greater emphasis on integration between Health and Care. There is a new concept of graduation – if you are a mature health and social care integrated economy you no longer have to create a Better Care Fund plan you graduate from the better care fund and you have an integrated plan through your STP's. Somerset is well on the integration track so worth thinking about. The Better Care Fund is trying to reduce the conditions from 8 to 3 it has got to be agreed through health and social care and ratified by the Health and Wellbeing Board.
- We are planning on having the same schemes as last year. One change is that its going to be a 2 year plan – in line with the NHS contracting round.
- We have to identify where the money is coming from, how we are going to spend it and we have to do the metrics. None of the metrics are showing big improvements – which is disappointing - but we know that things are happening. Delayed Transfers of Care – Somerset was one of the worst performers. Brought together a team to see if we could make an impact on Delayed Transfers of Care – improvements can be seen – and this is through a number of ambitious initiatives. Admissions to Nursing Care Homes – improvements can be seen.
- Planning and Guidance will be out by the next Health and Wellbeing Board meeting.

Points raised in discussion: -

- Cllr Slocombe began by asking about the delayed transfers in care, questioning why her local community hospital has beds that are not being used? These are community issues but we are not actually looking after our communities in these cases.
- DS responded by saying that they are working in the communities but the specific case of the hospital in Bridgwater refers to the opening hours of the minor injuries units which is one of a set of changes and some of these are increasing and some are decreasing so it's not an overall significant reduction.
- EF added that if you are in an Acute hospital like Musgrove Park and the patient should be at home you are a delayed transfer of care, it would be the same if you are in a Community Hospital and you should be at home you would still be a delayed transfer of care – this would not affect the overall position in that respect.
- AG would like a full plan for the future – how it is going to work and how it is going to be financed – AG would also like it demonstrated to her how successful the Symphony Project is and how it has replaced Care in the Community.
- SF responded by saying that we have some work in relation to the Symphony project that we could bring to the Health and Wellbeing Board around the metrics of the variety of test and learns. I think it would be a useful agenda item for the future.
- SC added that EF brought forward to a previous Health and Wellbeing workshop the issue on whether hospitals are the correct place for patients to be after acute treatment has finished, are patients getting the correct level of care.
- AG asked why it is that we have cases where patients are placed in a certain area of care and then they end up in A and E constantly – therefore incorrect placement.
- SC added that there are frequent flyers who often end up in A and E – there is more work required to make sure that this is reduced.

- SS wanted to add that if Symphony works then it is the answer as it manages the care for the individual patient, she added that she hoped that there would be adequate funding for this.
- Steven Foster to stand down and Ann Anderson and Steven Chandler to take over the portfolio.

259 **STP update** - Agenda Item 6

MD began by describing the programme as one of the most significant that Somerset as a whole community needs to respond to. Somerset has a plan and MD was to give an update on the feedback received on that plan nationally. MD said that it is important that we recognise our responsibilities as leaders in Somerset and to reflect on the challenges that are coming – at the moment the system is holding its own, but it is a precarious situation and therefore the way that Somerset responds to the plan is very important. The reality of the workforce – challenges across the community, with hospital pressures as well as out of hospital care are all pressurised.

MD added that the Somerset Sustainability and Transformation Plan had been submitted in October 2016 which was reviewed by the national bodies of health and care – the feedback was that the Prevention Scheme was commended for its detail and commended on the work that TG team had put into it. The document was used by NHS National team as a best practice model – the phase we are in at the moment is the detail, and it needs to be more ambitious of what needs to happen in the next 2 years. The plan is a 5 year plan so there is a journey to go through – and there is intensity for the next 2 years. Its looking at prioritising what we have to do to improve. Stopping patients moving through the system through prevention, there has to be a focus on personal care. Moving forward MD added that there would be a focus on engaging in staff and engaging the community.

Dr Ed Ford is now the chair of CCG taking over from Dr Matthew Dolman

Points raised in discussion: -

- JW began by saying that it exciting because we have got a plan, the problem is when there is no plan and then there is a problem.
- FN added that hospitals will believe that the more that they do the more money they will get.
- DS responded by saying that the basis of the contract has changed and contracts have changed. Acute hospitals such as Musgrove Park don't immediately get more money for doing more – Money is to be distributed more fairly.
- RH added that he believes that the health and care organisations are pretty well organised. They manage the finances available to them well and have been extremely resourceful. There is an issue over funding and this needs to be addressed.
- MD responded by saying that there is a 600m pound gap if we do nothing and a 400m pound gap with the best plans we get together in October which leaves a 200m pound gap in 5 years time which emphasises that there is a financial issue. We need to look at value and

how much the people of Somerset are getting for their pound – and if this is focused on then we may get some way in closing the 200m pound gap.

- TG added that Primary care has a number of perverse incentives – in Somerset we have pushed back in the way this is funded and rewarded for particular work, but given that the CCG will be given more accountability around commissioning primary care in the future – how will this be used as a lever to see if we can get some of the perverse incentives changed in primary care.
- DS answered by saying that the referral is to the application to take some responsibility for commissioning medical services from NHS England – we have not heard the outcome but there might be an issue due to the deficit that we currently have. We need to ensure that the Primary Care objectives are in line with the STP.

260 **Joint Mental Health Strategy update on progress** - Agenda Item 7

The Positive Mental Health Strategy for Somerset was developed in consultation with a range of partners and published in 2013.

DH highlighted the key points:

- There has been a focus this year on the emotional wellbeing of children and young people. Mindful, emotional training has been developed across schools.
- In terms of suicide prevention – there is a multi-agency partnership which is supported by Public Health.
- In terms of stigma – participation in programmes such as Time to Change and World Mental Health Day.
- Adverse childhood experiences – these have a physical impact and a lifelong impact in relation to mental health – a new service is being commissioned to address these impacts – specifically around child sexual abuse.
- Ending loneliness – particularly important due to the rurality of our county.
- Public policy and support for mental health – focus on physical activity and access to green space – which we have a lot of in Somerset.
- Poverty and Inequality – linked to the financial inclusion strategy.
- Vulnerability and Homelessness – mental and emotional health is high priority for this group.
- Mental Health for Adults – work that has been designed around the mental health social service.
- Avon and Somerset Police – continued to fund the Community Liaison Officer role.

Points raised in discussion: -

- JW began by saying that he is pleased about transformation groups for children. We haven't yet put in place proper support for children going into adulthood – focusing on this would be a benefit.

- DH responded by saying that there are 2 posts – to help with children looked after, which are being advertised at the moment.
- EF said that there are an increasing number of children who are self harming – we are going into schools and changing this negative structure.
- GS praised the report but wanted to ask what the purpose of 3 tier structuring is.
- DH responded by saying that this describes the different levels of intervention for children and young people

ACTION: DH to provide diagrams for 3 tiers to the board.

- JW raised the question of mental health provision for leaving care at 18 – there is an issue of what sort of care is provided after this time, specifically from the ages of 18-24 and raised a question about delays in recruiting psychologists to support this work.

ACTION: DH explained that previous recruitments had not been successful for these positions. DH explained that there is a plan to go out a further time to see if staff can be recruited – otherwise there needs to be a discussion within the commissioning group to see what else can be done to fill this gap.

The Health and Wellbeing Board:

- Noted the annual progress report
- Endorsed and supported forward action

261 **Pharmaceutical Needs Assessment for delegation** - Agenda Item 8

Production of a Pharmaceutical Needs Assessment (PNA) is a statutory duty that transferred to the local authority under the Health and Social Care Act 2012. The current PNA was published in February 2015, meaning that it should be revised by March 2018. Production of the PNA necessitates some significant steps, including a minimum 60 day consultation period, so it is prudent that early planning takes place.

PT highlighted the following key points:

- This is a report by the board rather than to the board. It is a report for NHS England – to highlight need for particular types of pharmacy.
- This has to be done every 3 years – the last one was not challenged by the providers so this indicates that we produced the correct evidence.
- Report will be brought back to the board January 2018. There is a 60 day statutory consultation period to start in September 2018.

Points raised in discussion:

- JG began by asking if there will be a reduction in funding for pharmacy's – some people will struggle due to lack of pharmacies close to them.

- PT responded by saying that this would only happen if where a number of pharmacies operate within close proximity to each other.
- EF asked if there is any provision to provide urgent care provision support? As the national push is to see your pharmacist.
- PT responded by saying that it is not directly part of the remit of the report - which has responsibility to identify gaps – there are wider more contentious issues that we may want to make comment on but this is currently not the required role of the board. It is not our role to fund Pharmacies.
- RH added that there is increase pressure on the pharmacies that are left.
- PT responded by saying that it's our responsibility to say if there are an adequate number of pharmacy's not to comment on the quality of care provided by pharmacies.

ACTION: Chair to request a response from NHS England on Pharmacy Care.

The Health and Wellbeing Board endorsed the current PNA working group and continuing the sub-group of the Health and Wellbeing Board, to which the revision of the revised PNA is delegated.

262 **Annual Health Protection Report** - Agenda Item 9

The Somerset Health Protection Assurance Report documents the progress made during the last 12 months and the identified priorities for the next year.

In summary, the Director of Public Health has a high degree of positive assurance that measures are in place to protect the health of the Somerset population. However, pressures on public authorities and services with reducing capacity are a concern, leading to less progress being made in 2016 than was planned.

SB highlighted the following key points:

- Each year there is a set of key priorities for Health Protection.
- Improving immunisation: There has been some progress, particular for childhood flu and pregnancy where there is a good uptake. We are not the best in the country however and we need to look and see where we can improve.
- Air Pollution: – Not as much progress with this as we would have liked due to capacity issues. There are opportunities to look at planning and development controls, especially around the expansion in the towns. We are waiting information on oxites and nitrogen on premature deaths – proposal that we are putting together at the moment to look at additional monitoring.
- TB: There has been a lot of progress made in the last year. There has been a high level of TB brought in from other countries. There has been a lot of progress with screening before people are allowed to travel into the UK from outside the EU which has helped a great deal.

- Housing: Poor housing can have a knock on effect with regards to health. There is a lack of information about the housing stock – the last review was carried out was in 2007.
- Screening: Going generally well but there is still an issue with the uptake of cervical and breast cancer screenings.

Points raised in discussion:

- GS began by saying that it was concerning that there is a lack of uptakes on screening for cervical and breast cancers.
- KT added that the current cancer screening vehicle is unable to go to some rural areas due to it being too large for the lanes.
- TG said that we have to lobby back to discuss this with NHS England.
- TG urged everyone to please encourage people to understand the importance of work.

The Health and Wellbeing Board noted the report, and endorsed the priorities proposed by 2017/18:

1. Overall System Resilience
2. Immunisation
3. Air Quality
4. Identification of Issues and Risks
5. Role of Public Health in responding and adapting to Climate Change

263 Somerset Health and Wellbeing Board Forward Plan - Agenda Item 10

The Board considered and noted the Forward Plan.

264 Any other urgent items of business - Agenda Item 11

There were no other items of business.

(The meeting ended at 1.10 pm)

CHAIRMAN

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Somerset Health and Wellbeing Board

Report for 9 March 2017

Health and Wellbeing Strategy 2019 - 2024

Lead Officer: Author: Christina Gray

Contact Details: CZGray@somerset.gov.uk

| | Seen by: | Name | Date |
|---|--|--------------------------------|-------------|
| Report Sign off | Relevant Senior Manager / Lead Office (Director Level) | Trudi Grant | 28.2.2017 |
| | Cabinet Member / Portfolio Holder (if applicable) | Ann Bown | 28.2.2017 |
| | Monitoring Officer (Somerset County Council) | Julian Gale (pp Jamie Jackson) | 28.2.2017 |
| Summary: | The current Somerset Health and Wellbeing Strategy covers the period 2013 – 2018. This paper seeks authorisation from the Health and Wellbeing Board to begin the process of developing the next strategy. | | |
| Recommendations: | That the Health and Wellbeing Board authorises the process to begin work on developing the Health and Wellbeing Strategy for 2019 – 2024. | | |
| Reasons for Recommendations: | The Health and Wellbeing Strategy is a statutory requirement of the health and wellbeing board | | |
| Links to Somerset Health and Wellbeing Strategy: | This is about the renewal of the strategy. | | |
| Financial, Legal and HR Implications: | n/a | | |
| Equalities Implications: | The strategy will be subject to an equalities impact evaluation. | | |
| Risk Assessment: | Early notice to renew the strategy will mitigate the risk of delay in renewing the strategy | | |

1. Background

- 1.1. The Health and Wellbeing Board is required to have a Health and Wellbeing Strategy in place. The current Health and Wellbeing strategy was produced following considerable consultation and engagement and provides the strategic framework for the work of the Board.

- 1.2. A new five year strategy will need to be in place by 2019. The new strategy will need to be developed with and endorsed by partners. It will also require engagement and consultation with a wide range of stakeholders, including the public, with time for comment and revisions.

The Public Health Intelligence Team would lead the review of evidence and present initial draft outcomes, all Board member organisations would be asked to support the partner consultation, communication teams would be asked to manage the public consultation.

Proposed process and indicative timescales:

Completed by:

| | | |
|----------------|---|--|
| September 2017 | Review of evidence and policy Identification of draft key outcomes and needs. | To frame the new strategy within the strongest local and national evidence. We do not need to start from scratch, there is a wealth of evidence and needs assessments to inform a sound direction of travel. To align the strategy with current policy directions. Within a fast moving policy environment, how to we make sure that the Health and Wellbeing Strategy is effectively aligned? |
| October 2017 | Consultation oversight group established | It is expected that this group will include some communication professionals. |
| December 2017 | Consultation with partners on key outcomes and needs | The proposed outcomes tested with partners |
| January 2018 | Strategy editorial group established | |
| March 2018 | Consultation with the public and with specific groups – particularly those who experience health and income inequality. | Refined outcomes tested with the public |
| June 2018 | First Draft Circulated for comment | |
| September 2018 | Final Copy presented to the Health and Wellbeing Board | |
| December 2018 | Strategy presented to all Governing Bodies | |

2. Options considered and reasons for rejecting them

2.1. Option 1: To delay the start of this work: Rejected as this would give insufficient time to undertake the necessary engagement and endorsement.

Option 2: To not renew the strategy: Rejected as the strategy is a statutory requirement

3. Consultations undertaken

3.1. n/a

4. Financial, Legal, HR and Risk Implications

4.1. n/a

5. Background papers

5.1. The 2013 – 2018 Health and Wellbeing Strategy is attached as an appendix.

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Health and Wellbeing Strategy for Somerset

2013 – 2018



Foreword



Councillor Christine Lawrence

Chair of Shadow Health and Wellbeing Board
Cabinet Member for Health and Adult Social Care
Somerset County Council

Many things influence our health and wellbeing, the lifestyles we lead, our social contacts, the environment around us as well as the health and care services which support us.

Everyone in Somerset should have the right to enjoy good health and wellbeing but some groups and communities systematically experience poorer health than others. While this strategy aims to improve the health and wellbeing of everyone in the county, it focuses on making faster improvements for those who are most vulnerable and experience a poorer quality of life.

This is the first Health and Wellbeing Strategy for Somerset, led by a new Health and Wellbeing Board for the county. Many people and organisations have contributed to it so we have a shared vision for health and wellbeing for the county. We can't tackle everything that impacts on health and wellbeing at once, but together we have agreed three broad themes which we believe will make a significant difference to the lives of people across Somerset.

The Board will have particular actions to take forward for each theme but just as importantly, we are hoping that groups, parishes, communities and neighbourhoods are also inspired to take local action. Overwhelmingly, people have said to us that the most important thing that would improve health and wellbeing is for local people to be well connected. Local people knowing each other, socialising together, providing support to each other and joining up their efforts to make life easier for each other. Much is already going on, especially in some communities, but you have said to us that you really value that sense of community and you would like to develop it even more. The Board and local public organisations can help with this but it cannot be done without local people playing their part.

Our health and wellbeing is fundamental to how we live our lives and everyone has a role in improving it for ourselves and the people around us. Together we have agreed three things we want to focus our efforts on, we now have to ask ourselves what we could do to play our part, either as an individual, as part of a community or as part of a group or organisation?

Health and Wellbeing Strategy for Somerset

This strategy sets out a shared vision and three themes for improving health and wellbeing in Somerset. By agreeing these jointly, we can all work together, individuals, groups, communities and organisations making sure we are all pulling together in the same direction.

The strategy is not meant to cover everything that impacts on health and wellbeing. The three themes have been chosen because many people and organisations have said they are the most important things that would improve our health and wellbeing locally. Information and data that is available for Somerset and local areas has also been used to help us agree these priorities.

The boxes below show the vision and themes that we have agreed locally for the county.

Shared Vision for Health and Wellbeing in Somerset

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.

Priorities

Theme 1: People, families and communities take responsibility for their own health and wellbeing.

Theme 2: Families and communities are thriving and resilient.

Theme 3: Somerset people are able to live independently.

Underlying Principles

The focus for this strategy is to improve health and wellbeing overall, but to make improvements faster for groups and communities that experience poorer health and quality of life.

To make the best use of resources the work contributing to this strategy will apply the following principles:

Equity

Provision of services should be proportional to need and targeted to the areas, groups and individuals that need them most.

Accessibility

Services should be accessible to all, with factors including geography, opening hours and physical access being considered.

Integration

Where the integration of services provides an easier system and better outcomes for people within the same overall cost, all relevant organisations should work together to maximise the local benefits.

Effectiveness

Activities and services should be evidence-based and provide value for money.

Sustainability

The work contributing to this strategy should be developed and delivered with due regard to the environmental, economic and social dimensions of sustainability.

Diversity

Activities and services should have due regard to the specific needs of protected groups and foster good relations between different people when carrying out their duties.

Priority One

People, families and communities take responsibility for their own health and wellbeing

Why is this important?

We all have a role to play in maintaining and improving the health and wellbeing of ourselves and our families, by trying to live a healthier way of life.

We need to inspire and motivate individuals, families and communities to take responsibility for their own health and wellbeing and provide support to those who may need help to do so.

The lifestyles we lead play a significant part in our health and wellbeing. Heart disease and cancers remain the main causes of premature deaths and health inequalities in Somerset, but for the most part, these diseases are preventable by changing our everyday habits.

In Somerset it is thought that 18% of adults currently smoke and 18% of pregnant women continue to smoke throughout their pregnancy, one of the highest rates in the country. It is estimated that smoking costs the NHS in Somerset £25.9 million pounds a year.

Over three-quarters of adults in Somerset do not do enough physical activity to benefit their health, the worst rate in the south west. This, combined with high calorific food and large portion sizes, has contributed to an increase in overweight and obesity in the county. It is estimated that 41% of adults in Somerset are currently overweight and 26% obese. Similarly, 23.4% of 4-5 year olds and 30.5% of 10-11 year olds are overweight or obese.

Conditions associated with overweight and obesity are thought to cost the local NHS £138 million a year. This is predicted to increase as obesity-related conditions such as Type 2 diabetes rise.

Alcohol misuse undermines family and community life; it contributes significantly to anti-social behaviour, crime, domestic violence and family breakdown. The proportion of people drinking high levels of alcohol is increasing in Somerset. There were 9,276 alcohol-related hospital admissions in Somerset in 2010.

What would make a real difference?

Because the way we live our lives is largely shaped by the people around us and the neighbourhoods we live in, the most effective way of encouraging healthier lifestyles is through community-led action.

Making use of local opportunities, talents and facilities provides sustainable “built in” support and motivation provided by the people around us. Helping individuals and local professionals know what support is available within communities is key to successful joint action to encourage healthier lifestyles.

Action – Community action

The Health and Wellbeing Board will give greater support for community-led action to encourage healthier lifestyles. Examples of action include developing local health walks and other community action as well as developing a more joined-up approach to providing information about local opportunities.

The environment we live in does not always make the healthy choices the easiest ones. Often small changes to adapt the environment can make a significant difference to the lifestyles we lead. For example, where cycle paths or road crossings are placed, availability of space to grow food or providing safe places to play all have an impact on our lifestyles.

Action – Healthy planning and policy

The Health and Wellbeing Board will ensure that health and wellbeing is given due consideration in planning and other policy decisions to maximise the positive impact of our environment on healthy lifestyles. Examples of action could include identification of community food growing spaces and use of planning to influence the position of takeaways.

The Health and Wellbeing Board is keen to focus greater attention on preventing ill-health and will review key service areas to ensure there is a shift of resources towards prevention and that the effectiveness and efficiency of services is maximised through more integrated working.

Action – Prevention first

The Health and Wellbeing Board will be used alongside other impact assessments, when developing new local policy, taking significant decisions on services and during commissioning processes. It will help organisations give due consideration to how the work aligns and contributes to the themes within this strategy and give particular emphasis on focusing greater attention on prevention.

Priority Two

Families and communities are thriving and resilient

Why is this important?

People who live in thriving and resilient families and communities enjoy a sense of belonging, being cared for and valued. These feelings provide the foundations for better health and a sense of wellbeing and foster an environment which supports people to thrive and aspire to their potential. Unfortunately, not all people and families in Somerset experience these benefits; some are vulnerable and live fragile lives which are affected by even small changes to their circumstances.

Our mental health is an important indicator of our ability to cope with everyday life. It is thought that 70,000 people in Somerset have a mental health problem at any one time, often influenced by multiple things including low educational attainment, social isolation, unemployment and financial and relationship problems.

The social circumstances in which we live are complex, yet we often try and tackle one issue at a time, mainly in isolation from all the other things which affect our lives. Our aim should be to develop well-connected, vibrant and supportive communities, enhancing the way in which people live overall rather than focusing on specific issues.

Well-connected communities rely more on the products, assets, skills and facilities that are available within the immediate neighbourhood. This leads to greater environmental, social and economic sustainability. It also means that communities can be more resilient to outside factors such as an economic downturn and fuel and food price increases.

Educational attainment is important for longer-term resilience and is closely associated with health and wellbeing throughout life. In 2010-11, 57% of children in Somerset met the foundation stage requirements which are the measure used for school readiness. 57% of children in Somerset achieved five or more A*-C grades at GCSE (including maths and English). For children who receive free school meals, this reduces to 28.3%. Despite notable progress made in educational attainment locally, improvements have been slower than the national increase.

What would make a real difference?

We need to work together to develop well-connected, vibrant and supportive communities that encourage people to use local food, products and services where possible. Specific attention needs to be given to vulnerable or excluded individuals and groups who often experience poorer health and wellbeing and difficulties in engaging with local services and the people around them.

Planning regulations should support the increase of small local enterprise and local employment opportunities, underpinned by developing individual financial and work skills.

Communities should be supported and encouraged to use local facilities in creative ways, helping to reduce the need to travel and encouraging local action and more social interaction within communities.

Action – Well-connected, vibrant communities

There will be a much greater focus on supporting neighbourhoods and communities to take responsibility for shaping and transforming their own lives and their local services. Examples of action include the development of local forums which inform community and health services.

Educational attainment needs to continue to improve overall, but to reduce health inequalities over the longer term, faster progress needs to be made for children from more socially disadvantaged backgrounds or vulnerable groups.

Action – Improving educational attainment

The Health and Wellbeing Board will focus on continuing to improve educational attainment at GCSE and foundation level with particular emphasis given to the groups with lowest attainment. Examples of action include work to support families to prepare children for starting school.

Some families experience considerable difficulties simultaneously and have a high need for public services. Greater integration of these services, tailored to the needs of the family, would be more effective at achieving improved outcomes for these families and would minimise additional stress for the users.

Action – Supporting families and people with low resilience

There will be specific focus on working with the least resilient families and people in our communities and ensuring smooth access to relevant and tailored services. Examples of action include the development of a Troubled Families Programme and specific work with excluded and/or vulnerable groups.

Priority Three

Somerset people are able to live independently

Why is this important?

Between 2010 and 2035, the Somerset population is expected to grow by 12%. The largest increase is in people over the age of 75, where it is expected there will be a doubling of the population from 55,000 to 107,800; an increase of 2.7% per year.

Most people want to stay living independently for as long as possible and have strong emotional ties to their neighbourhoods. Having the right kind of accommodation in the right place is one of the major factors that determine our ability to maintain independence, particularly as we get older.

Moving house can be daunting and stressful at any time of life. Some older people will move for lifestyle reasons; however, many only move at a time of crisis, usually when their care needs have increased. More needs to be done to improve the availability and marketing of suitable homes that meet the longer-term needs of older people and enable them to enjoy a more independent life for longer.

In line with population changes, the proportion of people living with a long-term condition will increase. The number of people over 85 years of age living with a limiting long-term illness is predicted to increase by 15% between 2011 and 2015. Similarly, dementias currently affect 5% of people aged over 65 and 20% of those over 80 years. The changing age profile will result in significant increases in the number of people living with a dementia.

The role undertaken by carers will become even more crucial so that people are able to remain independent. Services for carers should be joined-up across organisations in the county to ensure that the most effective and efficient support is provided.

In 2010-11, those aged 85 and over accounted for 14,333 admissions to hospital, of which 8,172 were emergencies. Older people at risk of losing their independence following an illness or hospital admission currently receive care and support from a number of organisations, often experiencing several handovers between professionals. These services need to be more integrated with a focus throughout the system on regaining and promoting independence and, for as long as possible, working with people and the local community to help people remain in their own homes.

As well as rising house prices, young people are experiencing increasing rents and a credit squeeze. More young people will be pushed towards the private rented sector in 2020, reflecting the growing problems of accessing home ownership and the social rented sector.

What would make a real difference?

The local planning system needs to support a mix of housing developments. This must take into account the needs and preferences of the future population. In addition, older people need to be better informed of housing options at an early stage and more practical support needs to be available to help people with their housing needs in later life.

Action – Housing for independence

There needs to be an increased focus on the changing housing needs of the Somerset population, with particular emphasis given to widening the housing options for achieving and maintaining independent living. Examples of action include delivery of the Somerset Vision for Housing through a joined-up Somerset Housing Framework, which also considers issues of affordability, benefit changes and fuel poverty and housing conditions.

Timely and effective support for carers, which is joined-up between organisations and makes efficient use of available resources, is critical to supporting the vast number of voluntary carers in the county. In addition, well-connected neighbourhoods and communities can provide more informal support and opportunities for social engagement for carers.

Action – Support for carers

The Health and Wellbeing Board will ensure support for carers is integrated across health and social care. Examples of action include the setting up of a new universal service for carers in Somerset and establishing a Carers Partnership Board.

More integrated working between health and social care services can reduce the need for numerous assessments by different professionals and can provide a more complete picture of the individual's needs. Using the learning from a trial in the Taunton area, more integrated support services should be adopted across the county, centred specifically on the needs of the individual and developing and maintaining independence.

Action – Joining-up of support services

Integrated health and social care will be developed across the county to support people to regain and maintain their independence for as long as possible. Examples of action include extending Integrated Living Teams across the county.

How can we all work together?

What is the role of the Health and Wellbeing Board?

The Health and Wellbeing Board has a responsibility to consider the needs of Somerset and, with local partners and communities, develop a vision for health and wellbeing that we can all work towards. The Board does not have a budget. Its role is to influence how existing funding is spent and ensure that new and existing strategies reflect and complement a collaborative approach to health and wellbeing, enabling organisations to embed this way of working in all that we do.

The Board will have an annual work programme which will focus on particular issues that impact on health and wellbeing locally. It will work with existing groups and organisations to consider how we could approach complex issues differently, making best use of our joint resources.

What is the role of the local people, groups, communities?

The consultation on this strategy found that people felt very strongly that local action and responsibility was key to improved health and wellbeing. Having strong and vibrant communities with people knowing their neighbours and helping each other out was very important. The Board cannot deliver that; it can help inspire and foster local action but, by its very nature, it can only be done by local people, groups and communities getting involved and being local leaders. This involvement is central to the empowerment of communities in shaping their lives and so enabling local issues to be tackled more effectively.

Local people hold the key to success; they are willing and able to do more for themselves. We must nurture this greater capacity to meet people's needs and aspirations within their own communities.

What is the role of a local organisation?

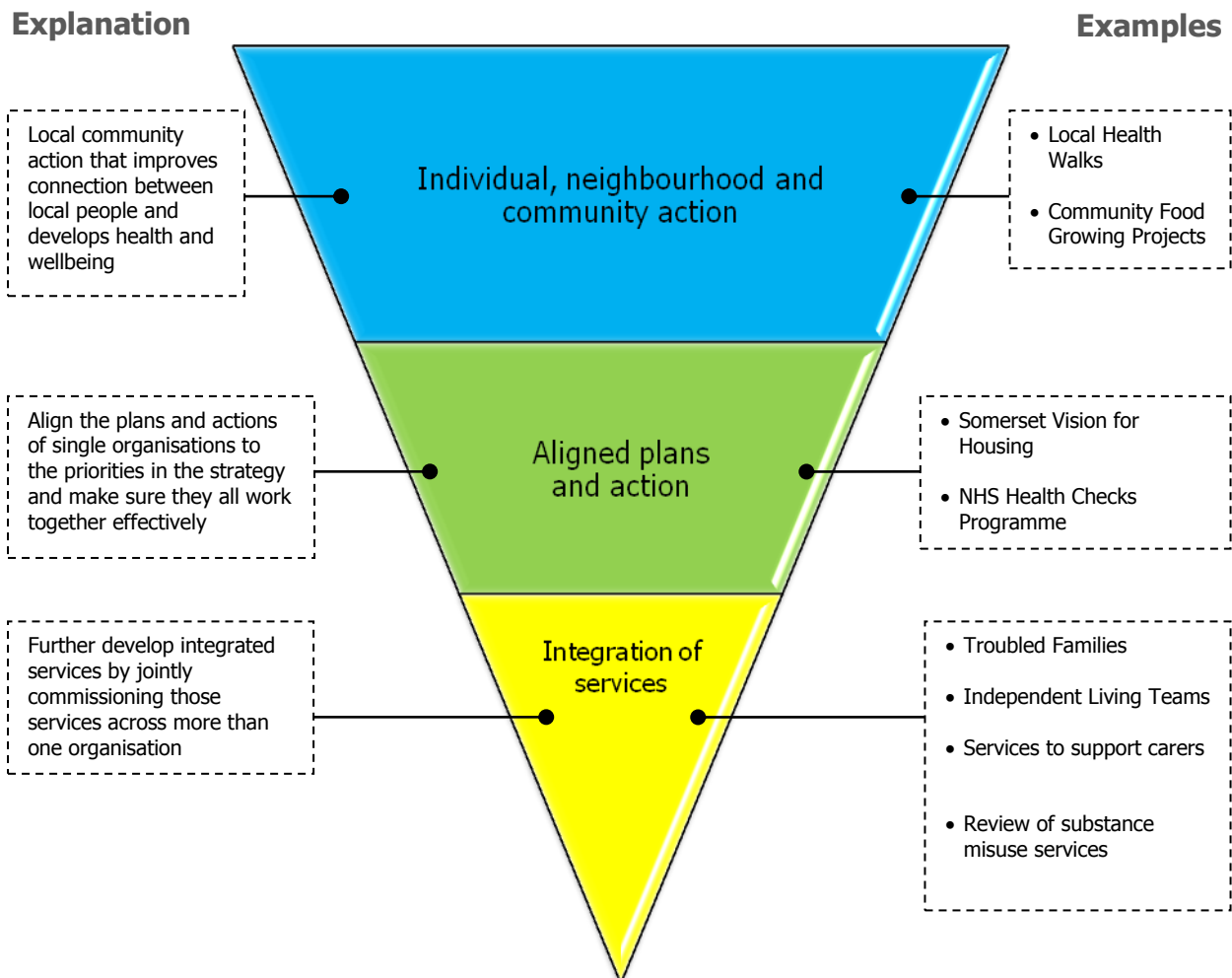
Local organisations have an important role to play and can act as brokers, bringing together people and groups who share a common interest to achieve the best outcomes for them.

The public sector, private, voluntary and community organisations have a development role, both working in a more integrated way and, even more importantly, in supporting local people to act as champions on relevant issues and become more actively involved in local services.

Opportunities for stronger community engagement, participation in volunteering and service delivery provision along with local assets being used more effectively and efficiently can enable organisations to look to the future and bring about the best results for, and with, local people.

Putting the Strategy into Action

The triangle below suggests the different types of action which will be needed, using some of the examples in the strategy.



This strategy sets the vision for Health and Wellbeing in Somerset and identifies three themes that have been agreed locally as the most important in improving health and wellbeing. An action plan will be agreed each year to drive the work of the Health and Wellbeing Board.

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Somerset Health and Wellbeing Board

Report for March 2017

Joint Commissioning Board Update, including Better Care Fund

| | Seen by: | Name | Date |
|---|--|----------------------------------|-------------|
| Report Sign off | Relevant Senior Manager / Lead Office (Director Level) | Stephen Chandler Ann Anderson | 2.3.2017 |
| | Cabinet Member / Portfolio Holder (if applicable) | William Wallace | 2.3.2017 |
| | Monitoring Officer (Somerset County Council) | Julian Gale (pp Jamie Jackson) | 2.3.2017 |
| Summary: | This paper provides a brief update on the work of the Joint Commissioning Board, including an update on progress with the Better Care Fund | | |
| Recommendations: | That the Health and Wellbeing Board <ul style="list-style-type: none"> • Note the update | | |
| Reasons for Recommendations: | Joint Commissioning of Health and Social Care is a statutory requirement of the Board | | |
| Links to Somerset Health and Wellbeing Strategy: | This is a key element of the strategy | | |
| Financial, Legal and HR Implications: | The Joint Commissioning Board is responsible for oversight of the pooled budget for Health and Social Care. | | |
| Equalities Implications: | n/a | | |
| Risk Assessment: | n/a | | |

1. Background

- 1.1. The function of the Joint Commissioning Board is to achieve a cohesive partnership approach to the commissioning of Adult Health and Social Care Services in Somerset.
- 1.2. The Board acts as an advisory group to the Health and Wellbeing Board, making recommendations in respect of the Better Care Fund.
- 1.3. The Board sets the strategic direction making sure that organisational objectives are aligned and partnership priorities agreed, and oversees the existing key

planning and commissioning work-streams

1.4. The Board is responsible for overseeing the commissioning of a range of services for adults that are jointly developed and commissioned by Somerset County Council, NHS Somerset Clinical Commissioning Group and NHS England for specialist commissioned service and primary care. The main exception is Drug and Alcohol services which continues to be the responsibility of the Somerset Drug and Alcohol Partnership, although there have been instances where the impact on drug and alcohol services are considered.

1.5. Key service areas covered by the Board include:

- BCF
- Mental health
- Autism Strategy
- Learning disability
- Carers
- Older People
- Adults with long-term conditions
- Integrated Community Equipment Service
- Assistive Technology and Telecare

1.6. The Board meets on a quarterly basis and is chaired in alternate years between SCC and CCG.

1.7. Regular membership includes:

| |
|--|
| Somerset County Council |
| Lead Cabinet Member for Health |
| Lead Commissioner – Health and Social Care (DASS) |
| Operations Director – Adults and Health |
| Joint Director of Public Health |
| Strategic Commissioning Manager (health & social care strategic partners lead) |
| Finance Manager (Adults) |

| |
|---|
| Somerset Clinical Commissioning Group |
| Director of Quality Safety and Governance |
| Director for Clinical and Collaborative Commissioning |
| CCG General Practitioner representative |
| Chief Finance Officer/Deputy Chief Finance Officer |

| |
|--|
| District Housing |
| Sedgemoor District Council (on behalf of Somerset Strategic Housing Group) |

1.8. In addition other key staff from both organisations that support in the areas of commissioning programmes, performance information and finance may attend as needed.

2. Better Care Fund update

2.1. The Department of Health and the Department for Communities and Local

Government are currently finalising the policy framework for the implementation of the Better Care Fund in 2017-18 and 2018-19. The Planning Guidance, jointly published by the LGA and NHS England, is being finalised and will be published at the same time or shortly after the Policy Framework is published.

The timetable for submission dates and the assurance process will be announced alongside the Planning Guidance.

The number of National Conditions will be reduced from 2016/17 and will consist of:

- A requirement for a jointly agreed plan, approved by the Health and Wellbeing Board
- Real terms maintenance of transfer of funding from health to support adult social care
- Requirement to ring-fence a portion of the CCG minimum to invest in Out of Hospital services

Plans will also need to set out Somerset's vision for integrating health and social care by 2020.

It is intended that this will be a two year BCF plan but there will be an opportunity to amend plans if there are significant changes.

The Planning Guidance will set out at a high level the alignment of the BCF with the Sustainability and Transformation Plans, Urgent and Emergency Care Network Plans and A&E Delivery Board plans. Health and Wellbeing Boards should take into account the priorities across the wider system when agreeing BCF plans.

Graduation:

There is an expectation that all BCF areas will graduate over the next 3 years i.e will move beyond the minimum requirements for BCF towards fuller integration of health and social care. The criteria for graduation will be confirmed in the Policy Framework but is likely to include consideration of the quality of joint planning, maturity of local integrations of health and social care, current trajectory against national metrics and the degree to which budgets are or will be pooled. Timescales over which all areas will graduate are not yet decided and will depend on when areas are ready, the time it takes for earlier waves to graduate and the levels of support needed.

BCF Metrics:

BCF Plans will again need to set a metric for delayed transfers of care which takes account of local targets set at the A&E Delivery Board. A&E plans are reported against total bed days as opposed to population in BCF plans.

There is an expectation that the BCF plan focusses on preventative services and care closer to home and that local partners will align activity in local A&E plans and the BCF plan. The Better Care Team will publish data on the number of

delayed transfers of care by trust for each Health and Wellbeing Board area to assist with this.

The Adult Social Care Outcomes Framework (ASCOF) will continue to be used to measure the effectiveness of reablement, to help ensure continuity by capturing the same metrics over a number of years.

Next Steps:

Following discussions at the last Joint Commissioning Board it was agreed to establish a Task and Finish Group to explore the opportunities to strengthen and broaden the Somerset BCF plan.

This work will need to take account of the development of proposals for moving towards a strategic joint commissioning function across Somerset County Council and Somerset CCG.

This work will also inform the revision of the Somerset BCF plan following the publishing of the new BCF guidance, expected shortly.

3. Consultations undertaken

- 3.1. Not applicable

4. Financial, Legal, HR and Risk Implications

- 4.1. Final BCF allocations will be announced alongside the Policy Framework and BCF Planning Guidance.

5. Background papers

- 5.1. Better Care Fund Planning Guidance: Frequently Asked Questions 01 February 2017

Somerset Health and Wellbeing Board

Report for 9 March 2017

Update on the Somerset Autism Strategy

Lead Officer: Ann Anderson, Director of Clinical and Collaborative Commissioning, Somerset CCG and Stephen Chandler, Director of Adult Social Services, Somerset County Council

Author: Deborah Howard

Contact Details: 01935 385036 deborah.howard@somersetccg.nhs.uk

| | Seen by: | Name | Date |
|---|--|--------------------------------|-------------|
| Report Sign off | Relevant Senior Manager / Lead Office (Director Level) | Ann Anderson | 23/2/17 |
| | Cabinet Member / Portfolio Holder (if applicable) | N/A | N/A |
| | Monitoring Officer (Somerset County Council) | Julian Gale (pp Jamie Jackson) | |
| Summary: | <p>The Somerset Autism Strategy was launched in November 2015. The strategy sets out the commitment of Somerset County Council (SCC) and NHS Somerset Clinical Commissioning Group (CCG) to improving the quality of life for people with autism and their families and carers in Somerset.</p> <p>This paper provides a progress update on the implementation of the strategy and should be read in conjunction with the attached annual progress report.</p> | | |
| Recommendations: | <p>That the Health and Wellbeing Board</p> <ul style="list-style-type: none"> • Notes the annual progress report • Endorses and supports forward action | | |
| Reasons for Recommendations: | <p>The Health and Wellbeing Board has leadership and oversight responsibility for this strategy.</p> | | |
| Links to Somerset Health and Wellbeing Strategy: | <p>The Somerset Autism Strategy supports the health and wellbeing strategy.</p> | | |
| Financial, Legal and HR Implications: | <p>There are no specific financial, legal or HR implications arising from this report.</p> | | |
| Equalities Implications: | <p>The Strategy included a full equalities impact assessment.</p> | | |
| Risk Assessment: | <p>N/A</p> | | |

1. Background

- 1.1. Our Strategy is aligned to the national strategy, *Think Autism*, (2014) whose vision is that: *“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.”*
- 1.2. The vision set out within our strategy is that Somerset aims to significantly improve knowledge and understanding of autism amongst the general public, statutory services, the voluntary sector and community based groups.
- 1.3. In addition, we aim to improve the way we all work together utilising the resources that are available to meet needs and improve outcomes for people with autism and their families/carers and give the information and support they need to remain as independent as possible.
- 1.4. There are a number of priority areas within the Strategy and the work required to address these forms the autism strategy action plan. The action plan is structured around four key areas of work. These are summarised within the attached annual report.

2. Progress Update on Somerset Autism Strategy

- 2.1. The Autism Strategy Group brings together, Somerset CCG and SCC commissioners from adults, children’s and public health teams, along with a range of agencies. The group meets on a quarterly basis to oversee the implementation of the Strategy and the action plan. There are four sub groups which meet to take forward the action plan in respect of the following priority areas of work:
 - Living with Autism
 - Workforce Development
 - Identification and Diagnosis
 - Children and Young People
- 2.2. Following the sub group meetings, work stream leads provide updates to the strategy group.
- 2.3. A more detailed overview of the work and progress of each work stream is provided within the annual report. The main headlines for the priority areas are summarised within this covering report.

3. Living with Autism

- 3.1. The Living with Autism Sub Group is currently chaired by Somerset County Council. The group has made good progress with the main highlights being:
 - The Somerset Autism Collections which have been placed in local libraries;
 - The development of the Young People’s Champion roles;
 - The involvement of people with autism in the Strategy launch; the

Association of Directors of Adult Social Services national autism lead advisor and NHS England visit and the procurement for the Learning Disabilities provider service;

- The BBC Somerset awareness raising programme which included people with autism giving their accounts of what life with autism is like;
- The development of a housing pathway for people with a Learning Disability (LD) an autism;
- Initiatives around employment and carers support.

3.2. Next Steps for Living with Autism

It is recognised that we need to take steps to make health checks more accessible to people with autism. Further work is also needed around housing, with the engagement of district councils to improve the housing options available for people with autism being key in taking the Strategy forward.

We need to further improve the mechanisms by which people with autism are involved in service developments / improvements, and we need to ensure that there is provision of social and community activities that are inclusive of people with autism and their carers and families.

4. Workforce Development

- 4.1.** The Workforce Development Group is chaired by Somerset County Council. There has been significant progress in taking forward the priority areas for this sub group. There is now an improved mix of attendees, with Children's Learning and Development and Avon & Somerset Police attending regularly as well as the Somerset Parent Carer Forum.

The first cohort of 'Autism Champions' have completed a four-module course. This means that there is now at least one worker in each of Somerset's Adult Social Care areas who have completed the course. Progress has been made with the police with training in autism and mental health now being planned;

Two E-Learning courses (Autism Awareness and Intermediate Knowledge and Skills) are now available via the Learning Centre, for all SCC workers and external providers.

4.2. What Next for Workforce Development

There is a need to expand an 'Introduction to Autism' to all workers. 'Dementia Friends' style sessions have been agreed in principle. A second cohort for the four-module course is also on next year's training programme and will include Children's Social Care for the first time. Avon and Somerset Police has agreed in principle to provide autism and mental health training for their officers and are working with the sub group to achieve this.

Specialist training in autism and asperger's syndrome for Mental Health Social Workers is under discussion and this will be rolled out during 2017/18.

It is recognised that the sub group requires greater input from agencies other than those directly linked to SCC and the focus on training needs to move away from Social Care into the other professions identified in the strategy consultation.

5. Identification and Diagnosis

5.1. The Identification and Diagnosis Sub Group was previously chaired by Somerset Partnership NHS Foundation Trust. Unfortunately the chair left the Trust and there have been some difficulties in recruiting a replacement. A new chair person needs to be found to re-instate this sub group and this will be discussed at the next Strategy Group this month. A CCG GP Autism Lead is now in place and attends the Strategy Group.

- A clear pathway to diagnosis is in place for adults and is included within the service specification for the Adult Asperger's Service provided by Somerset Partnership. A post diagnostic group is also in place;
- Public health at SCC have commissioned work to map current community resources for people with autism. This work is now well underway and will be reported back to the strategy group and will inform signposting via professionals and organisational websites including Somerset Choices;
- Autism resource packs have been developed by the Royal College of General Practitioners and shared across Somerset;
- Mapping workshops took place during 2016 for children and young people. Guidance for referral criteria for children and young people with possible Autistic Spectrum Conditions has been developed along with a Protocol.

5.2. What Next for Identification and Diagnosis

The Identification and Diagnosis Sub Group needs to reconvene with new chair. A review of the action plan will be required.

Work will continue to ensure that a range of information for individuals with autism is included within Somerset Choices.

A review of pathways to diagnosis for children and young people needs to take place and it has been agreed that the Designated Medical Officer (DMO) for SEND will take this work forward.

In view of the waiting times for assessment, a further review of capacity, demand and performance within the Adult Asperger's Service needs to be completed. The pending report on diagnosis rates from GP registers is due at the end of March 2017 and will inform further planning.

6. Children and Young People

6.1. This Children and Young People's Sub Group is chaired by the Somerset Parent Carer Forum.

- SEND Information, Advice and Support Service (SENDIAS) is developing their service for young people including working with the young people's champions for SEND making easy read versions of their information leaflets;
- A multi - agency group including young people and parent carers has reviewed the Education and Health Care Plan (EHCP) paperwork and pathway guides to ensure it is user friendly including a young person's version.
- The Engagement and Participation Team and Somerset Parent Carer

Forum have worked on videos and easy read versions to help with access to information including the Core Standards and various strategies;

- SENDIAS have employed a member of staff to focus on support for young requesting an EHCP;
- The approach to transition for young people within SCC is responding to the needs of young people differently. Through co-production we have been able to articulate what young people and their families feel is important. We aim to communicate the transitions work through the concept of Choices for Life. This will result in a reconfigured team which should reinforce person centred and outcome driven approaches from the earliest point;
- A Choice for Life event will be held on the 24th March 2017 at Yeovil College. This will provide young people with SEND and their families information on further education, internships and work opportunities. The aim of the event will be to help raise the aspirations of children, young people and their families.

The Director of Quality and Safety is the CCG's named senior lead for work relating to children and young people with Special Educational Needs and Disabilities (SEND). The CCG's SEND senior lead and SEND co-ordinator have represented the needs of this group of children and young people at senior leadership meetings throughout January and February 2017.

The CCG has used the [Council for Disabled Children's SEND audit tool](#) to review the SEND work programme and to identify areas for improvement. Somerset's Designated Medical Officer (DMO) for SEND is due to start in post in coming weeks. The DMO will support strategic work including pathway development, joint commissioning arrangements and work to improve outcomes for children and young people with SEND.

The audit tool will be used again at the end of Q1 2017/18 to demonstrate measurable improvements as a result of the additional work within the SEND programme.

6.2. Next Steps for Children and Young People

As highlighted within the identification and assessment section of this report, further work is required to review and improve pathways.

Packs of information, will be given to children, young people and their families at the point of diagnosis are in development. This is in direct response to requests from families and is supported by Paediatric Services.

Monitoring of the effectiveness of the changes to the referral systems for the Children's Autism Outreach Team will take place and the update of the relaunched Cygnets programme will be also be monitored. Further work is needed to raise awareness of the Core Standards to help families and young people when applying for an Education, Health and Care Plan.

Work will continue to support services, education settings and other stakeholders to explore what further support would be helpful to enable them to better support children and young people with autism.

7. Conclusion

- 7.1. This paper presents an update on the Somerset Autism Strategy. Progress has been in a number of areas as highlighted under each of the work streams.
- 7.2. While services have developed there is always more to do in assuring that outcomes are being met for individuals with autism and their families. Work will continue within each of the priority areas.

The committee are asked to note this report and to offer their ongoing support to delivery of the Autism Strategy.

8. Options considered and reasons for rejecting them

- 8.1. N/A

9. Consultations undertaken

- 9.1. N/A

10. Financial, Legal, HR and Risk Implications

- 10.1. N/A

11. Background papers

- 11.1. Annual Progress Report 2016.

Endix 1 Appendix 1



The Somerset Autism Strategy
Annual Report
Covering the work of the four sub groups

March 2017

LIVING WITH AUTISM

How are we doing?

Priority: Improve the health and wellbeing of people with autism including their carers and family.

- Developed by Somerset County Council (SCC), the Somerset Autism Collections are specialist collections of books that have been placed in local libraries around Somerset and loaned to organisations that support people with autism and their carers and families. Focusing on a range of topics that relate to living with autism, the primary focus is to improve the wellbeing of people with autism and their carers and families, through increasing awareness and understanding of what autism is, how it affects people's lives and strategies and techniques to live well with autism. This includes aspects of life such as emotional wellbeing and stress management, social relationships, sex education, being a parent etc;
- The collections have been recognised nationally by both the Leadership for Libraries Taskforce, as well as the Association of Senior Children's and Education Libraries. Please see www.gov.uk/government/collections/libraries-shaping-the-future-report-and-case-studies

Priority: Improve the support available for carers of people with autism and increase the resilience of those caring for someone with autism.

- During 2016 a review of Carers Services' was undertaken in order to inform a new and improved Carers' Service for Somerset, commissioned by SCC and NHS Somerset Clinical Commissioning Group (CCG). This has resulted in a re-commissioning exercise with the new service launching in September 2017. The mental health carers service and young carers service are not part of this, however the links between these services will be improved during 2017 through the development of working agreements.
- The new Somerset's Commitment to Carers was launched in February 2016 which outlines the priorities in Somerset for

supporting carers and former carers, as well as including an action plan to improve local services. There are now 23 organisations who have confirmed their endorsement of the Commitment and of these, 18 have completed action plans;

- Carers' Voice has strengthened its presence in Somerset as an influencing body concerned with improving the lives of unpaid carers in Somerset. There are currently 37 potential Vision Group Leaders, some of whom are already established.

Priority: Improve the way we consult and involve people with autism, their carers and families.

The involvement of people with autism has taken many forms since the creation of the Somerset Autism Strategy:

- Consultation work was undertaken to inform the Autism Strategy <http://www.somerset.gov.uk/policies-and-plans/strategies/somerset-autism-strategy/>
- The launch event of the strategy and Somerset Autism Collections involved people with autism and featured individuals sharing their own personal experiences of living with autism on BBC Somerset <http://www.bbc.co.uk/programmes/p0373x0d>
- The Autism Strategy Group and sub-groups include representation from people with autism and their carers and families;
- People who access services, parent carers and carers of adults have been involved in the procurement for the Learning Disabilities (LD) provider service including all service specifications - <http://somersetldchange.co.uk/>
- People with autism and their carers' were fully involved in the assessment visit undertaken during 2016 by the ADASS (Association of Directors of Adult Social Services) national autism lead advisor and NHS England;
- Development of the Young People's Champion roles and the Unstoppables within Children's Services.

Priority: Work with partners to improve the housing options available for people with autism.

- A housing pathway for people with a LD and autism has been developed and can be found at:

www.somerset.gov.uk/council/board52%20Adults/2016%20June%2029/2016%20June%2029%20Item%2011%20Appendix%20A.pdf

- In addition, guidance has been developed which provides social care staff with an overview of the housing options available in Somerset to people with LD, including autism, the support available and further information and resources. Sessions with mental health staff are planned for 2017 which will include raising their awareness of housing options for the people with autism that they support.

Priority: Increase public awareness of autism.

- The Autism Somerset Collections are targeted at people with autism and their families and their presence in libraries is helping to raise awareness in local communities:
 - *“Having more information about Autism and Asperger’s is really important. It will help more people understand the challenges I face in day to day life”* (Individual on the autistic spectrum)
 - *“Great to see a section on autism, especially to raise awareness”* (Library customer)
- SCC and CCG have also worked with BBC Somerset to raise awareness through holding a morning radio show that focused on autism awareness and involved three people with autism giving their accounts of what life with autism is like. The interviews can be heard at: www.bbc.co.uk/programmes/p001d78n/clips
- Various stakeholders also celebrated Autism Awareness Week in 2016, including SCC and Priorswood Primary School with coverage in the local press.

Priority: Increase public awareness of autism.

In Somerset there are various work-streams and services supporting people with autism in to employment. Recent achievements and progress include:

- Staff within ASPIRE Support for Employment have received training on how autism affects employment and assists individuals with autism to gain employment. This training involved hearing first hand from a young person with autism and their family about their personal experiences. Staff described this as “very positive and powerful”.

- Successful continuation of Project SEARCH, which provides the opportunity for students in their final year of education to spend the academic year in the workplace with an employer. Participants have included individuals with autism and success rates into employment have exceeded 60% in each of the three years it has been running. Please see link for more information, <https://somersexnewsroom.com/2016/07/21/project-search-hailed-a-success-as-musgrove-interns-achieve-paid-employment/>
- SCC was awarded runner up in the 'Employer of People with Disability' award category at the National Learning Disabilities and Autism Awards for its employment of people with LD.

What next for Living with Autism?

- Take steps to make health checks more accessible to people with autism;
- Engagement of district councils to improve the housing options available for people with autism;
- Further improve the mechanisms by which people with autism are involved in service developments / improvements;
- Ensure that there is provision of social and community activities that are inclusive of people with autism and their carers and families.

WORKFORCE DEVELOPMENT

How are we doing?

The sub group meets regularly and progress is being made in defining groups of workers who require training.

The sub group now has an improved mix of attendees, with Children's Learning and Development and Avon & Somerset Police attending regularly as well as the Somerset Parent Carer Forum.

Priority: Further develop the collaboration between children and adults services on training, including transition from

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| <p>children to adult services and independent living.</p> <ul style="list-style-type: none"> • Some progress has been made to improve the mix of members of the Sub Group. However, there are some gaps (e.g. Housing, employers) that need to be addressed. The main improvements have been in engaging representatives of children and younger people; • The first cohort of 'Autism Champions' has completed the four-module course. There is now at least one worker in each of Somerset's Adult Social Care areas who has completed the course. A further five workers have one module to complete. | |
| <p>Priority: Investigate and secure additional funding (e.g. Clinical Innovation Fund).</p> <ul style="list-style-type: none"> • Few funding opportunities currently – therefore, training will need to be funded by organisations accessing this. | |
| <p>Priority: Identify groups and services / adults mapping including parents and GPs.</p> <ul style="list-style-type: none"> • A number of priority groups have been identified, e.g. school staff and social care workers. The group has also identified police and criminal justice system. Progress made with the police, with training in autism and mental health now being planned. School staff training needs are met through a specialist service. | |
| <p>Priority: Develop multi-tier framework – varied training according to professional role and level of involvement with people with autism.</p> <ul style="list-style-type: none"> • The Four-module training - course ran during 2016/17 to improve the knowledge and skills of up to 20 workers. Due to staff turnover and sickness issues, only 6 people completed the whole course. However, this does mean that there is now at least one worker in each Adult Social Care area who has attended the whole course. In addition, 5 attendees have completed 75% of the course, therefore each person only needs to complete one module to fully complete this; these workers will be included in the second cohort, as necessary; • E-Learning - The Learning Centre now has two courses available to all SCC workers and external providers: 'Autism Awareness' and 'Intermediate knowledge and skills'; | <p>5 completed 6, 75% complete</p> <p>Accessed 77 times during 2016/17</p> |

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| What next for workforce development? | |
| <ul style="list-style-type: none"> • Plans to expand 'Introduction to Autism' to all workers and 'Dementia Friends' – style sessions have been agreed in principle; • A second cohort for the four-module course is also on next year's training programme, to include Children's Social Care for the first time; • Avon and Somerset Police has agreed in principle to provide autism and mental health training and are working with the Sub Group to achieve this; • Specialist training in autism and Asperger's Syndrome for Mental Health Social Workers is under discussion and this will be rolled out during 2017/18; • The sub group needs greater input from agencies other than those directly linked to SCC and the focus on training needs to move away from Social Care into the other professions identified in the strategy consultation. | |
| IDENTIFICATION AND DIAGNOSIS | |
| How are we doing? | |
| <p>The identification and diagnosis sub group was previously chaired by Somerset Partnership NHS Foundation Trust. Unfortunately the chair left the Trust and there have been some difficulties in recruiting a replacement. A new chair person needs to be found to re-instate this sub group and this will be discussed at the next Strategy group this month.</p> | |
| Priority: Improve the way we provide support for those who have had a diagnosis. | |
| <ul style="list-style-type: none"> • Post diagnostic group in place for adult and provided by the Adult Asperger's Service, Somerset Partnership; | |

- Access to social care assessment;

Priority: Review the existing pathways to diagnosis

- Clear pathway for adults in place and included within the service specification for the Adult Asperger's Service;
- Mapping workshops took place during 2016 for children and young people. This was in response to the feedback from the ADASS and NHSE visit during the summer 2016, along with concerns about the significant increase in referral rates to the specialist community paediatric & neuro-disability service with a low conversation rate for diagnosis. Guidance for referral criteria for children and young people with possible Autistic Spectrum Conditions developed along with a Protocol.

Priority: Improve signposting to other support services for people who have had a diagnosis

- Public Health at SCC have commissioned work to map current community resources for people with Autism. This work is well underway and will be reported back to the Strategy Group and will inform signposting via professionals and organisational websites including Somerset Choices, Somerset Partnership, Autism Somerset and the National Autistic Society.

Priority: Promote awareness about pathways to diagnosis

- BBC Somerset programme referred to within the Living with Autism section above.
- Somerset Partnership have developed 'Information Sharing and Written sheets' for GPs regarding diagnosis and follow-ups, and added adjustments which will flash up for staff.
- Autism Resource packs developed by the Royal College of General Practitioners. Packs contain information for GPs on how to provide effective consultations with autistic individuals, as well as advice and information for autistic individuals themselves. The packs were developed by the College in conjunction with a range of autism organisations, including the National Autistic Society (NAS).

Priority: Improve the way we share information between organisations about people who have been diagnosed

- As part of this Crisis Care Concordat Group action plan, work is taking place to improve information sharing, including with

the Acute hospitals. Steering group in place including the CCG, South West Commissioning Support Unit, SCC, Somerset Partnership and the Acute Trust, to develop an information-sharing agreement around patients with a LD or Autism. This is to assist with the identification of patients with LD and Autism by the Acute Trusts in order to provide a service according to need and to make the required reasonable adjustments in hospitals. Work to be finalised in the near future and will inform the awareness raising actions.

What next for identification and diagnosis?

- Sub group to reconvene with new chair to review action plan;
- Review of pathways to diagnosis for children and young people to be led by the Designated Medical Officer (DMO) for SEND;
- Report on diagnosis rate from GP registers due end of March 2017 and will inform further planning;
- Further review of capacity and performance within the Adult Asperger's Service.

CHILDREN AND YOUNG PEOPLE

How are we doing?

The Children and Young People's sub group is chaired by the Somerset Parent Carer Forum.

In Somerset, there is a lower level of Children recorded as receiving High Needs funding, a Statement or an Education, Health and Care Plan (EHCP) with autism as the primary need compared to the national statistics.

Somerset has a higher proportion of boys than girls diagnosed with Autism, this is in line with the national picture.

Paediatricians and GP's report pressures from an increase of parental requests for an autism diagnosis for their child, often linked to behavioural difficulties. Parents also report a delay in receiving appointments and a long waiting list for Autism Diagnostic Observation Schedule (ADOS) assessments.

The Children's Autism Outreach Team (CAOT) work with families who have children with an Autism diagnosis up until they are 13. The team currently have a waiting list due to demand and this has been compounded by recruitment issues.

Priority: The Autism strategy highlighted there needs to be better information, in one place, about support and services and it must be easily accessible to everyone – people with autism, their carers and families and professionals.

- Somerset Choices has been selected as the portal to provide information for all families within Somerset. The platform is continually being updated to reflect new information and services;
- SEND Information, Advice and Support Service (SENDIAS) are developing their service for young people including working with the young people's champions for SEND making easy read versions of their information leaflets;
- The Engagement and Participation Team and Somerset Parent Carer Forum have worked on videos and easy read versions to help with access to information including the Core Standards and various strategies;
- A multi-agency group including young people and parent carers has reviewed the EHCP paperwork and pathway guides to ensure it is user friendly including a young person's version.

Priority: The Autism strategy highlighted the need to Improve access to diagnostic services and post diagnostic support for children, adults and families through early help, support and advice; offering quality services that are good value for money

- CAOT have successfully recruited new staff and have contacted all families on the waiting list signposting them to organisations that can offer peer support and advice. Families have also been made aware of events held regularly by the team which they can access while on the waiting list;
- SENDIAS have employed a member of staff to focus on support for young requesting an EHCP;
- The Autism library available throughout Somerset has provided information on understanding Autism and ways to self-help.

Priority: The Autism strategy highlighted the need to Increase awareness and understanding of autism including training and development for the public, front line services (including Police, Housing etc.), people with autism and their families and carers including schools and educational settings

- The Core Standards have been launched which clearly outline the expectations of support children and young people will receive in education. This includes a task and finish group including parent carers, which has been reviewing and updating the Cygnets programme (now within Support Service for Education) which provides training for parents of children with autism. The course is due to be relaunched shortly in a format which will be easier for a wider range of parents to access.

Priority: Research shows only 15% of people with autism are in full-time employment and 9% are in part-time employment, while 79% of people with autism on out-of-work benefits say they would like to work, with the right support.

- Project Search has been successful in supporting young people with Autism to learn skills for employment;
- A Choice for Life event will be held on the 24th March 2017 at Yeovil College. This will provide young people with SEND and their families information on further education, internships and work opportunities. The aim of the event will be to help raise the aspirations of children, young people and their families.

What next for Children and Young People?

- Work will continue to ensure that a range of information for individuals with Autism is included within Somerset Choices;
- Packs of information to be given to children, young people and their families at the point of diagnosis are in development. This is in direct response to requests from families and is supported by paediatrics;
- Monitoring the effectiveness of the changes to the referral systems for CAOT and the update of the relaunched Cygnets program;
- Raise awareness of the Core Standards, the Local Offer within Somerset Choices and the SENDIAS and Independent supporter service to help Young people when applying for an EHCP;
- Continue to work with support services, education settings and other stakeholders to explore what further support would be helpful to enable them to support children and young people with autism;

- Providing resource bases for primary and secondary provision within four areas of the County - Mendip, Taunton Deane, Sedgemoor and South Somerset to reduce travelling for our young people.

Report compiled by:

Deborah Howard, Acting Head of Joint Commissioning, Mental Health & Learning Disabilities, Somerset CCG

Christina Gray, Consultant in Public Health, Somerset County Council

Rhian Bennett, Senior Commissioning Officer, Adults & Health Commissioning Team, Somerset County Council

Ruth Hobbs, Chair, Somerset Parent Carer Forum

Sean Taylor, Staff Development Officer, Learning and Development, SCC

March 2017

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Somerset Health and Wellbeing Board

Report for 9 March 2017

Inspection of Local Area arrangements for children and young people with Special Educational Needs and / or Disabilities (SEND)

Lead Officer:
Sue Rogers, Deputy Director Education

Author: Julia Ridge – Head of Vulnerable Learners
Contact Details: jaridge@somerset.gov.uk 01823 356067

| | Seen by: | Name | Date |
|-------------------------------------|---|--------------------------------|-------------|
| Report Sign off | Relevant Senior Manager / Lead Office (Director Level) | Sue Rogers | 1/3/17 |
| | Cabinet Member / Portfolio Holder (if applicable) | Frances Nicholson | 1/3/17 |
| | Monitoring Officer (Somerset County Council) | Julian Gale (pp Jamie Jackson) | 1/3/17 |
| Summary: | <p>The SEND reforms were introduced within the 2014 Children and Families Act. The Act provides the statutory framework for the integration and personalisation of services for children and young people and requires health services in England to work closely alongside education and social care services to provide the right support for children and young people and their families.</p> <p>In 2016 the government introduced a new Ofsted and CQC inspection framework under which the statutory health, care and education partners in every local authority area will be inspected over the next four years.</p> <p>This paper outlines the progress made in our implementation of the reforms; provides an overview of the SEND inspection and the government’s expectations of agencies as part of Health and Wellbeing Boards.</p> | | |
| Recommendations: | <p>That the Board notes the inspection findings from other local areas’ inspections to date, and discusses the implications and action required by agencies to prepare for inspection.</p> | | |
| Reasons for Recommendations: | <ul style="list-style-type: none"> • To ensure members of the Health and Wellbeing Board are fully aware of the outcomes for Somerset children and young people with SEND • of the government’s expectations of agencies on the of Health and Wellbeing Boards in relation to the SEND reforms • and of individuals’ likely involvement in the Local Area SEND inspection | | |

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| Links to Somerset Health and Wellbeing Strategy: | Prior to inspecting Somerset, the lead HMI will consider Somerset's Health and Wellbeing Strategy and our JSNA to evaluate how well the Local Area has evaluated the needs of 'vulnerable groups including disabled children and those with SEN' and whether our Strategy reflects those needs. (SEND Code of Practice chapter 3 – Working together across education, health and care for joint outcomes) |
| Financial, Legal and HR Implications: | N/A |
| Equalities Implications: | SEND Code of Practice is the statutory guidance for partners relating to legislation that includes the Equality Act 2010 and Special Educational Needs and Disability Regulations 2014. |
| Risk Assessment: | Although the SEND inspections do not result in a single judgement (e.g. Good or Requires Improvement) the inspection letters sent to the DCS and CCG chief are published and if inspectors find serious weaknesses these will be identified and Local Areas required to develop an action plan to address these. |

1. Background

- 1.1.** 12,300 children and young people in Somerset are identified as having special educational needs and / or disability, and most of these will not require an Education Health and Care Plan (EHCP) as their needs can be assessed and met by their Early Years or school setting. For children with more complex needs, prior to the 2014 reforms special education needs were recorded in Statements of Educational Need and children's health or care needs were assessed separately. The SEND reforms require a single assessment and plan, an Education, Health and Care Plan, (EHCP) so that children's needs are assessed and met holistically, and their parents and carers only have to 'tell their story' once. Partners are expected to plan the services and expertise and to agree the range of local services and clear arrangements for making local requests. These services must be described in the Local Area's published Local Offer.
- 1.2.** The government's vision for children and young people with SEN and disabilities is the same as that for all children and young people; that they achieve well in their early years, at school and in college and that they find employment, lead happy and fulfilled lives and experience choice and control. Successful preparation for adult life is the overarching goal for all children and young people with SEND.

The SEND legislation requires health, social care and education to implement significant changes to our processes and to the way we work and provide services. The SEND reforms place a responsibility on local authorities and statutory partners to integrate services, to deliver support from birth to 25. The aim is to identify needs as early as possible, offering early support and making decisions with the full involvement of parent-carers, children and young people so that services deliver to outcomes which are shaped by the aspirations of the individual children/young people and their families.

The code has introduced new duties on early years, schools, academies, colleges, health and social care partners to work together to shape the Local

Offer through joint assessment, planning and commissioning of services. These expectations are in the context of the government's fiscal strategy which has serious implications for all public sector funding. These financial constraints add to the urgency to find creative and effective solutions through joint working, to ensure that resources are effectively targeted.

The Code of Practice clearly sets out the government's expectation that the Health and Wellbeing Board is a local area's lead strategic board, responsible for ensuring the JSNA is sufficiently robust to identify and plan for the needs of children and young people with SEND, and to oversee joint commissioning to meet those needs. In Somerset these arrangements are detailed in the children's & young people's plan.

The government's expectation is that the JSNA will inform joint commissioning arrangements by ensuring we fully understand the needs of our children and young people. The code requires us to have local governance arrangements in place to ensure clear accountability for commissioning services for children and young people with SEN and disabilities from birth to the age of 25. Partners are expected to consider how they will work to align support and agree the changes that joint commissioning will bring to the design of services.

These joint working arrangements will be crucial for delivering current system transformation programmes for children and young people, including:

- Transforming Care Programme
- CAMHS Local Transformation Plans
- Local Area Sustainability and Transformation Plans
- New Care Models Programme Vanguard
- Meeting the ambitious targets for the increase in Personal Health Budgets or Integrated Personal Budgets.

This means challenging the historical way we have worked, becoming more flexible and creative in finding solutions that meet individual needs, giving families and young people control over what affects them, and working across organisational and service boundaries.

- 1.3.** Our vision is for **every** child and young person to have the greatest possible opportunity to be the best they can be, to be happy, and have choice and control over their life. To achieve this all Somerset partners agreed the guiding principles for developing a successful SEND system and defined our overarching vision, published in November 2016, as enabling Somerset's children and young people to have better education, health and emotional wellbeing outcomes. The strategy is available from: <https://www.somersetchoices.org.uk/family/information-and-advice/send-strategy-for-somerset/>

We have high aspirations for all our children and young people and want to ensure that we deliver the best outcomes for those with SEND within a framework of "Think Individuals, Think Families, Think Communities".

Our strategy sets out a clear direction for the future. In partnership with parent-carers, young people and partners across education, care and health we have identified five key outcomes for the next three years:

Outcome 1 – our families, children and young people report a positive

experience of our SEND systems and support, feel empowered and confident to engage and to make decisions.

Outcome 2 – timely and accurate assessment and identification of SEND across education, health and care services.

Outcome 3 – inclusive and equitable access to good quality local education.

Outcome 4 – smooth and effective transitions happen at key points for the child and young person.

Outcome 5 – creative partnership working delivers effective, fair and transparent systems and services.

- 1.4. Parent-carers and young people have engaged really well in this agenda, providing support and challenge, and they are very clear about what they want services to achieve.
- 1.5. We have several challenges to overcome to achieve these outcomes. We are experiencing significant financial pressures on budgets in education (Dedicated schools grant DSG) and across the health service and County Council.

We have also experienced some challenges in the implementation of the reforms especially in lower rates of compliance with statutory deadlines for processing new EHCPs and converting Statements of Educational Need to EHCPs.

There is a historical hybrid system of allocation of resources (statutory and non-statutory) which means that Somerset has one of the lowest percentage of statements or EHCPs in the country but a high level of identification of children and young people through the high needs funding system.

Key Somerset Facts

- 15.6% of Children and young people 0-25 identified with Special Educational Needs and Disabilities which is **slightly higher** than 14.8% nationally – total number 12,300
- Somerset's profile of needs differs from elsewhere – Social Emotional Mental Health needs higher, SLCN in secondary higher, autism and moderate learning difficulties below
- 1.6% have an Education Health and Care Plan compared with 2.8% nationally.
- too many children educated at some distance from home community
- **attendance of pupils** with SEN and at PRUs is the worst in SW – 69.1% miss 14 or more sessions (50.1% South West region)
- **gender difference** larger than national (Somerset: Boys 14.7% Girls 8.2%)
- 40-45% Education, Health and Care Plan requests are declined through lack of evidence of that schools have undertaken their own robust assessment and tried to meet needs through a graduated response.
- 79% of Somerset's young people aged 16-17 with SEN remain in education in training, down from 85% in 2014/15.
- the proportion of 19 year-olds with SEND qualified at level 3 has decreased.
- while level 2 qualifications amongst those without special needs has

increased above the national rate, the proportion of those with a Statement or EHC Plan achieving level 2 has decreased from 15% in 2012 to 8% in 2015.

- satisfaction survey reports **community inclusion** is below national standard

The key areas where Somerset's profile is different from the picture elsewhere are:

- social, emotional and mental health where Somerset shows a higher level of need than south west authorities and in England
- speech, language and communication needs rising in the high needs group
- a lower level of identified need for autistic spectrum disorder and moderate learning difficulties
- lower statement/EHC Plan rate with a high number of children/young people receiving high needs funding without a statement/EHC Plan

1.6. The Local Area SEND (Special Educational Needs and Disabilities)

Inspection framework was published in the Spring of 2016 with inspections starting in May 2016. It is a joint inspection by the Care Quality Commission (CQC) and OFSTED, covering the education, health and care of the 12,300 children with SEND in Somerset. The inspection framework tests the local area's response to individual needs by assessing how well it helps all children and young people who have special educational needs and/disabilities and how the impact of the work by the local area supports better outcomes for children and young people.

In order to do this, inspectors will examine evidence on how needs are identified, the provision made for those between 0 -25, and the impact of services and support on outcomes achieved. Appendix 1 explains the format of the inspection and identifies the range of information that inspectors will consider before they inspect Somerset. This includes published performance information, as well as our JSNA and Health and Wellbeing and SEND Strategies. Having done this, inspectors will form their hypothesis about how well Somerset partners work together to deliver the reforms, and test this during the inspection.

The inspection lasts for five days, during which time inspectors will meet with key individuals and focus groups from across health, education and care. They will also talk to children and young people and their parents / carers, and visit a number of settings.

After the inspection OfSTED will publish an inspection report in the form of an inspection letter. This will outline the evidence that inspectors reviewed and provide a summary of key findings including strengths and areas requiring further development. In addition, reports may also include areas of significant concern that may, subject to determination by OFSTED, require a written statement to be submitted to identify how concerns will be remedied.

- 1.7.** As of 27th February 2017, twenty inspection letters had been published. Of these five Local Areas have been identified as having serious weaknesses: Hartlepool, Rochdale, Sefton, Suffolk, Surrey.

Typical areas for development relating to partners working together are:

- Governance and the strategic leadership of the SEND reforms have not been rigorous or effective in developing a coordinated, cross-service approach to identifying, assessing and meeting the needs of children and young people.
- There is too much variability in the effectiveness of different services' information systems and some professionals do not follow information-sharing protocols. This hinders strategic planning.
- The joint commissioning of support and services between education, health and care agencies is at an early stage of development and requires further improvement.
- Leaders have been too slow to set up joint commissioning between education, health and care.

The inspection letters show that CQC inspectors are particularly focusing on:

- The role and effectiveness of the Designated Medical Officer and the Designated Clinical Officer
- the role of Health Visitors around early identification of need and how well they work with GPs
- The timeliness of the two year old integrated check-up and whether this is multi-agency
- GPs' early diagnoses of need e.g. autism
- Access to community therapies (including waiting times)
- The capacity and effectiveness of community nurses
- The role and effectiveness of School Nurses
- Access to CAMHS (including waiting times)
- Health professionals involvement in determining the level of children's and young people's need and in planning the necessary support for them.
- The quality of information sharing in the co-production of EHC plans.

1.8. How we are evaluating our effectiveness

During the spring of 2016 Somerset developed a self-evaluation framework to help us analyse our effectiveness in delivering the SEND reforms. The self-evaluation framework is overseen by the chairs of the SEND Strategy board sub group.

Our key strengths are around our strategic engagement with parents, carers and children and young people, something that is being identified by inspectors as a weakness in many of the local areas inspected so far. We have achieved this through our support and good relationship with our Parent Carer Forum, and through developing and resourcing a young people's champions model and young people's forum, The Unstoppables.

However, compared to similar authorities, many of the measurable outcomes achieved by our children and young people with SEND are poor, and we still have a considerable number of areas for development, including developing our joint commissioning.

Local Area Tool

The Council for Disabled Children have developed a self-evaluation tool with CCGs and LAs . This pulls together in one place some key pieces of evidence

that the CCG and Local Authority will wish to assure itself on in terms of its progress in implementing the 2014 Children and Families Act reforms in relation to disabled children and young people and those with SEN.

The tool presents this information in an easily accessible “at a glance” RAG rating system to update the relevant Boards on progress in implementation. CQC and Ofsted will view completed audit tools as evidence demonstrating an active commitment to and interest in implementing the reforms.

Peer Review

Somerset has invited Gloucester Council to undertake a Peer review of our Local Area SEND provision. The review is planned for May 2017.

Key foci for the peer review:

- Do our parents and carers of children and young people who have special educational needs and/or disabilities have confidence in the local area’s leaders and services.
- Is there timely and accurate assessment of, and planning for, their children’s needs? How engaged are parents in the process?
- Are there high rates of appeal to first tier tribunal? What is the tribunal profile for the LA?
- How effective are the areas information management systems? How do they enable more effective and efficient provision?
- What is the provision in terms of DMO plus and how effective is it?
- What is the experience for Children and young people across the county in terms of health and therapeutic provision?
- How effective is the local offer?
- Have the absence and exclusion rates for children and young people who have special educational needs and/or disabilities been recognised by the local area as a priority for action?
- How effective is CAMHS in supporting the SEND agenda?
- How effectively do children and young people with SEND achieve in Somerset?
- How effective is the provision at post-16 and post-19?
- How effective is safeguarding in the local area? Do children and young people feel happy, safe and well cared for?

2. Options considered and reasons for rejecting them

2.1. N/A

3. Consultations undertaken

3.1. N/A

4. Financial, Legal, HR and Risk Implications

4.1. In the current economic climate, the financial pressure on public sector services is acute. In Somerset, we are required to set reduced budgets for many of our services over the next four years.

Nevertheless, we recognise that within these financial constraints there is a genuine opportunity to be more efficient and increase effectiveness. To achieve this we must ensure that our provision targets the right children and young people at the right time.

5. Background papers

5.1. SEND code of Practice available from <https://www.gov.uk/topic/schools-colleges-childrens-services/special-educational-needs-disabilities>

Inspection framework and handbook available from:

<https://www.gov.uk/government/publications/local-area-send-inspection-framework>

<https://www.gov.uk/government/publications/local-area-send-inspection-guidance-for-inspectors>

Appendix 1

SEND Local Area Inspection Overview

Inspection of local areas' effectiveness in
identifying and meeting the needs of children
and young people who have special
educational needs and/or disabilities

Inspection Scope

- The DCS and CCG manager receive 5 day's notice
- 3 HMIs (Ofsted, CQC, and LA trained HMI) on site for 5 days
- designed to test the local area's response to individual needs:
 - how well we helps **all** children and young people who have SEN and /or disabilities (including those without a statement / EHCP)
 - how the impact of the work by the local area supports better outcomes for children and young people.

Inspectors' planning and preparation before the inspection

The lead HMI and the CQC inspector will consider all available evidence to develop an initial picture of the local area's performance in fulfilling its responsibilities. **They will develop initial hypotheses and key lines of enquiry informed by analysing:**

- outcomes for c&yp with SEN and/or disabilities in national assessments including attendance and exclusion information
- data relating to the identification of SEN at SEN support, and education, health and care (EHC) plan levels
- information about the destinations after leaving school, including NEET
- performance towards meeting expected timescales for statutory assessment
- inspection reports for the local area, its services and providers
- the published local offer
- the local authority short break statement
- schools' and nurseries' published SEN information reports
- the joint strategic needs assessment (JSNA)
- the joint health and well-being strategy
- SEND strategic plans devised and used by the local area
- the level of appeals to the First-tier Tribunal (Health and Social Care Chamber) (Special Educational Needs and Disability)
- complaints to Ofsted and CQC
- any relevant serious case reviews and their outcomes
- performance information published by the DfE and DoH

Inspectors' planning and preparation before the inspection

Evidence to be analysed continued:

Commissioning and performance data on delivery:

- of healthy child programme (previous 12 months)
- of school nursing service (previous 12 months)
- on neonatal screening programme
- on 0–25 services for CAMHS, speech and language therapy, occupational therapy, physiotherapy (to include commissioned care pathways and specialist arrangements for children with SEND).

The lead HMI and CQC inspector will also review additional information such as:

- any evaluation from service users and how these have influenced commissioning and changes to service delivery
- data about initial and health review assessments for children looked after who have or who may have special educational needs and/or disabilities
- pathways for referrals to health services for assessment, including CAMHS, therapies, child development centres and associated performance data
- statistics on health attendance and input into EHC assessment and review meetings
- specifications for local area services, including those for young people aged between 16 to 25
- guidelines on transfer of responsibility.

Inspectors' Key Lines of Enquiry

Inspectors will focus on three key questions:

- **A:** How effectively does the local area **identify** children and young people who have SEN and/or disabilities?
- **B:** How effectively does the local area **assess and meet the needs** of c&yp who have SEN and/or disabilities?
- **C:** How effectively does the local area **improve outcomes** for c&yp who have SEN and/or disabilities?

Question A – identification of needs

Inspectors will be looking for evidence that the local area has used identification and assessment information for:

- **establishing a baseline** for setting targets for progress and improvement towards meeting education, health and social care support or therapy needs
- **informing joint commissioning**, predicting the need for services and putting in place provision that meets the needs of children and young people
- **informing planning** for effective teaching and other education, health and social care support or therapy
- **evaluating the effectiveness** of the teaching and other education, health and social care support or therapy provided.

Question B: assessing and meeting needs

To evaluate how effectively the local area assesses and meets needs, inspectors will take account of the following aspects:

- engagement and **co-production** with c&yp, and their parents and carers
- effectiveness of **coordination of assessment** between agencies in joint commissioning – clear roles, responsibilities and accountability of partners in assessing and meeting needs
- **satisfaction** of parents and carers/satisfaction of c&yp
- the **suitability of EHC plan**, (including where relevant alignment with child in need and child protection plans)
- the **local offer**, including its development, accessibility and currency
- that **planning is appropriate** to meet the needs of children and young people receiving special educational needs and/or disability support.

Question C – outcomes

In order to assess how well the local area improves outcomes, inspectors will evaluate:

- outcomes – across education, health and care
- leaders' assessment of the effectiveness of the local area in improving outcomes for c&yp

They will look for evidence that the local area has **evaluated and understands its own effectiveness** in meeting the needs and improving the outcomes of children and young people who have special educational needs and/or disabilities.

Inspectors will report where the local area does not have a sufficient understanding, for example of the needs of particular groups of c&yp

What are we doing to prepare?

- Ensuring all stakeholders are aware of our key SEND messages
- Gathering evidence to provide to inspectors
- Planning inspection logistics

For further information see the published framework and handbook at:

<https://www.gov.uk/government/publications/local-area-send-inspection-framework>

<https://www.gov.uk/government/publications/local-area-send-inspection-guidance-for-inspectors>

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Somerset Health and Wellbeing Forward Plan

| Date | Agenda Item | Nature of the Business | Board Lead | Workstream / Officer Lead |
|---|---|-------------------------|------------------------------|---------------------------|
| 9 Mar 2017 | | | | |
| | Health and Well Being Strategy Refresh | Statutory Duty | Trudi Grant | Ann Bown |
| | JCB including BCF | Statutory Duty | Stephen Chandler | William Wallace |
| | Autism Strategy update on Progress | Oversight and Influence | Deborah Howard | William Wallace |
| | SEND reform update | Oversight and Influence | Julia Ridge and Young People | Frances Nicholson |
| Workshop – 5th Apr 2017 | EOL | | | |
| Workshop – May | Early Board Induction and Development session | | | |
| 13 July 2017 | | | | |
| | 2016 – 17 Performance Report | | | |
| | Safer Somerset Partnership Annual Report | | | |
| | Somerset Drug and Alcohol Annual Report | | | |
| | JSNA for sign off | | | |
| Workshop – 24th August | | | | |
| 14 Sept 2017 | | | | |
| | Integrated Health and Wellbeing and Early Help for Children Programme Board | Oversight and Influence | Frances Nicholson | Alison Bell |
| | Children’s Trust first year report | | | |

Somerset Health and Wellbeing Forward Plan

| Date | Agenda Item | Nature of the Business | Board Lead | Workstream / Officer Lead |
|--|--|------------------------|------------|---------------------------|
| | Adults and Children's safeguarding reports | | | |
| Workshop – 12th Oct 2017 | | | | |

Note: Members of the Somerset Health and Wellbeing Board are invited to contribute items for inclusion in the forward plan. Please contact Jamie Jackson, Service Manager Scrutiny, who will assist you in submitting your item. jajackson@somerset.gov.uk 01823 359040