

# Somerset Health and Wellbeing Board

Thursday 28 September 2017

11.00 am Luttrell Room - County Hall,  
Taunton



To: The Members of the Somerset Health and Wellbeing Board

Councillor Christine Lawrence (Chairman)  
Councillor Frances Nicholson (Vice-Chairman)  
Councillor David Huxtable  
Councillor Linda Vijeh  
Councillor Amanda Broom  
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  
Nick Robinson, Clinical Commissioning Group  
Dr Ed Ford, Clinical Commissioning Group (Vice-Chairman)  
Mr Mark Cooke, NHS England  
Judith Goodchild, HealthWatch  
Stephen Chandler  
Trudi Grant  
Julian Wooster

Issued By Julian Gale, Strategic Manager - Governance and Risk - 20 September 2017

For further information about the meeting, please contact Julia Jones or 01823 359027 Email: [jjones@somerset.gov.uk](mailto:jjones@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](http://www.somerset.gov.uk/agendasandpapers)



**RNID typetalk**

## AGENDA

Item Somerset Health and Wellbeing Board - 11.00 am Thursday 28 September 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 13 July 2017** (Pages 3 - 8)

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 **Better Care Fund Plan 2017-19** (Pages 9 - 14)

To receive the report

6 **Healthwatch Annual Report** (Pages 15 - 44)

To receive the report

7 **Joint Strategic Needs Assessment (JSNA) 2018/Health and Wellbeing strategy** (Pages 45 - 48)

To receive the report

8 **Children & Young People's Plan 2016 – 2019 - Report on progress of year 1** (Pages 49 - 56)

To receive the report

9 **Somerset Health and Wellbeing Board Work Programme** (Pages 57 - 58)

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.

# Agenda Annexe

## 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 Julia Jones. Telephone: (01823) 359040 or email [jjones@somerset.gov.uk](mailto:jjones@somerset.gov.uk) . They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://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 Julia Jones. Telephone: (01823) 359027 or email [jjones@somerset.gov.uk](mailto:jjones@somerset.gov.uk)

### 3. **Public Question Time**

**If you wish to speak, please tell Julia Jones, the Board's Clerk, by 12 noon the (working) day before the meeting - (01823) 359027 or email [jjones@somerset.gov.uk](mailto:jjones@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 (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.

## THE HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held in the Luttrell Room, County Hall, Taunton on Thursday 13 July 2017 at 11.00am

**Present:** Cllr C Lawrence (Chairman), Cllr D Huxtable, Cllr L Vijeh, Cllr A Broom, Cllr N Woolcombe-Adams, Cllr S Seal, Cllr G Slocombe, Cllr J Warmington, Cllr K Turner, Dr Ed Ford, J Goodchild, S Chandler, T Grant, T Aarons, M Daly, H Rutter, T Harvey

**Other Members present:** Cllr G Fraschini

**Apologies for absence:** Cllr F Nicholson (Vice-Chairman), Dr D Slack and J Wooster

### 274 **Declarations of Interest** - Agenda Item 2

Members were reminded that they needed to fill out declaration of interest forms and they could be obtained from the Community Governance team.

### 275 **Public Question Time**

There were no public questions.

### 276 **Joint Strategic Needs Assessment (JSNA) 2017** – agenda item 4

JSNA Project Manager Jo McDonagh and Public Health Specialist Pip Tucker gave a presentation to accompany the report for this item.

The JSNA is a requirement for all county councils and is the responsibility of the Health and Wellbeing Board. The objective is to examine the health, wellbeing and social care needs of the whole Somerset population. The JSNA's main purpose has been to inform commissioners and provide them with accessible information to help them develop and improve services.

This year's focus was 'ageing well' and looking further at how to prevent or mitigate ill health, how to help future generations to maintain good health and wellbeing throughout their lives.

The work has mainly been through discussion groups and interviews added to facts and figures.

Points highlighted in the presentation included:

- According to those interviewed, ageing well means having a purpose, having a sense of community and feeling valued
- Factors that help people to age well including community support, laughter, socialising, having the basics – heat, light, food etc.
- Factors that don't help people to age well – loneliness, caring responsibilities, lack of transport, negativity of media
- 45% of disease can be prevented or delayed by lifestyle i.e. not smoking, drinking responsibly
- Inequalities are evident and addressing them will reduce suffering and save money

- New housing should take account of ageing and existing stock be adapted accordingly
- Good work including voluntary is beneficial

Discussion points raised included:

- Transport was an important element of ageing well and would feature in future JSNAs.
- Inequalities should be on top of the agenda for the Health and Wellbeing Strategy
- It was surprising that 4% of population produced 50% of demand on health and care spending
- Lots of conditions were reversible with lifestyle changes e.g. exercise, diet
- There was a lot of data on housing which featured in the JSNA

Mr Tucker asked the Board to consider the priorities for next year's JSNA and ideas included communities, conditions and illnesses, behaviour change, inequality, wrong direction of travel, where Somerset fared badly compared to others, and population groups. It was agreed this could be discussed further at a developmental session and that it should be added to the Health and Wellbeing work programme.

**The Board agreed to approve the final version of the Joint Strategic Needs Assessment Summary 2017 and accompanying qualitative report.**

## 277 **Better Care Fund draft Plan 2017/19 – Agenda Item 5**

Director of Adult Social Services Stephen Chandler gave a presentation to accompany the report. The Better Care Fund is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most.

Points highlighted in the plan included:

- The approach would be a continuation of joint working arrangements
- The CCG and County Council were working to prepare plans that enable partners to deliver better outcomes for people through fully integrated, person-centric and seamless health and social care services
- To meet the national conditions there would need to be a jointly agreed plan – this would involve stakeholders including health providers and organisations and district councils.
- Social Care Maintenance was crucial - initiatives include social care services that have benefits for the health system, releasing resource and easing pressure on NHS Services
- Work was ongoing with regard to commissioned out of hospital services to support reduced admissions and reduce delayed discharges in the health community
- Progress was being made with managing transfers of care in relation to early discharge planning, multi-disciplinary/multi-agency discharge teams and patient choice. The focus for 2017/18 was on home first / discharge to assess.
- Four schemes were supporting this - Continue to Invest in Reablement,

Joined-up Person-centred care, Improved Discharge to Home Arrangements, Housing Adaptations

Members supported this approach and felt this was the right way forward. Supporting people more in their own homes was particular highlighted as the right move. It was recognised that changes in staffing methods and training would be required and there were challenges to recruit suitable employees.

**The Health and Wellbeing Board agreed to:**

- 1. Consider and comment on the presentation of the draft BCF plan subject to the BCF planning guidance being formally released.**
- 2. Continue to monitor the progression and implementation of the BCF plan 2017/19.**
- 3. Authorise the Chair and one of the Vice Chairs to sign off the report in due course.**

**278 Health and Wellbeing Performance Report 2016/17– Agenda item 6**

Corporate Performance Officer Amy Shepherd presented the report which provided an overview of the 2016-17 performance in relation to the Health and Wellbeing Board Priority and duties and requirements. Performance information had been gathered from lead managers at the year end on 31<sup>st</sup> March 2017 to provide the outturn position in relation to each of the workstreams. The performance information was summarised in the scorecard available at Appendix A.

Further points highlighted included:

- 80% of statuses for workstream actions and local measures and milestones were rated green and were therefore on track to being achieved
- 92% of actions, measures, and milestones were improving or maintaining stable levels of performance
- A review of the 2016/17 workstreams had taken place to establish whether they should continue into 2017/18.
- Further measures and milestones would be added to workstream 3 'to drive and oversee new, integrated and sustainable models of care across the county' to enable the Board to have oversight of the progress of the Somerset Sustainability and Transformation Plan in particular in relation to models of care.
- Disappointment was expressed about not moving forward more quickly with workstream 6 – to increase use of licensing powers to promote health, wellbeing and reducing harm. A pilot project aimed at reducing alcohol harm had been run South Somerset District Council but they had been informed that the data was not sufficient in quality and quantity and there were also issues of data sharing. Work was ongoing to overcome this.
- The Director of Public Health congratulated the Board on their previous work around smoking prevention which had resulted in a reduction of smoking levels in Somerset.

## **The Health and Wellbeing Board:**

- **Considered and noted the 2016/17 outturn Performance Information available in Appendix A and overview of progress provided by each Workstream Lead at paragraphs 2.3 to 2.8 of the appendix**
- **Considered and noted the performance information as at 31st May 2017 for the 2017/18 revised workstream actions and metrics in the Somerset HWB Board Scorecard, available at Appendix B to the report**

### **279 Devon and Somerset Fire and Rescue Service updates – Agenda Item 8**

The Board agreed to bring this item forward to allow John Irwin from Devon and Somerset Fire and Rescue to present this item. He explained that the fire service had been tasked to carry out surveys for all tall housing stock across the county following the Grenfell Tower event. There were no buildings of concern identified in Somerset. However the service had now been asked to check all housing stock across the county which covered a lot of properties and were given advice to the public about emergency evacuation procedures. There had been quite an increase in phone calls to the service about these issues following the disaster. Buildings were being managed in a risk appropriate manner and information about them was being provided by local authorities. There were around 700 public buildings that were being checked including those in health care and education.

Members informed Mr Irwin that there was some concern from the public around this issue and could this been fed back to the service. It was felt that some sort of signage on public and shared building accommodation stating that they had been checked and deemed to be safe would allay concerns. Other concerns related to sufficient exits from buildings and adhering to fire safety legislation.

The Chair thanked Mr Irwin for the update and for the work being carried out and asked for a further update when there was a change in legislation.

### **280 Somerset Health and Wellbeing Board Annual Report - Agenda Item 7**

This item was presented by Christina Gray, Consultant in Public Health, who explained that the annual report set out the progress made under the Board functions – Fulfilment of Statutory Duties, Health Improvement Workstreams, System Oversight and Influence. The work of the Board for 2016-17 can be summarised on the plan shown in Appendix 1 to the Annual Report.

The Chair said it was good to know the progress the Board had made and she thanked the former Chair for all her hard work on this.

### **281 Somerset Health and Wellbeing Board Forward Plan 2016/17**

The Board considered and noted the Forward Plan.



282 **Any Other Business of Urgency**

Cllr Woollcombe-Adams asked for clarification regarding the Somerset Dimension Group as he had been informed that they had been closed down by the Somerset Clinical Commissioning Group (CCG).

Dr Ed Ford from the CCG said due to financial reasons the organisation could no longer provide the resource to run the meetings and had asked if anybody else could step in but nobody had volunteered. Somerset Housing Group was now looking into the possibility of facilitating this. It was asked if this could be put on the next agenda for consideration.

The meeting finished at 12.46pm.

**Chairman  
Health and Wellbeing Board**

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Somerset County Council

Somerset Health and Wellbeing Board

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Better Care Fund Plan 2017/19

Lead Officer: Author: Paul Goodwin, Director of Commissioning and Governance  
 Stephen Chandler, Director for Adult Social Services  
 Contact Details: Tracey Tilsley, Head of Business and Strategy  
 (tracey.tilsley@nhs.net)

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Office (Director Level)	Paul Goodwin, Director of Commissioning and Governance Stephen Chandler, Director for Adult Social Services	11.9.17
	Cabinet Member / Portfolio Holder (if applicable)	Cllr Christine Lawrence Dr Ed Ford	11.9.17
	Monitoring Officer (Somerset County Council)	Julian Gale	11.9.17
<b>Summary:</b>	<p>The Better Care Fund is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most. The BCF provides a framework for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF).</p> <p>The Better Care Fund Plan 2017/19 was presented previously to the Board has since been signed off by the Chairs of the Health and Wellbeing Board and Clinical Commissioning Group and submitted to NHS England on 11 September 2017 in accordance with the assurance timetable. This update on progress is brought to the Board today for information.</p> <p>An audit of the Somerset Better Care Fund undertaken by the South West Audit Partnership noted that the Health and Wellbeing Board constitution requires updating to provide clearer guidance on the board’s role in managing the Better Care Fund. This is brought to the Board today for decision.</p>		
<b>Recommendations:</b>	<b>That the Health and Wellbeing Board receives this report for information and notes:</b>		

	<ul style="list-style-type: none"> <li>• the BCF plan has been signed off by the Chair the HWB on behalf of the HWB</li> <li>• the agreed BCF plan has been submitted to NHS England</li> <li>• the next stage of the BCF assurance process as set out</li> <li>• The board's role in monitoring the progression and implementation of the BCF plan 2017/19.</li> </ul> <p>The Health and Wellbeing Board takes note of the recommendation of the auditors with regard to updating the Boards constitution and takes the decision to progress this.</p>															
<p><b>Reasons for Recommendations:</b></p>	<p>The Local Authority and Clinical Commissioning Group have progressed the BCF plan for 2017/19 and have agreed the final plan.</p>															
<p><b>Links to Somerset Health and Wellbeing Strategy:</b></p>	<p>We have been working together as a health and care system for some time and have an aligned vision and approach for our population. This vision outlines the need for a patient population to be able to access care or support that is joined up. This is further supported by the Somerset Health and Wellbeing Strategy which outlines our commitment to supporting people to 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.</p> <p>The Better Care Fund plan aims to improve care and support for people by providing a framework to support creating a more integrated approach across health and social care.</p>															
<p><b>Financial, Legal and HR Implications:</b></p>	<p>The funding for 2017/18 and 2018/19 in summary is:</p> <table border="1" data-bbox="625 1447 1390 1823"> <thead> <tr> <th><b>Contribution</b></th> <th><b>2017/18</b></th> <th><b>2018/19</b></th> </tr> </thead> <tbody> <tr> <td>Total Local Authority Contribution</td> <td>£3,755,754</td> <td>£4,045,252</td> </tr> <tr> <td>IBCF contribution</td> <td>£12,083,687</td> <td>£16,359,653</td> </tr> <tr> <td>CCG Total Contribution</td> <td>£35,842,859</td> <td>£36,523,873</td> </tr> <tr> <td><b>Total Pooled Budget</b></td> <td><b>£51,682,300</b></td> <td><b>£56,928,778</b></td> </tr> </tbody> </table>	<b>Contribution</b>	<b>2017/18</b>	<b>2018/19</b>	Total Local Authority Contribution	£3,755,754	£4,045,252	IBCF contribution	£12,083,687	£16,359,653	CCG Total Contribution	£35,842,859	£36,523,873	<b>Total Pooled Budget</b>	<b>£51,682,300</b>	<b>£56,928,778</b>
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<p><b>Equalities Implications:</b></p>	<p>None</p>															

<b>Risk Assessment:</b>	In common with all aspects of the health and social care economy there is a risk that the fund will not be sufficient to meet the rising demand associated with local demographic changes.
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## 1. Background

**1.1.** The Better Care Fund is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most. The BCF provides a framework for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF). The 2017 Budget announced an additional £2 billion to support social care in England. This money is included in the IBCF grant to Local Authorities and will be included in local BCF pooled funding and plans.

**1.2.** The Better Care Fund policy framework was released by the Department of Health and the Department for Communities and Local Government in March 2017. The policy framework forms part of the NHS England Mandate for 2017/18. It requires NHS England to issue further detailed requirements to local areas on the developing BCF plans for 2017/19. The Better Care Fund planning guidance was issued on 7 July 2017 which set out the planning and assurance requirements for the Better Care Fund plan.

A recent audit of the Better Care Fund recommends that the Health and Wellbeing Board constitution is updated to provide clearer guidance on the board's role in managing the Better Care Fund, outlining what information should be provided to them and the frequency and format of this information. A written progress report on each of the schemes should be provided at each meeting as a minimum.

**1.3.** Key changes to the policy framework since 2016/17 include:

- A requirement for plans to be developed for the two year period 2017 to 2019 rather than a single year
- The number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four

**1.4.** Both the Local Authority and the Clinical Commissioning Group have progressed the plans and the plan has now been submitted to NHS England on 11 September 2017 in line with the assurance timeline.

**1.5.** The next stage of the assurance process is set out as follows:

Action	Date
BCF Plan submission	11 September 2017
Scrutiny of BCF Plans by regional assurers	12 – 25 September 2017
Regional Moderation	w/c 25 September 2017
Cross regional calibration	2 October 2017

Approval letters issued giving formal permission to spend	From 6 October 2017
Escalation panels for plans rated as not approved	w/c 10 October 2017
Deadline for areas with plans rated approved with conditions to submit updated plans	30 November 2017
All Section 75 agreements to be signed and in place	30 November 2017
The Health and Wellbeing Board constitution is updated to provide clearer guidance on the board's role in managing the Better Care Fund, outlining what information should be provided to them and the frequency and format of this information.	30 November 2017
A written progress report on each of the schemes should be provided at each meeting as a minimum.	To be included as a standing item in the HWB forward plan

## 2. Options considered and reasons for rejecting them

- 2.1. The BCF is a mandatory requirement from central government and NHS England; therefore, there is no option not to adopt a Better Care Fund plan.

## 3. Consultations undertaken

- 3.1. Somerset County Council and the Somerset Clinical Commissioning Group have engaged and worked together on the development of the plan.

## 4. Financial, Legal, HR and Risk Implications

- 4.1. Central government has introduced the Better Care Fund and the subsequent Care Bill by statute and Somerset would be in breach of this were it not to agree a plan. The CCG and Somerset County Council will need to re-enter into an agreement under Section 75 of the NHS Act 2006 for the Better Care Fund for 2017/19. The Act gives powers to the CCG and Local Authority to establish and maintain pooled funds, out of which payment may be made towards expenditure incurred in the exercise of prescribed Local Authority and NHS functions. The budgets which create the BCF will be pooled under this Agreement and jointly commissioned by the parties.

- 4.2. The funding for 2017/18 to 2018/19 in summary is:

<b>Contribution</b>	<b>2017/18</b>	<b>2018/19</b>
Total Local Authority Contribution	£3,755,754	£4,045,252
IBCF contribution	£12,083,687	£16,359,653
CCG Total Contribution	£35,842,859	£36,523,873
<b>Total Pooled Budget</b>	<b>£51,682,300</b>	<b>£56,928,778</b>

This is applied to the Better Care Fund schemes as follows:

<b>Scheme</b>	<b>2017/18</b>	<b>2018/19</b>
Community Reablement and other social care schemes, including carers breaks	£26,710,491	£31,667,471
Person Centred Care	£18,216,055	£18,216,055
Improved Discharge Arrangements	£3,000,000	£3,000,000
Disabled Facilities Grant	£3,755,754	£4,045,252
<b>Total</b>	<b>£51,682,300</b>	<b>£56,928,778</b>

## **5. Background papers**

**5.1.** The 2017/19 Integration and Better Care Fund Policy Framework can be found:

<https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>

**5.2.** The Integration and Better Care Fund planning requirements for 2017/19 can be found:

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

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## Somerset County Council

## Somerset Health and Wellbeing Board

## Healthwatch Annual Report

Lead Officer and Author: Morgan Daly, Healthwatch Somerset

Contact Details: 01179654444

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Office (Director Level)	Christina Gray	11.09.17
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	11.09.17
	Monitoring Officer (Somerset County Council)	Julian Gale	12.09.17
<b>Summary:</b>	<p>The 2016/17 Annual Report, contains updates on progress and achievements during the past year. Highlights include:</p> <ol style="list-style-type: none"> <li>1. Survey with local people regarding service use, which will help to inform the CQC and STP</li> <li>2. Enter and view work into mental health inpatient services and the subsequent actions</li> <li>3. Young Healthwatch research and findings</li> </ol>		
<b>Recommendations:</b>	<b>That the Health and Wellbeing Board formally acknowledges the annual report.</b>		
<b>Reasons for Recommendations:</b>	Presentation of the annual report is a statutory requirement for local Healthwatch		
<b>Links to Somerset Health and Wellbeing Strategy:</b>	Healthwatch is a statutory member of the Health and Wellbeing Board and committed to supporting the delivery the Health and Wellbeing Strategy through its work.		
<b>Financial, Legal and HR Implications:</b>	None		
<b>Equalities Implications:</b>	None		

<b>Risk Assessment:</b>	N/A
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## 1. Background

- 1.1. Healthwatch Somerset is a voice for children, young people and adults in health and social care. Anyone can speak to Healthwatch about their experiences of health or social care services (including GPs, hospitals, mental health services, social care teams) and feedback what was good and what was not.

Healthwatch is led by an Executive Group made up mainly of lay people who oversee the work plan and who bring specialist knowledge to the project. We are grateful to all our volunteers, and to organisations with whom we have worked in partnership including Somerset Rural Youth Project, Swan Advocacy, Compass and many others.

- 1.2. This year has been a year of change, development and challenge across health and social care. We have seen changes to how some services are delivered: like the early supported discharge for stroke patients which Healthwatch has previously helped to evaluate. We have also been able to influence, including by formally supporting the proposal for the County to create a university to address local skills gaps.

It is also clear that the public is increasingly aware of what Healthwatch can offer them – as over 600 people took part in surveys to share their views this year.

We were also delighted to work closely with Somerset Rural Youth Project, a local voluntary sector organisation that works with young people, in order to empower young Somerset residents to have their say about a wide range of important health and social care issues.

- 1.3. *“All wards currently display notice boards with staff pictures with Job titles. The uniform policy is being reviewed but once completed then this can be added to inpatient notice boards for information”*  
- Somerset Partnership response

Healthwatch worked with local commissioners to talk to people who have had a stroke about their care. A model of care called Early Supported Discharge is now being used in Somerset to help people who have had a stroke return home more quickly and get back to everyday life. Overall, the feedback about the Early Supported Discharge service was excellent. *One gentleman shared his joy at being able to rehabilitate and build up his strength whilst doing his gardening at home.*

We spoke to people about their use of services and those who spoke to us showed relatively little appetite for visiting an unfamiliar **GP practice** or seeing a professional who is not a GP – which shows that *there is lots of work to do to win patients over if NHS planners intend to implement new approaches to the provision of primary care.*

However, **if a GP is not available**, a clear majority of respondents would favour contact with a *nurse* for support.

Experiences of **NHS111 and NHS Choices** appear to be highly polarised, though *positive experiences generally outweigh negative experiences*. Respondents who have experienced good outcomes were strongly favourable and language used was very positive “excellent”, “high quality”, “useful”.

This year, the volunteers have taken a close look at **mental health inpatient** services. This has resulted in a series of recommendations which are being used to *monitor the quality of mental health services* for local people.

We heard accounts of patient dissatisfaction with a local **orthotics** service from our advocacy partner SWAN advocacy, and via personal testimony shared by a patient with our Executive Group. *We’ve asked challenging questions on their behalf to try and support them to improve their outcomes, and we are looking further into this matter in 2017/18.*

Healthwatch continues to develop our reach and visibility and has successfully advocated on behalf of hundreds of patients, carers and members of the public this year.

## **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. N/A

## **5. Background papers**

5.1. Healthwatch Annual Report 2016 - 17

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# Healthwatch Somerset

## Annual Report 2016/17





## Healthwatch Somerset Annual Report 2016/17



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# Message from our Chair



Healthwatch is led by an Executive Group made up mainly of lay people who oversee the work plan and who bring specialist knowledge to the project.

I was pleased to be nominated as Chair this year in order to make use of my knowledge on behalf of local people.

This year has been a year of change, development and challenge across health and social care. We have seen changes to how some services are delivered: like the early supported discharge for stroke patients which Healthwatch has previously helped to evaluate. We have also been able to influence, including by formally supporting the proposal for the County to create a university to address local skills gaps.

Healthwatch continues to develop our reach and visibility and has successfully advocated

on behalf of hundreds of patients, carers and members of the public this year. We are grateful to all our volunteers, and to organisations with whom we have worked in partnership including Somerset Rural Youth Project, Swan Advocacy, Compass and many others.

As we move forward into the final year of the current contract, we are looking again at how we deliver our work to make sure we reach all districts of the county, and hear the voices of those who have not spoken to us before.

Cliff Puddy, Chair



# Message from our Chief Executive

I am pleased to commend this annual report to you, and satisfied to be able to reflect on the positive work that has been delivered by Healthwatch Somerset this year.

The Care Forum is proud to host a project in a way which empowers staff and volunteers to be able to act as advocates, champions and supporters to those who most need to be heard.

As always, our volunteers are at the heart of what we do – and this is especially apparent in the enter and view work we have delivered, which has continued to provide valuable insight into the lived experiences of people using local health and social care services. This year, the volunteers have taken a close look at mental health inpatient services. This has resulted in a series of recommendations which are being used to monitor the quality of mental health services for local people.

It is also clear that the public is increasingly aware of what Healthwatch can offer them – as over 600 people took part in surveys to share their views this year.

We were also delighted to work closely with Somerset Rural Youth Project, a local voluntary sector organisation that works with young people, in order to empower young Somerset residents to have their say about a wide range of important health and social care issues.



We heard accounts of patient dissatisfaction with a local orthotics service from our advocacy partner SWAN advocacy, and via personal testimony shared by a patient with our Executive Group. We've asked challenging questions on their behalf to try and support them to improve their outcomes, and we are looking further into this matter in 2017/18.

I would like to thank each volunteer for the way in which you have held us to account, shown leadership, inspired us and directed the work of the project.

I would also like to thank the staff who have worked tirelessly to ensure that Healthwatch Somerset continues to develop and deliver this year.

Vicki Morris, Chief Executive - The  
Care Forum

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# Highlights from our year

*This year we've reached 10,144 people on social media*



*Our volunteers help us with everything from enter and view to reviewing quality accounts*



*We've visited mental health wards and learning disability services*



*Our reports have tackled issues ranging from mental health to leaving care*



*We've spoken to nearly 600 people about their GP services*



*We've met hundreds of local people at our community events*





# Who we are

Healthwatch Somerset is a strong voice for children, young people and adults in health and social care.

Anyone can speak to Healthwatch about their experiences of health or social care services (including GPs, hospitals, mental health services, social care teams) and feedback what was good and what was not.

We ensure that service providers and commissioners hear this feedback and make changes to their services

When someone gets in touch, Healthwatch will:

- ++ signpost them to other helpful services via Somerset Choices
- ++ help them to access advocacy support
- ++ record their feedback and ensure that service users have their voice heard in decisions about the running of health and social care services

## Our vision

Healthwatch works hard to be the independent consumer champion for health and social care in Somerset. We promote better outcomes in health and social care for both adults and children.

We work collaboratively with local infrastructure by maintaining a wider associate membership of relevant organisations through our network of networks.

We have built on, developed and broadened the role of the Somerset Local Involvement Network (LINK), taking equal account of both health and social care issues. We achieve this by being representative of the diverse communities and regions of Somerset.

## Our priorities

The Executive Group meets at the start of each year to review the previous workplan and to refresh it if necessary. This process involves examining local priorities (like the health and wellbeing strategy), information given to Healthwatch by the public, and using it to decide on priorities for the coming year.

This process ensures that we focus on what matters most to local people, and the areas within which we can make the most difference.

The workplan can change throughout the year if a new priority arises.

This year, the following priorities were identified :

- ++ Accessibility of information
- ++ Connectedness
- ++ Transition into adulthood
- ++ Reviewing quality accounts
- ++ Promoting mental and emotional health with young people

We are accountable to, and driven by, a network of volunteers who help to create the annual workplan and who represent Healthwatch at a variety of meetings and events across Somerset.

## ***Accessibility of information***

In order to investigate whether the people of Somerset are receiving accessible information, Healthwatch delivered a survey which asked about local services including GP services. This survey was designed to allow people to tell us how they understood their services worked, and also whether information from NHS111 and pharmacy was working for them.

We also began work on a series of enter and view visits to find out whether people with a learning disability were being informed about their right to choose the services they use.

## ***Connectedness***

Our GP and other services survey also asked local people to tell us about their use of support services such as their pharmacy. Building on this survey, Healthwatch worked with other stakeholders to design a second survey which focuses on connectedness. This survey was rolled out at the end of 2016/17, and will be used to inform the STP and other planning and commissioning in the coming year.

## ***Young people***

Young Healthwatch consulted young people about leaving care and mental health.

“She finds (leaving care) very lonely at times but has settled and feels happy with the support from her leaving care worker” - young person’s comment

## ***The Team***

The Healthwatch staff team work to engage with communities across Somerset, support our volunteers and engage with social media and online activity.

Jono Yelland, Development Officer



I have worked in the field of public and patient engagement for 11 years and I passionately believe that people can make a real difference to improving local services by sharing their views and experiences.

My job involves listening to people about their concerns and experiences and finding opportunities for that voice and that experience to make a positive difference. Sometimes that’s about knowing what consultations are happening that experiences can inform and sometimes it’s simply about knowing the right person to go to and their role, so networking is essential. My role is also to try and signpost people to the best support or advice so keeping up to date with a changing health and social care landscape is very important.

Jacquie Franks, Development Officer

I make sure Somerset health and social care services are the best they can be by:

- working to ensure that local residents know who Healthwatch

Somerset is and why it is good to talk to us;

- creating opportunities for local residents talk to us regularly about health and social care through a variety of mechanisms;
- collecting feedback from local residents on their experiences of health and social care in Somerset, as well as promoting Healthwatch Somerset initiatives.

Karen Ball, Information, Marketing and Signposting Officer



I enjoy working for charities and find it extremely rewarding.

My post involves keeping the website up-to-date, using social media to keep people informed of the team's work, and marketing and promoting what we do. I produce the Healthwatch Somerset monthly e-bulletin.

My role also includes organising and attending meetings and events, and networking with voluntary sector and other organisations I give people relevant information on complaints procedures, and advocacy services for health and social care.

I feel that it is important that people's voices are heard by those that make on decisions, and that by listening to the people of Somerset we can help to improve their future health and social care services.

Elena Dorso, Volunteer Support Officer



Elena provides support to our volunteers, which includes helping new volunteers with their DBS checks and supporting them to work out how we can find a role which fits with their interests and experiences

Elena works with the rest of the team to make sure that feedback from volunteers is passed on, and to support volunteers who take part in engagement at community events or other meetings.

#### The Executive Group

Cliff Puddy, Chair and Equality of Access

Janet Bond, Enter and View

David Boyland, Vice Chair and Quality in Health

Judith Goodchild, Health and Wellbeing Board

Ruth Hobbs, Children and Young People

Rachel Mason, Quality in Social Care

Jane Allin, Compass Carers

Steve Baker, Young Healthwatch

Andy Roger, Swan Advocacy



# *Your views on health and care*

## ***Listening to local people's views***

This year we heard hundreds of comments, views and experiences from local people.

You spoke to us at the focus groups we helped to organise to get your feedback about your stroke support. You filled in hundreds of online surveys about the services you use, and told us how much you value your local GP. You reviewed services local to you using our online review centre. And you told us you would like to know more about the staff who support you on mental health inpatient wards.

We were proud to listen to you - and we hope that what we have done with what we heard has helped to make improvements for the future.

**“All wards currently display notice boards with staff pictures with Job titles. The uniform policy is being reviewed but once completed then this can be added to inpatient notice boards for information”**

**- Somerset Partnership response**

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## ***Life after a stroke***

Healthwatch worked with local commissioners to talk to people who have had a stroke about their care. A model of care called Early Supported Discharge is now being used in Somerset to help people who have had a stroke return home more quickly and get back to everyday life.

We designed this work to explore the perceptions of patients, the carers and family members by asking:

- What did you feel you needed the most following your stroke or brain injury?
- What was provided to you by the Early Supported Discharge service?
- How well did the service meet your needs?
- Do you feel you went home at the appropriate time?
- Was there anything that could have been done differently to improve the support you received?

By offering phone interviews, we made sure that patients who were not able to take part in focus groups at local hospitals were able to have their say.

The focus groups that were held were facilitated by Healthwatch volunteers, with patients offered a supportive and relaxed opportunity to feedback about their experiences.

Overall, the feedback about the Early Supported Discharge service was excellent.

One gentleman shared his joy at being able to rehabilitate and build up his strength whilst doing his gardening at home.

The report can be read on our website <http://bit.ly/2ur6ueT>

## ***Your local services***

How do local services work together to support the people of Somerset? Does NHS111 help us to understand where to go and when to ask for help? What about community pharmacies, and the role they can play? These were a few of the issues Healthwatch explored in our major survey work this year.



During this project Healthwatch received feedback from 587 local people. We spoke to patients via their GP, people who heard us on BBC radio and people who saw one of our posters placed by volunteers in community centres. Many of those who gave us feedback did so via paper copies of the survey, as we know that not everyone uses the internet. We also heard from large numbers of carers who were signposted by Compass. Overall, the following trends were identified:



Firstly, the majority of participants demonstrated a clear preference to receive direct support from a familiar GP within their local practice.

This is interesting as modern GP practices offer a wide range of services from a range of professionals - and current proposals for the future of Primary Care often involve changes to this more traditional approach. We know that there are significant challenges at the moment, with fewer GPs being recruited and large numbers approaching retirement - and so this result is a clear challenge to those planning future service provision.

We were pleased to be able to share this finding with the Sustainability and Transformation Plan lead, and Judith Goodchild our Health and Wellbeing Board lead presented our findings to the Board.

Those who spoke to us showed relatively little appetite for visiting an unfamiliar GP practice or seeing a professional who is not a GP - which shows that there is lots of work to do to win patients over if NHS planners intend to implement new approaches to the provision of primary care.

Secondly, if a GP is not available, a clear majority of respondents would favour contact with a nurse for support.

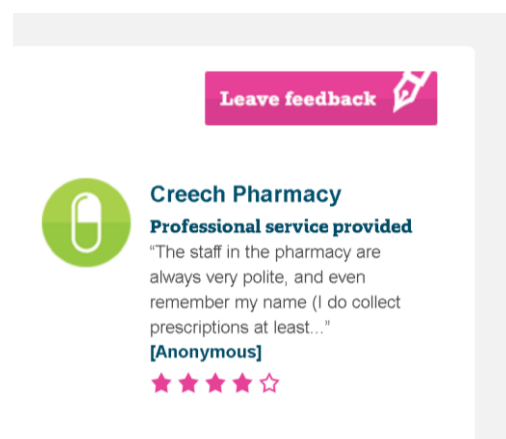
Thirdly, experiences of NHS111 and NHS Choices appear to be highly polarised, though positive experiences generally outweigh negative experiences.


Respondents who have experienced good outcomes were strongly favourable and language used was very positive "excellent", "high quality", "useful".

Those who had experienced delayed or poor quality outcomes often used highly negative language to describe their experiences, "useless", "dangerous", "a waste of time". The CQC have already made use of this feedback when planning inspections of NHS111.

## **Feedback centre**

To date we have heard 26 reviews on our online feedback centre ranging from mental health services, medical centres, hospital wards and pharmacies.





*Helping  
you find the  
answers*

We work with two partner agencies to ensure that local people are able to obtain the information and support when they need it, in ways that work for them.

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## Somerset Choices

The logo for Somerset Choices, featuring the word "SOMERSET" in a bold, white, sans-serif font and "Choices" in a smaller, white, sans-serif font, both set against a dark purple rectangular background.

Somerset Choices is a website that gives you information and advice on care and support services and local groups in Somerset.

You can use the website to search for all kinds of care and support services including equipment providers, home care, accommodation options, support for carers, local events and local groups.

You can contact local services and groups through the website to order or book what you need.

On Somerset Choices you can find information and advice for:

- Support at home
- Planning for your care
- Support for carers
- Accommodation options
- Equipment to help you live independently
- Local support groups and networks
- Health conditions, such as dementia
- Money
- How to stay healthy
- Keeping safe
- Finding an independent advocate
- And much, much more!

## SWAN Advocacy

Their specialised advocacy service enables some of the most disadvantaged residents of Somerset to make their own decisions and be in control of their own lives. They have a range of advocates with specialist knowledge, skills and expertise to help people who are struggling, to give them a voice.

They have a dedicated office in Taunton and provide support across all districts of Somerset. Their advocacy includes supporting people with their mental health, mental capacity, and to make informed decisions about the Care Act and when making an NHS complaint.



This year, SWAN told us about a theme they were hearing from their clients. Some people who needed orthotics support (such as orthotic shoes) were struggling to get the equipment they need.

Following this feedback and some further investigation, we have included this subject in our workplan for 2017/18.



*Making a  
difference  
together*

Have you  
visited  
Care Home  
Rel  
What was it like?

## ***Enter and View: how your experiences are helping influence change***

The mission of Healthwatch is to ensure that:

People shape health and social care delivery

People influence the services they receive personally

People hold services to account

We know that we are fulfilling our mission when there are examples of this happening. This year, we have delivered enter and view within mental health inpatient wards which has particularly empowered services users to 'influence the services they receive personally'.

### **Pyrland Wards, Yeovil, July 2016**

What did we find?

The Enter and View Team felt that overall, Pyrland Wards met the needs of the clients in a supportive and caring environment. Although Ward One was attractive and welcoming, the manager and staff are aware that Ward Two needs refurbishing to provide a more cheerful, welcoming and relaxed atmosphere. Staff were observed interacting with clients in a friendly manner, and in Ward One clients were observed to be sensitively supported at meal times.

Clients spoken to enjoyed the gardens and opportunities to help water and maintain

the plants. They also enjoyed the cooking sessions. Some patients told us that there was little to do to pass the time. It was identified that it would be beneficial if a greater range of activities could be made available, for example through links with the Reminiscence team. The care and support given to clients was thought to be caring and friendly.

"It's lovely here in the garden" - Pyrland Ward patient.

### **Magnolia Ward, Yeovil, August 2016**

What did we find?

The Enter and View team felt that overall, Magnolia Ward provides a suitable environment for patients. Staff were observed to be supportive and caring. In particular the garden was found to be therapeutic and enjoyed by many of the patients. There are a number of opportunities for patients and family members to have their say and information about these was clearly displayed.

The Ward has taken some innovative steps to help lessen the national problem of recruiting qualified staff.

On the day of the Enter and View visit, it was felt that more could be done to provide patients with therapeutic activities and the Team's recommendations reflect this.

"I want to finish sanding and varnishing the outside furniture that we're waiting for more paint and sandpaper for" - Magnolia Ward patient

What did we do?

We heard concerns about staffing - and feedback that it can be very difficult to recruit staff. And so we decided to write to the council and offer our support for the idea of a University for Somerset to help to address this.

We made suggestions about drug, alcohol and legal highs awareness and training, which have been acknowledged by Somerset Partnership. We reported to the Health and Wellbeing Board, who have forwarded it to the Mental health Strategy Group to ensure that those using these services are receiving the best possible support and care.

We recommended that the Trust talk to Reminiscence Learning about their involvement in activities and advice for Pyrland and Magnolia Ward, which they have agreed to do.

## ***Sharing good practice***

This year we have distributed and promoted our 'good practice guides' during all elements of our work. The guides were designed to use feedback gathered from previous enter and view work to help local people to understand what to expect from good quality services. They have been well received by patients and service providers.

The following guides have been distributed this year across Somerset.

### **Discharge:**

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"Always send an 'Improving Discharge Form' when difficulties are encountered. This is a form to notify hospitals of difficulties relating to discharge"

### **Involving the local community:**

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"Find residents from other homes who share similar interests with residents at the home to start an activity"

### **Dignity in care training:**

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"Staff training is everything! Nothing makes more of a positive impact to the residents"

### **Environment:**

---

"Personalise doors and walls outside people's rooms"

### **Staffing:**

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"Consider welcoming social care students on placements. They can provide a fresh pair of eyes and up to date knowledge in exchange for gaining experience"

### **Participation:**

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"Ensure that residents have the opportunity to add to the agenda - and ensure that they receive the agenda well in advance"

### **Activities:**

"Display an activities timetable on the notice board and provide a copy to each resident"

## ***Working with other organisations***

### **Somerset Rural Youth Project: Young Healthwatch**

#### **Mental Health**

Young Healthwatch surveyed 67 young people regarding their mental health.

Young people identified a wide range of factors that contribute to poor mental health.

49% of young people identified other people as significant contributors to poor mental health.

18% listed stress anxiety caused by school / college

6% identified loneliness / isolation

4% identified diagnosable / treatable mental illnesses (e.g. depression).

### **Education, Health and Care plans**

Young Healthwatch supported Somerset County Council by engaging with young people and parent carers with a focus group approach to provide a more qualitative perspective on their experience of EHC plans.

The first group engaged with were the SEND Participation Group – the Unstoppables. All findings will be used to inform Somerset County Council’s review of how EHC plans are working.

### ***Speaking up for local people at the Health and Wellbeing Board***

Judith Goodchild is our volunteer lead for the Health and Wellbeing Board. This means that she takes part in both our Executive Group and the Health and Wellbeing Board to make sure that we scrutinise decision-making on health and social care.

Judith has regularly asked questions and introduced the ‘lay perspective’ into the debate – she is our eyes and ears at the Health and Wellbeing Board!

“I have attended the Board meetings and also the development days on behalf of local Healthwatch. Reports are presented to the Board for members to receive and comment”.

“On behalf of Healthwatch I have made comments on the report of the Children’s Safeguarding Board asking how they intended to achieve the recommendations at the end of the report. The Chair’s reply said it depended on funding from Somerset County Council. A report presented by Children and Young people highlighted the high number of children on permanent exclusion from schools. I followed this up by asking the cabinet member of this committee the reasons for this. She is aware this is an issue but there are no current plans to address this”.

“On behalf of Healthwatch I raised concerns about the closure of chemists in some areas as this would impact on rural communities and increase isolation. I was assured that closures would only apply to areas where there was more than one in the locality for example where there were two competing pharmacies on the same street”.

“I have also asked questions when the STP has been discussed particularly about the impact it would have on Primary Care”.

“On behalf of Healthwatch I presented the results of the GP survey carried out in 2016”.

Following Judith’s feedback we have been able to do the work of Healthwatch better – which is to her credit and illustrates the value of her role. For example, her concerns about closures of pharmacies had led to us being involved in the Pharmaceutical Needs Assessment, so we can keep an eye on what is happening.

# *Our plans for next year*





## ***What next?***

Our workplan for 2017/18

### **Key themes:**

Connectedness (avoiding loneliness & isolation)

Choice and Control for people with Learning Difficulties

Young Healthwatch

Complaints



### **Linking to initiatives and planning:**

Somerset Commitment to Carers

Accessible Information Standard (NHS England)

The Somerset Sustainability and Transformation Plan (STP)

Transforming Care & integration with the STP

The Health & Wellbeing Strategy

### **Local service provision:**

Orthotics Services

Mental Health services



*Our people*

## ***Decision making***

Project proposals that arise during the year are discussed at our Executive Group in order to make sure that they fit with our current priorities.

For example, in May 2016 the Executive Group were asked whether they would be happy to approve a request to create an online survey about GP services (this work eventually fed into our major survey work in 2016/17).

Each quarter, the feedback received from the public is collated into a report which is used to inform decision-making and work during the year.

## ***Enter and view volunteers***

our Healthwatch Somerset Enter and View authorised representatives:

- Janet Bond (Enter and View Executive Group lead)
- Rwth Hunt
- Jo Walsh-Quantick
- Cliff Puddy
- Martha Hodgson
- David Boyland
- Fiona Pierce
- Judith Goodchild
- Kathleen Richardson





# *Our finances*

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£199,047
Additional income	£2,500
Total income	£201,547
Expenditure	£
Operational costs	£39,475
Staffing costs	£143,765
Office costs	£18,927
Total expenditure	£202,167
Balance brought forward	



# Contact us

## Healthwatch Somerset

c/o Somerset Rural Youth Project  
Unit 2 Suprema Estate  
Edington  
Bridgwater  
TA7 9LF

Telephone: 01278 264405

Email: [info@healthwatchsomerset.co.uk](mailto:info@healthwatchsomerset.co.uk)

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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Somerset County Council

Somerset Health and Wellbeing Board

28 September 2017

**Joint Strategic Needs Assessment (JSNA) 2018/Health and Wellbeing strategy**

Lead Officer: Trudi Grant, Director of Public Health

Author: Pip Tucker, Public Health Specialist

Contact Details: 01823 359 449

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	11.09.17
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	11.09.17
	Monitoring Officer (Somerset County Council)	Julian Gale	12.09.17
<b>Summary:</b>	<p>The JSNA for 2018 is currently under preparation following endorsement from the Health and Wellbeing Executive on 6<sup>th</sup> September. The JSNA seeks to be a broad review to inform the new Health and Wellbeing Strategy under two key ambitions (people and place):</p> <ol style="list-style-type: none"> <li>1. <b>People</b> of all ages in Somerset will have the best opportunities for long and healthy lives</li> <li>2. Somerset's towns and countryside will be <b>places</b> that support health and wellbeing</li> </ol>		
<b>Recommendations:</b>	<p><b>That the Somerset Health and Wellbeing Board agrees the direction of the JSNA to support the production of the new Health and Wellbeing Strategy.</b></p>		
<b>Links to Somerset Health and Wellbeing Strategy</b>	<p>Priorities within the key ambitions under two headings of 'People' and 'Place' will be based on what matters to Somerset people, reflect cross-cutting responsibilities of the Board and are manageable and deliverable.</p>		
<b>Financial, Legal and HR Implications:</b>	<p>Identified within future commissioning plans of Somerset County Council, NHS Somerset, CCG and partners.</p> <p>There is no additional funding to support specific pieces of work required for the JSNA and work to produce the JSNA must be mitigated by staff capacity. Funding may be required for public consultation on the Health and Wellbeing Strategy.</p>		

<b>Equalities Implications:</b>	The JSNA and Health and Wellbeing Strategy pay due regard to protected groups to identify health and social inequalities within the Somerset population.
<b>Risk Assessment:</b>	Any failure by commissioners to fully take into account the results of JSNAs when taking commissioning decisions across agencies is very likely to have detrimental impacts on service improvement and delivery and the reduction of inequalities.

## 1. Background

- 1.1. Somerset's JSNA and Somerset Intelligence webpages continue to be reviewed and updated to provide an accessible on-line e-tool resource for commissioners.
- 1.2. The production of an updated Health and Wellbeing Strategy for Somerset will be informed by evidence gathered from Somerset JSNAs. Current data will be complemented by the views and experiences of local people.
- 1.3 The JSNA seeks to inform the new Health and Wellbeing Strategy under two key 'ambitions' (people and place):
  - **People** of all ages in Somerset will have the best opportunities for long and healthy lives
  - Somerset's **towns and countryside** will be places that support health and wellbeing
- 1.4 This JSNA will consider broad areas of health and care information such as, for example,
  - ageing across the life course
  - inequalities
  - deprivation
  - communities of interest
  - isolation
  - housing
  - vulnerable young people
  - carers
  - personal and community resilience (including volunteering)
  - mental health
  - transport
  - planning

as they apply to the two ambitions. The JSNA will provide evidence - on the scale of and trends in - need in Somerset, the degree of 'fit' with the Board's responsibilities and comparisons with benchmarks - to inform the Board's discussion of priorities for the Health and Wellbeing Strategy in time for the conference in December 2017.



## **2. Consultations undertaken**

- 2.1** Feedback on the JSNA is continually sought and a formal consultation process will inform the new Health and Wellbeing Strategy.
- 2.2** A consultation and engagement oversight group to support the draft Health and Wellbeing Strategy will be convened and a consultation and communications plan will be developed.
- 2.3** The JSNA Technical Working Group (TWG) will produce evidence to inform the priorities being consulted on.

## **3. Implications**

- 3.1.** The Department of Health (DH) guidance suggests that commissioning plans of CCGs, NHS England and local authorities will be expected to be informed by relevant JSNAs and the health and wellbeing strategy. Where plans are not in line, the organisations could potentially be asked to explain why. The policy intention as cited by the DH is that *“local services which impact upon health and wellbeing will be based on evidence of local health and wellbeing needs and assets, including the views of the community; meaning that services and the way in which they are provided meet local needs.”*

## **4. Background papers**

- 4.2** Somerset Health and Wellbeing Strategy and Somerset’s County Plan. Please note timetable for production of the Health and Wellbeing Strategy below.

<b>HWB Strategy 2019 – 2024</b>			
<b>Timescale</b>	<b>Lead</b>	<b>Action</b>	<b>Progress</b>
Sept 2017	Pip Tucker/ Jo McDonagh	Review evidence. To frame the new strategy using previous JSNA and other intelligence Identification of draft key ambitions and priorities. Present framework to HWBB.	Initial Summary review has been completed by JSNA team.
October 2017	Catherine Falconer	Consultation oversight group established	
		Develop engagement and consultation plan	
Nov – Dec 2017	Catherine Falconer	Consultation and engagement with key partners on proposed framework. <ul style="list-style-type: none"> <li>• HWBB Member Organisations</li> <li>• Strategic Boards</li> <li>• VCSE Forum</li> </ul>	
	Pip Tucker	JSNA Group to produce an evidence summary to support the consultation on the framework.  JSNA Group to update the webpages.	
December 2017	Christina Gray	Board conference and workshop.	
January 2018	Catherine Falconer	Strategy editorial group established	
Jan – March 2018	Catherine Falconer	Strategy produced	
March 2018	Catherine Falconer	Public consultation and engagement with specific . Strategy ambitions and priorities tested with the public	
June 2018	Catherine Falconer	First Draft Circulated for comment	
September 2018	Catherine Falconer	Final Copy presented to the Health and Wellbeing Board	
December 2018	Catherine Falconer	Strategy presented to all Governing Bodies	

Children & Young People’s Plan 2016 – 2019 - Report on progress of year 1  
(1 April 2016 to 31<sup>st</sup> March 2017)

Lead Officer: Julian Wooster, Director of Children’s Services

Author: Fiona Phur, Partnership Business Manager, Children’s Services Commissioning

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	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager/Lead Office (Director Level)	Julian Wooster, Director of Children’s Services	14/06/17
	Cabinet Member/Portfolio Holder (if applicable)	Frances Nicholson, Cabinet member for Children and Families	14/06/17
	Monitoring Officer (Somerset County Council)	Julian Gale	14/06/17
<b>Summary:</b>	<p>The Children &amp; Young People’s Plan 2016 – 2019 (CYPP) was approved by Cabinet in May 2016, and was further endorsed by Full Council in May 2016- Appendix 4.1. This is a multi-agency plan that reflects the commitment of strategic partners and the Leader of Somerset County Council for children’s services to be ‘good’ or ‘better’ in three years. This report provides a progress update on the first year of the CYPP against each of the 7 Improvement Programmes designed to improve outcomes for vulnerable children and their families.</p>		
<b>Recommendations:</b>	<p><b>That the Somerset Health and Wellbeing Board acknowledges the significant work that has been undertaken to date and endorse the improvements and achievements in delivering the seven improvement programmes.</b></p>		
<b>Reasons for Recommendations:</b>	<p>The CYPP sets the vision and priorities for partners and this progress report for year 1 of the plan evidences the improvements in delivery of Somerset Children’s Services’ particularly the functions of Children’s Social Care.</p>		
<b>Links to Priorities and Impact on Service Plans:</b>	<p>The Children’s Services Improvement journey has been a key priority for the local authority since the Ofsted inspection in 2015, focusing on improving practice and quality of services throughout 2016/17 and into 2017/18.</p>		
<b>Consultations undertaken:</b>	<p>All due consultations were undertaken, during the development of the Children &amp; Young People’s Plan (CYPP), prior to its approval by Cabinet in May 2016. There is continuing involvement in the implementation and monitoring of the CYPP by the Cabinet Member, Opposition</p>		

	Spokesperson, Children’s Scrutiny and Children’s Trust Executive and Board members.					
<b>Financial Implications:</b>	<p>The Children and Young People’s Plan is fully costed and was approved at Cabinet in May 2016.</p> <p>The CYPP has been prepared in a climate of continuing financial austerity for the public sector. The seven priorities outlined in the plan are to be met within the agreed budgets and staffing resources of SCC and its partners, taking into account anticipated reductions over the next three years. For SCC this plan is costed to look at the average spend of a “good” local authority utilising the CIPFA benchmarking tool and modelling what SCC’s budgets over the next three years should look like based on expected activity levels. SCC’s commitment to protect services that support Somerset’s most vulnerable children and families is reflected by the investment of an additional £6m in the Children’s Social Care base budget.</p> <p>Ongoing financial monitoring of the CYPP is reported by the Director of Finance through his regular reports to Cabinet.</p>					
<b>Legal Implications:</b>	N/A					
<b>HR Implications:</b>	Workforce is the main theme of Improvement Programme 7 and the HR/OD Director has submitted his findings as part of the quarterly reporting arrangements.					
<b>Risk Implications:</b>	<p>The principal risk lies in the failure to secure improvement which would not deliver the Council’s ambitions in relation to improved outcomes for children and young people in Somerset. This could also result in further intervention by the Secretary of State.</p> <p>There is a Corporate Risk for Safeguarding Children (ORG0009) and its current score is 20. There are a number of management actions and mitigations for managing this risk. SLT and the Cabinet Member regularly monitor the management of this risk.</p>					
	<b>Likelihood</b>	<b>4</b>	<b>Impact</b>	<b>5</b>	<b>Risk Score</b>	<b>20</b>
<b>Other Implications (including due regard implications):</b>	These implications have been considered on an ongoing basis as part of the delivery of the 7 Improvement Programmes.					
<b>Scrutiny comments / recommendation (if any):</b>	The Children and Families Scrutiny Committee receive quarterly performance reports against each of the 7 improvement programmes.					

## 1. Background

- 1.1. The overall aim of the Children & Young People’s Plan 2016 – 2019 is to build the ambition and confidence across the partnership, showing partners’ joint intentions and the framework by which we will improve. The plan is supported by more detailed strategies and actions through its 7 Improvement Programmes over the lifetime of the plan.

The key features of our partnership plans are:

**Prevention** - and addressing issues early and effectively

**Child and family centred** – keeping children, young people and their families at the heart of everything we do

**Collaboration** - working with others to effectively use our resources in commissioning and delivery of services

**Integration** - providing joined up care and support that is not hindered by organisational, service or professional boundaries.

## 1.2 The 7 Improvement Programmes are:

1. Supporting children, families and communities to be more resilient
2. Promoting healthy outcomes and giving children the best start in life
3. Improving emotional health and well-being
4. Building Skills for Life
5. Providing help early and effectively
6. Achieving effective multi-agency support for more vulnerable children and young people and developing an excellent children's social work service
7. Embedding a 'Think Family' approach across the workforce.

The CYPP has completed the first year of the plan (2016-17); focusing on seven improvement programmes, with delivery boards across the partners of the Somerset Children's Trust having the responsibility for delivering against these programmes. Each delivery group has a chair, a SCT Lead Sponsor and member support to progress against their annual action plans. Quarterly reporting to the Children's Trust Executive in the form of Highlight Reports evidences where progress is being made and where barriers to success have been identified and overcome – Appendix 4.3.

This report highlights the activity and impact against each of the 7 improvement programmes at the end of the first year and the progress toward achieving the intended outcomes outlined in the CYPP. There are positive messages as new services embed, more information and training is delivered across our workforce and partners, new partnerships form and systems and processes improve.

There remains much to do and the forward focus will be the delivery of the CYPP over the remaining two years. This takes the Authority beyond compliance and towards delivering improved quality, resulting in sustained improved outcomes for vulnerable children and young people in Somerset.

## 2. Progress and Impact in Year 1

2.1 In addition to measures being used to assess the delivery of the seven improvement programmes the CYPP also includes a set of overarching measures designed to assess "How we will know we made a difference". Progress against these measures is set out in Appendix 4.2. These are a range of outcome type measures which, by their nature can take a longer timeframe before showing improvement resulting from the activity within the improvement programmes. Work plans for 2017/18 and beyond will continue to focus on actions that will influence the achievement of these measures.

2.2 The table below shows the main improvements over 2016/17.

	<p>Children and Young People's Plan 2016 – 2019 7 Improvement Programmes</p> <p><b>What have we achieved in 2016/17?</b></p>
<p><b>Programme 1</b> Supporting children, families and communities to be more resilient</p>	<ul style="list-style-type: none"> <li>• Mapping of service resources and promoting them on Somerset Choices and other relevant websites</li> <li>• West Somerset Opportunity Area has been identified with the DfE to address low social mobility; £6m over the next 3 years has been secured to support the action plan from 17/18</li> <li>• Mapping of parenting programmes across Somerset in Year 1 is completed with 5 major initiatives identified which will be rolled out across venues and partners in Year 2</li> <li>• More positive relationships built with the voluntary, community and social enterprise sector (VCSE) and their commitment to continue to provide services during a period of higher acuity of need, reduced capacity and fewer funding opportunities. In our communities there is a generally improving picture around rates of re-offending, anti-social behaviour, repeat domestic abuse and worklessness in young people and adults, as evidenced by the data collected for the annual dashboard.</li> </ul>
<p><b>Programme 2</b> Promoting healthy outcomes and giving children the best start in life</p>	<ul style="list-style-type: none"> <li>• A successful childhood immunisation programme</li> <li>• Reduction in childhood obesity in Reception and year 6</li> <li>• Reduction in teenage conceptions</li> <li>• Support for parents has included public health campaigns, training and self-help resources, including the prevention of sudden infant deaths</li> <li>• An infant feeding strategy has been drafted, there has been a small improvement in sustained breastfeeding but a small reduction in initiation rates and next year's activities include further roll out of breastfeeding friendly venues, champion lay supporters and more training.</li> <li>• The proportion of Somerset mothers reported to be smoking at the time of delivery reports improvement year on year; however, Somerset remains above the national average.</li> <li>• There is a very small improvement in hospital admissions as a result of unintentional injuries in children aged 0 -14 years, but rates remain significantly higher than nationally</li> <li>• Our percentage of 5 year olds with one or more decayed, missing or filled teeth is in line with the national average at 23.1% but has reduced since previous years. The targeted fluoride varnishing and tooth brushing programmes that has been in place in 2016/17 should evidence future improvements.</li> </ul>
<p><b>Programme 3</b> Improving emotional health and well-being</p>	<ul style="list-style-type: none"> <li>• This year has seen the full launch of elements of the new Children &amp; Adolescence Mental Health Service (CAMHS) services – Single Point of Access, Enhanced Outreach and Community Eating Disorder Service. The implementation of the new Improving Mental Health and Emotional Well-Being in Schools service is also now underway.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Emotional Health and Well Being Team has recruited a Team Manager and social workers. There has also been the recruitment of one part time Psychologist and agreement for a further post is agreed. An interim arrangement has been in place via the Educational Psychologist team.</li> <li>• As a result of the reported increase in the admissions to hospital for self-harm 10-24 years, a deeper dive across the South West region is being instigated, and is an action on the 17/18 improvement programme action plan.</li> <li>• CAMHS has worked with the Acute Hospitals to launch a Deliberate Self Harm Pathway for under 18 year olds and has placed CAMHS specific Psychiatric Liaison Nurses in the hospitals. Monitoring and evaluation of the impact of this pathway and posts will be detailed in the updated CAMHS transformation programme plan.</li> </ul>
<p><b>Programme 4</b> Building Skills for Life</p>	<ul style="list-style-type: none"> <li>• Improved Ofsted judgements on early years and schools settings; school readiness levels are improving and GCSE results are improving but there remains a mixed picture around school absence.</li> <li>• The Team Around the School model which is a multi-agency approach to early help has been highly successful with majority secondary schools now engaged.</li> <li>• The rates of young people participating in education, training and apprenticeships is improving; however, the rate for care leavers has reduced slightly and this improvement will be addressed through Programme 6's 2017/18 work plan in conjunction with the Corporate Parenting Board's work plan.</li> </ul>
<p><b>Programme 5</b> Providing help early and effectively</p>	<ul style="list-style-type: none"> <li>• A more robust Early Help process is now in place, evidenced by increased use and improving quality of Early Help Assessments and the embedding of the Effective Support for children and families document which outlines the thresholds of care for early help, targeted and specialist support</li> <li>• Much of 2016/17 has been about improving systems and tools to enable practitioners to be more effective in their roles. This has included the rollout of Professional Choices, which incorporates a multi-agency who's who directory of staff and Virtual Meeting Rooms which allows staff to share documents and collaborate on discussions / meetings.</li> <li>• The Early Help Case Management system was launched at the end of March 2017 within the getset service which will enable staff to deal more efficiently with case recording and therefore spend more time with families</li> </ul>
<p><b>Programme 6</b> Achieving effective multi-agency support for more vulnerable children and young people and developing an excellent children's</p>	<ul style="list-style-type: none"> <li>• Ofsted quarterly monitoring visits have concluded adequate progress is being made and DfE intervention has confirmed a "significant improvement" in Somerset's Children's Services, including more manageable case-loads, a more stable workforce and better partnership working as reported by the Minister in December 2016. However more work is required to secure consistently good services and address remaining weaknesses.</li> </ul>

social work service	<ul style="list-style-type: none"> <li>• The Child Sexual Exploitation (CSE) service is progressing well under the leadership of the police alongside the procurement of a new Child Sexual Abuse (CSA) service by the Clinical Commissioning Group (CCG)</li> <li>• The number of children who are adopted without unnecessary delay has increased although the measurement for this is based on low numbers of prospective adopters against higher numbers of children needing placements.</li> <li>• Rates of children in need, child protection and children looked after are generally lower than our statistical neighbours but not yet in line with good performing authorities.</li> <li>• The Corporate Parenting Board has been strengthened over this year with the development and implementation of a new Corporate Parenting Strategy with supporting action plans. A performance dashboard has been established which allows members to scrutinise the performance of partners. Helping members to understand their role in relation to corporate parenting has been developed to include presentations at district councils, the production of a guide for local councillors, and establishing an ongoing training programme.</li> <li>• A new pathways to independence service (p2i) providing accommodation support for care leavers and vulnerable young people was commissioned in 2016 with our district councils, building on the previous service; the new service specification has been recognised as good practice by a leading national housing expert.</li> <li>• Finally, the outcome for a reduced demand on statutory services can be measured as reduced numbers of referrals to Children’s Social Care</li> </ul>
<p><b>Programme 7</b> Embedding a 'Think Family' approach across the workforce</p>	<ul style="list-style-type: none"> <li>• There has been a reduction in the use of agency social work staff and a more permanent social care work force; however, retention remains a concern</li> <li>• Caseloads of social workers remain at around 14 ( end of Qtr 4 – 14.7 cases); the lowest number reported was in Quarter 2 which was 12 cases per social worker on average.</li> </ul>

The Children’s Trust Executive is pleased with the progress over this year but recognises there is still a significant amount of work to do. Action plans for 2017/18 have been drawn up with a focus on a stepped improvement over this second year to ensure year 3 achieves the outcomes of the CYPP in 2019.

### 3. Governance

3.1 As the CYPP is a partnership plan the partnership commitment is overseen by the Somerset Children’s Trust Board which is Somerset’s lead body in relation to the ‘duty to co-operate’ statutory responsibilities. The safeguarding aspects of the plan will be monitored by the Somerset Safeguarding Children Board. Each programme reports to a relevant multi-agency board and reports quarterly to the Children’s Trust Executive and Children & Families Scrutiny Committee.



See Appendix 4.4 : Board Diagram

#### **4. Background papers**

Somerset Children's Trust Children and Young People's Plan 2016 - 2019

**4.1** <http://www.somerset.gov.uk/policies-and-plans/plans/children-and-young-peoples-plan/>

**4.2** Children and Young People's Plan Annual Dashboard  
<http://democracy.somerset.gov.uk/documents/s3709/FINAL%20Annual%20CYPP%20Dashboard%2016.17.pdf>

Children and Young People's Plan 2016 – 2019 Year 1 Quarter 4 Executive Summary  
**4.3** <http://democracy.somerset.gov.uk/documents/s3711/FINAL%20CYPP%20Executive%20Summary%20report%20Q4%2016-17.pdf>

Somerset Children's Trust Governance Diagram  
**4.4** <http://democracy.somerset.gov.uk/documents/s3712/SCT%20Governance%20Diagram.pdf>

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## Health and Wellbeing Board Work Programme – as at 19 September 2017

Agenda item	Meeting Date	Details and Lead Officer
<b>Health and Wellbeing Board Meeting (11am start)</b>	<b>23rd November 2017</b>	
Children’s Safeguarding report		Sally Halls, Independent Chair
Safer Somerset Partnership Report		Liz Spencer, National Probation Service, Chair Safer Somerset Partnership
Adults safeguarding report		Richard Crompton, Independent Chair
Director of Public Health report		Trudi Grant, Director of Public Health
Health Protection Assurance Report		Trudi Grant, Director of Public Health
<b>Health and Wellbeing Board Meeting (11am start)</b>	<b>18<sup>th</sup> January 2018</b>	
Performance report		Amy Shepherd, Somerset County Council
Carers Strategy Update		Vicky Chipchase / Deborah Penny, Carers Voice
Pharmaceutical Needs Assessment for approval		Pip Tucker, Public Health
Integrated Personal Commissioning – update from CCG		Lydia Woodward, CGG

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