

Somerset Health and Wellbeing Board

Thursday 19 April 2018

10.00 am Luttrell Room - County Hall,
Taunton



To: The Members of the Somerset Health and Wellbeing Board

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

Issued By Julian Gale, Strategic Manager - Governance and Risk - 11 April 2018

For further information about the meeting, please contact Lindsey Tawse on 01823 355059 or ltawse@somerset.gov.uk or Jamie Jackson on 01823 359040 or jajackson@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 - 10.00 am Thursday 19 April 2018

*** 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 18 January 2018** (Pages 5 - 10)

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 **Somerset Autism Strategy** (Pages 11 - 28)

To consider the report.

6 **Mental Health Champions** (Pages 29 - 34)

To consider the report.

7 **Somerset Safeguarding Adults Board Draft Strategic Plan 2018_19** (Pages 35 - 56)

To consider the report.

8 **Health and Care Integration - Home First Pilot** (Pages 57 - 70)

To consider the report.

9 **Ofsted Inspection of Children's Services**

To receive a verbal update.

10 **Somerset Health and Wellbeing Board Forward Plan** (Pages 71 - 72)

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

11 **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 Lindsey Tawse on Tel: 01823 355059 or 357628 or Email: ltawse@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 Lindsey Tawse on Tel: (01823) 355059 or email ltawse@somerset.gov.uk

3. **Public Question Time**

If you wish to speak, please tell Lindsey Tawse, the Board's Clerk, by 12 noon the (working) day before the meeting - (01823) 355059 or email ltawse@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.

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 18 January 2018 at 11.00 am

Present: Cllr C Lawrence (Chairman), Cllr D Huxtable, Cllr L Vjeh, Cllr A Broom, Cllr S Seal, Cllr J Warmington, Cllr K Turner, Cllr N Woollcombe-Adams, Nick Robinson, Dr E Ford (Vice-Chair), Dr R Benneyworth, S Chandler, T Grant and J Wooster

Other Members present: None

Apologies for absence: Cllr F Nicholson, Cllr G Slocombe, Mark Cooke and Judith Goodchild

299 Declarations of Interest - Agenda Item 2

The Chairman paid tribute to Autism Somerset founder Campbell Main who passed away last month. She said she had known him for many years and it had been a privilege to work with him and that he had achieved a lot in his work for all communities.

Cllr Woollcombe-Adams declared an interest in agenda item 6 and said that he was on the working party for the Pharmaceutical Manufacturers Association as secretary of the Somerset Pharmaceutical Committee.

300 Minutes from the meeting held on 23 November 2017 - Agenda Item 3

The minutes from the meeting on 23 November 2017 were confirmed as a true and accurate record and were signed by the Chair.

301 Public Question Time - Agenda Item 4

There were no public questions.

302 Health and Wellbeing Board Performance Report - Agenda Item 5

The Board received a report updating on performance in relation to the Health and Wellbeing Board priority workstreams and the Board's duties and requirements. Since the July meeting work had taken place with the workstream lead managers to further develop appropriate actions, measures and milestones. The plan on a page had been updated and was shown at Appendix A. The scorecard showing performance update for each priority workstream was shown at Appendix B.

Members were also directed to table summarising the overview of performance which showed that 45.5% of statuses for workstream actions and local measures and milestones were rated green and on track to being achieved. There was commentary to provide an explanation in relation to actions and measures or milestone with a red or amber status.

Director of Adult Social Care Stephen Chandler updated members regarding workstream 3 and said that the red status would turn amber by Q3. There was a continuous improvement regarding delayed transfers of care from hospital even into December when demand was acute. The Council was on target with regard to the Better Care Fund.

The Somerset Strategic Housing Framework was out for consultation for 3 months and members were encouraged to look at this and comment.

The Somerset Health and Wellbeing Board agreed to:

- **Note the updated HWB Board Plan on a Page 2017-18 at Appendix A**
- **Consider and note the performance information available in Appendix B Somerset HWB Board Scorecard.**

303 Pharmaceutical Needs Assessment - Agenda Item 6

Public Health Specialist Pip Tucker gave a presentation to accompany the report regarding the Pharmaceutical Needs Assessment. This was a report from the Health and Wellbeing Board to NHS England assessing the effectiveness of access to pharmaceutical services in Somerset. The production of the PNA was a statutory duty for the council. The current PNA covered the period 2015-18 and a new PNA needed to be in place for March 2018.

The report found that access to pharmacies, and other providers, notably dispensing GP practices, and their services, is adequate for most people, most of the time. It also found that the expected growth in the county's population could be accommodated by existing providers.

Further discussion included:

- Enhanced services available in pharmacies
- How well pharmacies were used and how demand was measured – this was covered by consultation with the public.
- There currently was not sufficient demand for 24 hour opening pharmacies.
- The situation in Bridgwater would continue to be monitored with regard to the Hinkley development but currently it was well served with a new pharmacy due to open in Stockmoor very soon.

The Somerset Health and Wellbeing Board agreed to:

- **Endorse the Somerset Pharmaceutical Needs Assessment for 2018-21 (with amendment for Woolavington)**
- **Publish the PNA 2018-21 and communicate the findings to NHS England.**
- **Endorse the process for maintaining its currency in the period to 2021, when a new PNA will be required.**

304 **Health and Care Integration and New Models of Care - Agenda Item 7**

Sustainability Transformation Plan Programme Director Ian Triplow gave a presentation to the Board to update them on progress on moving towards an Accountable Care System. He explained that there had been a number of changes of the leadership team and the focus of the change programme. The Somerset Health financial position was distressed, delivering long term changes was therefore challenging, the scale of changes was likely to be wide reaching and required the involvement of the public and patients, intra-organisational issues and history of system working needed to be tackled prior to the delivery of a single planned change.

Director of Strategic Clinical Services Transformation Dr Rosie Benneyworth informed the Board that the County Council, Clinical Commissioning Group, and NHS England were working together on this. They were keen to explore what opportunities there were for making things better for the public. They were in the early stages of overseeing joint commissioning work.

Further points raised included:

- Work was ongoing for the development of a health and care strategy looking at how to commission services in the future
- A project initiation document was being worked on and would be brought back to the Board to look at when it was completed
- Key issues were prevention, focusing on early intervention, and workforce challenges
- There was a need to make sure services in future were affordable and resources were used effectively and efficiently
- Members asked about dates, priorities, and timings and were told that a timeline would be shared when it was finalised.
- It was envisaged that there would be public engagement about this from March/April onwards

The Chair thanked Mr Triplow and Dr Benneyworth for the presentation and looked forward to receiving more details about this shortly.

The Health and Wellbeing Board agreed to note the presentation which updated on progress on the Sustainability and Transformation Partnership.

305 **Carers Strategy Update - Agenda Item 8**

Development and Engagement Officer for Carer's Voice Somerset Debbie Penny gave a presentation updating members on the delivery of Somerset's commitment to carers and on the recently commissioned Somerset Carers Support Service.

One of the primary aims of Carers Voice was to work with partners and stakeholders to define Somerset's Commitment to Carers and influence commissioners when purchasing services. The focus now was to ensure that it

was embedded across statutory services, health and providers and to monitor the performance of carer's services in Somerset.

Further points raised in the discussion included:

- Encouraging more carers to come forward and receive help as there was a lot of hidden care happening across the county
- Creative ways were being sought to involve carers
- The Community Council for Somerset were awarded the contract for supporting carers in Somerset and the service had been launched in October.
- There were a total of 32 community agents addressing vulnerabilities and exclusion experienced by people in mainly rural communities providing a range of personalised support services
- The new service also offered a Freephone advice line to signpost carers to the correct support
- There was also a text service and a web service was due to be launched in February

The Chair thanked the officers for the report and presentation and praised the service.

The Health and Wellbeing Board agreed to note the report and presentation.

306 **Somerset Safeguarding Childrens Board Annual Report 2016-17 - Agenda Item 9**

Members received an annual report from the Somerset Safeguarding Children's Board Independent Chair Sally Halls. This reported on the effectiveness of child safeguarding and promoting local welfare of children in the local area and was a statutory requirement. It provided a transparent assessment of performance and effectiveness of services, identifying where improvements were required. Progress against the Board's four priorities – early help, multi-agency safeguarding, neglect, child sexual exploitation and children missing was detailed.

The report concluded that overall the way the SSCB and its partners had worked together to keep children safe in Somerset over the past year had improved. However there was still work to do improve the quality and consistency of services, to strengthen early help arrangements, and to promote improvement in key areas such as neglect and the exploitation of children.

Further points raised included:

- The importance of officers attendance at meetings
- Partnership working was vital
- Raising awareness on neglect as many people did not know what constituted as neglect
- Lessons learned from serious case reviews which highlighted good practice and identify improvements

- Coordinated work of the multi-agency one teams to pick up situations early on.

The Health and Wellbeing Board agreed to:

- **note the assessment of safeguarding and performance as outlined in the SSCB Annual Report for 2016/17;**
- **support the SSCB to promote learning from reviews across agencies and the wider community;**
- **support and promote the 'Think Family' approach within social care**
- **support and promote the resilience approach in service delivery**
- **Prioritise monitoring of the levels of self-harm in children to raise awareness**

It was agreed to bring a report back to Board in 6 months.

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

The Board noted the work programme and were informed that Children and Mental Health would be looked at more in depth at the March meeting.

308 Any other urgent items of business - Agenda Item 11

There were no other items of business.

(The meeting ended at 1.00 pm)

CHAIR

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Somerset Health and Wellbeing Board

01 March 2018

Update on the Somerset Autism Strategy

Lead Officer: Paul Goodwin, Deputy Chief Officer and Director of Commissioning and Governance and Stephen Chandler, Director of Adult Social Services, Somerset County Council

Author: Fiona Hawker, MH & LD Commissioning Manager, Somerset NHS CCG

Contact Details: fiona.hawker1@nhs.net

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Paul Goodwin, Somerset Clinical Commissioning Group Stephen Chandler, Somerset County Council	19.02.18
	Cabinet Member / Portfolio Holder (if applicable)	Cllr David Huxtable	19.02.18
	Monitoring Officer (Somerset County Council)	Julian Gale	19.02.18
Summary:	<p>The Somerset Autism Strategy was launched in November 2015 and is due to be updated in 2018. The strategy sets out the commitment of Somerset County Council (SCC) and Somerset NHS Clinical Commissioning Group (SCCG) to improve the quality of life for people with autism and their families and carers in Somerset.</p> <p>This paper should be read in conjunction with Appendix A which provides an annual progress update on the priority areas and actions identified within the Strategy.</p>		
Recommendations:	<p>The Health and Wellbeing Board is asked to consider and comment on the annual progress report and the supporting forward actions.</p>		
Reasons for Recommendations:	<p>The Autism Strategy Group needs to review and refresh the current strategy in 2018 and key areas of work have to be identified to support this process.</p>		

<p>Links to Somerset Health and Wellbeing Strategy:</p>	<p>The Somerset Autism Strategy supports all three themes of:</p> <ul style="list-style-type: none"> • Priority One – People, families and communities take responsibility for their own health and wellbeing • Priority Two - Families and communities are thriving and resilient • Priority Three: Somerset people are able to live independently
<p>Financial, Legal and HR Implications:</p>	<p>It is a statutory requirement under the Equality Act 2010 and the Health and Social Care Act 2008 that public sector agencies make reasonable adjustments to their services to make them accessible and effective for all, including people with autism, learning disabilities, mental health issues, or a combination of these. This means changing services for people with autism so that they are easier to use.</p>
<p>Equalities Implications:</p>	<p>The Somerset Autism Strategy has been developed with the primary aim of improving the quality of life for people with autism, their families and carers in Somerset and in doing so supports the duties within the Equality Act 2010.</p> <p>An Equalities Impact Assessment was undertaken with the development of the strategy and has influenced the implementation of the strategy action plan to ensure that alongside the autistic spectrum condition that an individual may have, their other protected characteristics are also identified and steps are taken to ensure that they are addressed where appropriate.</p> <p>In developing the next strategy, a new Equality Impact Assessment will be undertaken and used to inform the implementation of the future action plan.</p>
<p>Risk Assessment:</p>	<p>The main risks identified would only present should there be a lack of implementation of the strategy and its action plan. These risks include negative impacts on the wellbeing and quality of life of people with autism and their families and carers, as well as risks to statutory organisations who will not be fulfilling their duties under legislation, as well as national care quality improvement initiatives such as the Transforming Care Programme.</p>

1. BACKGROUND

1.1. The Somerset 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 the 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, it aims to improve the way all services and organisations 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. A detailed overview of the progress within each work stream is provided within the annual report.

2. PROGRESS UPDATE ON SOMERSET AUTISM STRATEGY

- 2.1. The Autism Strategy Group brings together statutory services, commissioners from adults, children’s and public health teams, along with a range of carer support groups. The group meets on a quarterly basis to oversee the implementation of the strategy and the action plan. There are four sub groups which also meet separately to take forward the Action Plan, in respect of the following priority areas of work:

- Living with Autism
- Workforce Development
- Identification and Diagnosis
- Children & Young People

- 2.2. The work stream leads for the four sub groups provide updates and feedback to the Autism Strategy Group.
- 2.3. A detailed overview of the progress within each work stream is provided within the annual report (Appendix A).

3. CONCLUSION

- 3.1. This paper presents an update on the Somerset Autism Strategy. Progress has been made in a number of areas highlighted under each of the work streams.
- 3.2. While services have continued to develop, there is always room for improvement to assure ourselves that outcomes are being met for individuals with autism and their families. Work will continue within each of the priority areas.
- 3.3. The Board are asked to note this report and offer their ongoing support to delivery of the Somerset Autism Strategy.

4. BACKGROUND PAPERS

Appendix A – Annual Progress Report 2016

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Somerset Autism Strategy

Annual Report

Covering the work of the four sub groups

March 2018

LIVING WITH AUTISM

How are we doing?

The sub group meets regularly and progress is being made in taking forwards the priority areas for this sub group. It is chaired by Somerset CCG.

The sub group now has a good mix of attendees, with Public Health, Adult Social Care, DWP and Police attending regularly as well as the Somerset Parent Carer Forum.

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

- In January 2018, the Somerset Mental Wellbeing Service (SMWS) was launched. This is a new service to support good mental health, which will benefit people with autism experiencing mental health issues such as anxiety or depression. Commissioned by Somerset County Council (SCC), it will help people maintain and improve their mental wellbeing by developing support networks; increasing independence and accessing community resources. Please see www.smws.org.uk/
- The national Transforming Care Programme continues in 2017/18 and Somerset health & social care commissioners are working to improve the care of people with learning disabilities and/or autism, with the aim of reducing admissions to learning disability or mental health hospitals and avoiding lengthy stays where admission to hospital is unavoidable. Somerset has also been successful in bidding for funding to purchase appropriate housing for people when they leave hospital. Please see www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf

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

- A new and improved Carer's service was launched in October 2017, commissioned by Somerset County Council and Somerset NHS Clinical Commissioning Group (CCG). This new service has developed links with the mental health carers' and young carers' services. Please see <http://somersetcarers.org/>
- Led by carers, Carers' Voice has strengthened its presence in Somerset as an influencing body concerned with improving the lives of unpaid carers in Somerset. Having developed Somerset's Commitment to Carers, the focus now is to ensure that it is embedded across statutory services. To support this, Carers' Voice Somerset designs and co facilitates "Solution Focused Workshops", which focus on the key issues and actions required to address them. In September 2017, 32 people attended including members of Carers' Voice Somerset, commissioners, service providers, representatives of a number of GP

Practices and the South West Carers Leads Network (ADASS).

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:

- The launch event of the strategy and Somerset Autism Collections involved people with autism and featured individuals sharing their personal experiences of living with autism on BBC Somerset www.bbc.co.uk/programmes/p0373x0d
- The Autism Strategy Group and sub-groups include representation from people with autism and their carers and families.
- Continued development of the Young People's Champion roles and the Unstoppables within Children's Services, including their involvement in developing a SEND Participation Strategy.
- People with autism and their carers are fully involved in the individual Care & Treatment Reviews for the small number of patients in Somerset who meet the Transforming Care eligibility criteria.
- Somerset Partnership NHS Foundation Trust joined the mATCH study in early 2017. The aim of the study is to better understand what is happening for people with autism who are detained in hospitals so that care pathways can be improved. Please see <https://research.kent.ac.uk/match/>

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

- Work is taking place to look at the potential to rollout of the Tenant Accreditation Scheme more widely for people with autism. The module based course equips people with the skills, knowledge and understanding required to seek independent accommodation and to successfully maintain a home and tenancy.
- A housing pathway for people with additional needs, including autism has been developed and shared with social care staff. It provides detailed information about the different housing options available in Somerset to people with additional needs, the support available and further information and resources.
- Housing Officers in Mendip were invited to attend an Autism Awareness training event, arranged by Somerset County Council. This was a hugely successful event which we are hoping to replicate in other areas.

Priority: Increase public awareness of autism

- SCC and CCG have 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
- Autism Somerset hold a fortnightly slot with Sedgemoor FM, to discuss a variety of autism issues for listeners.
- The Children & Young People Sub group are creating an “Autism friendly” schools award to promote across Somerset schools.
- Basic Autism Awareness e-learning has now been made available to Somerset staff, for all agencies working with people with Autism.
- The Safe Places scheme has been rolled out across the Avon & Somerset Police area.

Priority: Promote employment opportunities for people with autism

- 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/>
- Somerset Department for Work and Pensions (DWP) are running a pilot in Yeovil for unemployed ladies with low mood, aged 18 years and over. If the pilot is successful, it may be considered in other areas and could be targeted at people with autism. DWP have also sponsored a Gaming course in Taunton, for people with autism and now have employed 5 Disability Employment Advisors to assist people with disabilities to access volunteer work and employment opportunities
- DWP are using their staff who have their own experience of living with a disability to influence to workplaces and preparing advisors on training packages (being customer focussed and considering reasonable adjustments to assist people with disabilities when accessing employment support).

What next for Living with Autism?

- We need to further improve the support available to people with autism in the community, to ensure that even if they do not meet the criteria for statutory services, they are able to access support to live fulfilling and rewarding lives.
- Further work is needed to ensure that we create opportunities for people with autism to contribute to the Autism Strategy refresh and have a meaningful participation strategy.
- Engagement with district councils in the subgroup to improve the housing options available for people with autism and investigate whether the tenant accreditation scheme or similar can support people with autism to access housing.
- 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.
- Make sure that employment as an outcome is included in needs assessments for young autistic people and autistic adults as appropriate.
- Take steps to make health checks more accessible to people with autism.

WORKFORCE DEVELOPMENT

How are we doing?

The sub group meets regularly and progress is being made in defining groups of workers who require training. It is chaired by SCC. There has been progress this year, in taking forwards the priority areas for this sub group.

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 children to adult services and independent living

- Some progress has been made to improve the mix of members of the 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 SCC 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.

Priority: Investigate and secure additional funding (e.g. Clinical Innovation Fund)

- Funding was secured in 2017, through internal sources at SCC, for a training session on autism with housing colleagues in the Mendip area.

Priority: Identify groups and services / adults mapping including parents and GPs

- 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 has been made with the police, with training in autism and mental health now being planned. School staff training needs are met through a specialist service.

Priority: Develop multi-tier framework – varied training according to professional role and level of involvement with

people with autism

- E-Learning - The Learning Centre now has two courses available to all SCC workers and external providers: 'Autism Awareness' and 'Intermediate knowledge and skills'. Please see https://someset.learningpool.com/pluginfile.php/27670/mod_scorm/content/1/index_lms.html#/
- The e-learning will be made available to GP practices/practitioners, as an additional resource.

What next for workforce development?

- Plans to expand 'Introduction to Autism' to all workers and 'Dementia Friends' – style sessions have been agreed in principle.
- An Advanced Introduction to Autism course, run by clinicians from Somerset Partnership, aimed at mental health workers but also suitable for other colleagues in social care. Three courses are planned to run in March 2018, hoping to reach up to 60 workers. Four more are planned for 2018/19, subject to finances.
- 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 has been 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?

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 has been discussed at the Autism Strategy Group. Given the demands on resources within the Autism Service, it has been proposed that a representative from the Education service chair this group.

Priority: Improve the way we provide support for those who have had a diagnosis.

- Post diagnostic group in place for adult and provided by the Adult Asperger's Service, Somerset Partnership.
- Referral pathways are in place between Somerset Partnership and SCC social care for individuals with social care needs

Priority: Review the existing pathways to diagnosis

- A clear pathway for adults is in place and included within the service specification for the Adult Asperger's Service.
- The first meeting of the Task and Finish Group established to map support available to children & young people with behavioural presentations, and their families/carers, was held in January 2018 and a further two meetings are planned for February and March. The work from this group will include a route to diagnosis after a number of other steps have been taken.
- Somerset Partnership has started a Triage system for referrals and following a more targeted approach to identify people who meet criteria for services, the referral to treatment time and caseloads within the service have been considerably reduced.

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

- SCC Public Health commissioned work to map current community resources for people with autism. This work looked at local, regional, national and international sources of information and support for people with autism. The work also looked at gaps in services in Somerset and made some recommendations for the Living with Autism Group to consider. The summary of information and support services was provided to the Autism Strategy Group in the form of a 'directory' – and the information has been uploaded to Somerset Choices.

Priority: Promote awareness about pathways to diagnosis

- The Somerset Autism Spectrum Service was implemented during 2017, managed by Somerset Partnership NHS Foundation

Trust, for people aged 18 and over. Details of the service, including referral details, are now available through the Somerset Partnership website. Please see www.sompar.nhs.uk/what-we-do/mental-health/somerset-autism-spectrum-service/

- The Somerset Autism Spectrum Service has been targeting those patients who meet the criteria for services and providing follow up work for those patients who are in need of health interventions. The service is assessing people who meet the criteria more quickly and the caseload has been reduced.
- GP practices have been informed of the new service and that the service is now working to the DSM-5 criteria, so that the threshold for accepting referrals is a little higher than it was previously, particularly in focussing on the need for significant impact on functioning.
- 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).
- Since January 2017, following a secure information sharing process that was agreed by IG leads at each provider site, Adult LD and Autism data from Somerset County Council and Somerset Partnership has been shared with Musgrove and Yeovil hospitals. This has resulted in the update of 1390 patient records with an LD and Autism flag, in advance of their next Acute care episode. The data is shared on a six monthly basis, there have been two cycles to date, with the third currently underway, so the 1390 number quoted above will no doubt increase. Refreshed data will be available, when updates from Musgrove and Yeovil colleagues have been received, as they are currently processing the January 2018 files.

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.
- Since January 2017, following a secure information sharing process that was agreed by IG leads at each provider site, Adult LD and Autism data from SCC and SomPar has been shared with Musgrove and Yeovil hospitals. This has resulted in the update of 1390 patient records with an LD and Autism flag, in advance of their next Acute care episode. The data is shared on

a six monthly basis, there are have been two cycles to date, with the third currently underway, so the 1390 number quoted above will no doubt increase. Refreshed data will be available, when updates from Musgrove and Yeovil colleagues have been received, as they are currently processing the January 2018 files.

What next for identification and diagnosis?

- Sub group to reconvene with new chair to review action plan.
- Continue to flag patients with Autism, to ensure that reasonable adjustments are made when they need to access healthcare services.
- The SEND Needs Assessment Action Plan for Somerset recognises early support and behavioural intervention is the crucial part which will help all children, regardless of whether there may be underlying ASD (or ADHD etc). As part of the graduated/stratified support process, there will be opportunities to refer to services such as Paediatrics & CAMHS when felt appropriate. It is also crucial that Paediatric services & CAMHS develop red flags for children who need to be seen more urgently – this is in place already, but needs bringing together as one single pathway.

CHILDREN AND YOUNG PEOPLE

How are we doing?

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 currently being refreshed in response to user feedback. SCC recently commissioned a directory of Autism services and these have been uploaded to the Local Offer.
- 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; The SEND Engagement and Participation strategy has been refreshed and this now in an informal consultation period.
- 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. The information on the Local Offer has been updated in response to user feedback.

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.
- Paediatrician's signpost parents to Somerset Parent Carer Forum at the beginning of the diagnosis journey, who can then signpost to appropriate support and resources at the various stages.
- 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.

- Resources and training for schools has been mapped and recorded in one place and this has been disseminated and is available on the Local Offer. Work is underway to provide education settings with a self-evaluation framework for the Core Standards. A leaflet has also been designed for families.

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.

- Somerset Department for Work and Pensions have appointed 5 Disability Employment Advisors, who have been concentrating on wellbeing events for customers in local venues.
- Project Search has continued to be successful in supporting young people with Autism to learn skills for employment at Musgrove Park Hospital and Yeovil District Hospital.
- Building on the Choice for Life strategy young people with SEND (and their family's) are provided with information on further education, internships and work opportunities. Now embedded in the carers fairs, the events raise aspirations of children, young people and their families.
- SCC's Choices for Life Strategy includes Pathways to Employment for young people with SEND, which includes training and work experience opportunities within SCC.
- Somerset Parent Carer Forum organised 2 Challenging Behaviour workshops which were oversubscribed. It was agreed at the Autism Strategy group that we need a universal training programme for all parents (similar to Cygnet, although Cygnet is only for children and young people with a diagnosis of Autism).

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.
- Work with partner agencies, potentially through the SEND groups, to establish a universal training programme that will help give parents the support strategies they need at home.

Glossary

CCG Clinical Commissioning Group

DWP Department for Work and Pensions

SCC Somerset County Council

SMWS Somerset Mental Wellbeing Service

Report compiled by:

Fiona Hawker, Mental Health & Learning Disabilities Commissioning Manager, Somerset NHS CCG

Christina Gray, Consultant in Public Health, Somerset County Council

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

Ruth Hobbs, Chair, Somerset Parent Carer Forum

Sean Taylor, Staff Development Officer, Learning and Development, Somerset County Council

January 2018

Somerset Health and Wellbeing Board

01 March 2018

Mental Health Champions

Lead Officer: Author: Louise Finnis

Contact Details: lfinnis@somerset.gov.uk

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Christina Gray	05.02.2018
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	05.02.2018
	Monitoring Officer (Somerset County Council)	Julian Gale	09.02.2018
Summary:	<p>This report outlines the plans to implement the Mental Health Challenge pledge that was signed by SCC following a unanimous resolution of Somerset County Council at Full Council on 29 November 2017, and which gave delegated authority to the Board on behalf of the Council to appoint two County Council members as mental health champions.</p> <p>The Mental Health Challenge is an initiative developed and supported by The Centre for Mental Health, The Mental Health Foundation, The Mental Health Providers Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds. It recognises that Local authorities have a key role in improving mental health in their communities, and asks authorities to commit to promoting mental health across their business and appointing mental health champions from serving councillors, and in return will provide support and networking for authorities and councillors.</p>		
Recommendations:	<ul style="list-style-type: none"> • That the Somerset Health and Wellbeing Board acknowledges the value of The Mental Health Challenge and recognises that local authorities have a key role in improving mental health in their communities. • That the Somerset Health and Wellbeing Board, in accordance with the authority delegated to it by the County Council by unanimous decision on 29 November 2017, appoints the Chair of the Health and Wellbeing Board as the Mental Health Champion for adults, and the Chair of the Scrutiny for Policies Children and Families Committee to become Mental Health Champions for children and young people for 		

	the term of twelve months, when the scheme will be reviewed.
Reasons for Recommendations:	<p>The independent Mental Health Taskforce published its <u>Five Year Forward View</u> in February 2016, which set out the current state of mental health service provision in England. The taskforce calls for all local councils to have a member champion for mental health. This 'leadership by example' role is critical to raise the profile of mental health in a local area. The intention is to take a proactive approach and promote positive mental health across the local area.</p> <p>These recommendations implement the resolution of Full Council on 29 November 2017.</p> <p>The scale and impact of mental health problems cut across all aspects of society putting a huge burden on local services and resources in the communities of Somerset. Implementing the County Council's resolution will make an important contribution to the leadership needed to promote mental health and prevent mental illness.</p>
Links to Somerset Health and Wellbeing Strategy:	<p>The Health & Wellbeing Strategy has three priority themes that all link to mental health:</p> <p>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.</p> <p>Appointing two Mental Health Champions will help promote the principles and delivery of the Strategy.</p>
Financial, Legal and HR Implications:	<p>There are no financial, legal or HR implications following these recommendations except for possible additional travel claims by Councillors but within the guidance on such matters. Any additional costs will be met from within the existing budget.</p>
Equalities Implications:	<p>The intention of the Mental Health Champions is to play a key role in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health.</p> <p>Identifying and addressing inequalities will be guided by the lead officer using Joint Strategic Needs Assessment and mental health intelligence data from the Public Health England mental health dashboard</p>
Risk Assessment:	<p>Member champions are elected members of councils who have a number of competing priorities and limited time to put into the role of member champion. The lead officer will be supporting Champions to ensure they are well informed and work respectfully, sensitively and empathically with people with mental health problems at all times.</p>

	National partners reserve the right to raise concerns about member champions whose conduct falls below the expectations outlined in the pledge material. If this was to happen there would be a potential reputational risk for the Council. Where steps are not taken to address concerns expressed by the national partners, councils may be removed from the challenge membership. There is robust mitigation in place through the provision of high level officer support to ensure that this does not happen.
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1. Background

1.1. The scale of the problem the Mental Health Challenge aims to address

- 1 in 4 Somerset residents will experience a mental health problem in any given year.
- Half of all mental health problems start by the age of 14, rising to 75% by the age of 24.
- Mental ill health currently represents 23% of the total burden of ill health in the UK and is the largest single cause of disability.
- In Somerset around 24% of children and young people aged under 18 experiences some form of emotional or mental health problem. Out of a population of 109,300 this equates to 26,190 children.
- Mental ill health costs some £105 billion each year in England alone.
- People with a severe mental illness die up to 20 years younger than their peers in the UK.

1.2. Somerset County Council's response to the Mental Health Challenge

1.3. On 29 November 2017 Somerset County Council resolved:

- To sign the Local Authorities' Mental Health Challenge run by Centre for Mental Health, Mental Health Foundation, Approved Mental Health Professional Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds.
- To commit to appoint two elected members as 'mental health champions' across the Council; one to focus on adult mental health and one to focus on children and young people in Somerset.
- To delegate authority to the Somerset Health and Wellbeing Board to appoint the mental health champions referred to above.
- To identify a lead officer to support the Mental Health Champions.
- To ensure the Health and Wellbeing Board receives updates from the Champions, at least annually

1.4. The Council also resolved to:

- Support positive mental health in our community, including in local schools, neighbourhoods and workplaces
- Work to reduce inequalities in mental health in our community
- Work with local partners to offer effective support for people with mental health needs
- Tackle discrimination on the grounds of mental health in our community
- Proactively listen to people of all ages and backgrounds about what they need for better mental health

1.5. About the Mental Health Champions' role:

- Positive mental health is essential for our quality of life. It is important for thriving communities, for economic productivity and for personal relationships. The mental health champions' scheme is being set up to contribute to improving mental health and wellbeing in Somerset.
- The Champions scheme is 'leadership by example', to raise the profile of mental health. The intention is to take a proactive approach and promote mental health across the local area. It is not intended to replace the existing local arrangements. It is intended to complement and strengthen the work undertaken to promote mental health and wellbeing.
- The member champion is primarily someone who has enthusiasm and commitment to promoting mental health and wellbeing.
- The role of the champion is to seek the views of people with lived experience of mental health when identifying priorities and concerns and to provide a voice for mental health within their council.
- Champions will identify at least one priority each year for focused work and will be expected to work respectfully, sensitively and empathically with people with mental health problems at all times.
- It is proposed that the two champions are linked to existing roles that already advocate for mental health. This will ensure the champions are fully engaged and enthusiastic.

1.6. Key activities for the Mental Health Champions could include:

- Advocating for mental health issues in council meetings and policy development
- Reaching out to the local community (e.g. via schools, businesses,

faith groups) to raise awareness and challenge stigma

- Listening to people with personal experiences of mental ill health to get their perspectives on local needs and priorities
- Scrutinising the work of local services that have an impact on mental health: e.g. health, social care, housing, and police.
- Fostering local partnerships between agencies to support people with mental health problems more effectively
- Encouraging the council to support the mental health of its own workforce and those of its contractors.
- Responding to occasional requests from the national challenge coordinator

1.7.

Lead officer role description:

The Lead officer from Public Health will support and advise the Champions and help them to develop a co-ordinated action plan. It is proposed that a protocol will be developed in relation to the working arrangements between the two champions. This will ensure the two champions are working within the boundaries of the role and supporting each other.

The lead officer role may include, but will not be limited to:

- Providing information to the member champion to support their work.
- Advising the member champion on current issues and priorities.
- Supporting implementation of strategies initiated by the member champion.
- Raising awareness within the council's staff about mental health issues
- Seeking external support for activities led by the council to promote mental health and wellbeing.
- Liaising with the mental health challenge national partners to secure information and advice.
- The lead officer will also have access to the benefits described above for member champions.

1.8. National mental health organisations will support local authorities that take on the challenge by:

- Providing resources (for example published evidence, expert opinion and briefings) to help councils to take local action.
- Offering networking opportunities and peer support for mental health champions, including an annual meeting and through use of electronic media.
- Recognising and acknowledging publicly the councils that sign up to

the challenge and the champions they appoint.

2. Options considered and reasons for rejecting them

- 2.1. Option 1:** For Somerset County Council to not support the Mental Health Champions Scheme – this option was rejected due to the importance of mental health as an issue.

- 2.2. Option 2:** Commit to approving the Chair of the Health and Wellbeing Board as the Mental Health Champion for adults, and the Chair of the Scrutiny for Policies Children and Families Committee to become Mental Health Champions for children and young people for the term of twelve months, when the scheme will be reviewed.(preferred option)

3. Consultations undertaken

- 3.1.** The proposal was discussed within officer groups across the South West. Some existing Mental Health Champions were contacted and asked for their views. Local Councillors and Senior Managers were consulted. The national scheme was based on a wide consultation exercise across the country.

4. Financial, Legal, HR and Risk Implications

- 4.1.** These are set out where applicable in the summary section of this report.

5. Background papers

- 5.1.** Five year Forward View for mental health
<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

- 5.2.** Mental Health Challenge website
<http://www.mentalhealthchallenge.org.uk/>

Somerset Health and Wellbeing Board

01 March 2018

Somerset Safeguarding Adults Board Draft Strategic Plan – 2018/19

Lead Officer: Richard Crompton, Independent Chair - SSAB

Author: Stephen Miles, Service Manager - SSAB

Contact Details: 01823 359157

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Stephen Chandler, Director for Adult Social Services	01/02/2018
	Cabinet Member / Portfolio Holder	Cllr David Huxtable Cabinet Member – Adult Social Services	
	Monitoring Officer (Somerset County Council)	Julian Gale	01/02/2018

Summary:	<p>Strong synergies exist between the work of Somerset Safeguarding Adults Board (SSAB) and the Health and Wellbeing Board, which has a valuable role in the assurance and accountability of the SSAB.</p> <p>The purpose of this report is to consult with the Health and Wellbeing Board in relation to the SSAB's refreshed Strategic Plan for 2018/19.</p>
Recommendations:	<p>That the Somerset Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Notes the contents of this paper alongside the draft 2018/19 Strategic Plan 2. Comments on and discusses the proposed strategic priorities for 2018/19 3. Continues to promote adult safeguarding across the County Council and in commissioned services
Reasons for recommendations:	The Somerset Safeguarding Adults Board is required by The Care Act 2014 to produce and publish a Strategic Plan for each financial year.
Links to Somerset Health and Wellbeing Strategy	<p>The work of the Safeguarding Adults Board is supportive of all three Health and Wellbeing Strategy (2013-2018) priorities:</p> <ol style="list-style-type: none"> 1. People, families and communities take responsibility for their own health and wellbeing 2. Families and communities are thriving and resilient 3. Somerset people are able to live independently
Financial, Legal and HR Implications:	<p>The Care Act 2014 requires Somerset County Council to establish a Safeguarding Adults Board and provides accountability of the Independent Chair to the Chief Executive of the Local Authority. The Department of Health and Social Care's Care and Support Guidance specifically recommends the Board work in partnership with the Health and Wellbeing Board.</p> <p>The majority of the Safeguarding Adults Board funding is</p>

	<p>provided by Somerset County Council, with contributions from Avon & Somerset Constabulary and Somerset Clinical Commissioning Group. Safeguarding Adults Reviews (SARs) are resourced by the partnership as and when required.</p> <p>The SSAB continues with its decision not to professionally print the Annual Strategic Plan to save on costs. Once finalised the Strategic Plan will be publicly available on its website: www.ssab.safeguardingsomerset.org.uk</p>
Equalities Implications:	<p>The SSAB supports the rights of all adults to equality of opportunity, to retain their independence, wellbeing and choice and to be able to live their lives free from abuse, neglect and discrimination. It values diversity and will seek to promote equal access and equal opportunities irrespective of race, culture, sex, sexual orientation, disability, age, religion or belief, marriage/ civil partnership and pregnancy /maternity</p>
Risk Assessment:	<p>Safeguarding activity by its nature is an inherently risky area and has the potential to bring a Council's reputation into discredit and the wider safeguarding system into question. The Strategic Plan, a legal requirement by the Care Act 2014, provides partner agencies and the public with assurances that adult safeguarding is being prioritised, monitored and scrutinised at a strategic level in Somerset. The Board's Executive also identifies and monitors key risks at its quarterly meetings.</p>

1. Background

- 1.1. The Somerset Safeguarding Adults Board (SSAB or "the Board") is required by The Care Act 2014 to produce and publish a strategic plan for each financial year. The report must set out what the Board intends to do over the next year to help and protect adults at risk of abuse and neglect in Somerset during that timeframe. In common with many other Safeguarding Adults Boards, the Board has chosen to develop a three-year plan that is refreshed annually. The 2018/19 financial year will be the final refresh of this Strategic Plan ahead of a new plan being developed for 2019/20.
- 1.2. The SSAB operates as an independently-chaired, multi-agency body under The Care Act 2014. It became statutory from April 2015. Its main objective is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:
 - have needs for care and support;
 - are experiencing, or at risk of, abuse, neglect or exploitation;
 - are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.
- 1.3. Safeguarding is everybody's business, and the Board has a strategic role that is greater than the sum of the operational duties of the core partners.
- 1.4. **The SSAB's Strategic Plan for 2018/19**
The development of this strategy has been informed by broad consultation and reflects the agreed priorities of all members of the SSAB. It has been informed by feedback from members of the public, multi-agency professionals, the findings to emerge from audits, the learning to emerge from Safeguarding Adults Reviews, and the analysis of comparative performance data.

We recognise that we can achieve more by working collectively in partnership and commit ourselves to the objectives contained within it. Our overarching priorities remain:

- a) **Prevention:** *adults at risk are identified early and have their needs met promptly and effectively. Safeguarding risk is better understood and appropriately assessed. Public safeguarding awareness is improved.*
- b) **Making Safeguarding Personal:** *Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety*
- c) **Think Family:** *The SSAB adopts a 'think child, think parent, think family' approach to its work together with the Safeguarding Children Board and other local partnerships*
- d) **Board Effectiveness:** *Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning*

2. Options Considered and reasons for rejecting them

- 2.1. No other options have been considered as it is a requirement under the Care Act 2014 for the SSAB to produce an annual Strategic Plan.

3. Consultations undertaken

- 3.1. As part of the refreshing the Strategic Plan the SSAB has sought feedback from Healthwatch. In addition, it has sought feedback from the public and professionals through an on-line survey that was available from 22/12/2017 to 26/01/2018 inclusive, and actively promoted via Healthwatch, local partner organisations and social media. The responses received have been summarised in Appendix 2 and have informed the forthcoming year's core activities.

4. Implications

- 4.1. Safeguarding activity by its nature is an inherently risky area and has the potential to bring a Council's reputation into discredit and the wider safeguarding system into question. The Strategic Plan, a legal requirement by the Care Act 2014, provides partner agencies and the public with assurances that adult safeguarding is being monitored and scrutinised in Somerset and the SSAB welcomes this opportunity for the Health and Wellbeing Board to comment on the draft 2018/19 plan.

5. Background papers

- 5.1. Appendix A – Draft SSAB Strategic Plan 2018/19
Appendix B - Questionnaire results

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Strategic Plan 2016 – 2019 (Draft 2018/19 refresh)

Foreword

The Care Act 2014 reinforced the importance of adult safeguarding as a crucially important area of public policy and, for the first time, introduced statutory responsibilities for Safeguarding Adult Boards. This fresh emphasis is both welcome and essential. It requires us to work together to help make sure that some of the most vulnerable in our communities are protected from abuse and neglect. Equally importantly, it requires us to give people choice and control when agencies with safeguarding responsibility intervene in their lives.

The development of this strategy has been informed by wide consultation and reflects the agreed priorities of all members of the Somerset Safeguarding Adults Board (SSAB). We know that we can do more by working together in partnership and commit ourselves to the achievement of the objectives contained within it. Those strategic objectives are:

- Prevention
- Making Safeguarding Personal
- Think Family
- Board Effectiveness

The objectives reflect where the SSAB is following significant efforts to improve our overall performance and approach to assurance. We believe that we are now well placed to build on that work and, by putting people at the heart of everything we do and working with our partners on the Safeguarding Children Board, significantly raise the quality of safeguarding in Somerset. I anticipate that whilst this strategy will develop in response to review and operational demand, the core strategic objectives will be retained for a period of at least three years.

Over this three year period and beyond the SSAB will seek assurance that safeguarding arrangements in Somerset are effective in protecting adults who, as a result of their care and support needs, experience, or are at risk of, abuse or neglect. As the independent chair of the Board I have a responsibility for holding its members to account, and for creating an environment where joint working and supportive challenge thrive and learning from serious incidents locally and nationally inform our approach to assurance. Together, we must make sure that the SSAB adds value and never becomes a talking shop. Together we can and will make a difference. These are significant responsibilities. I look forward to working with the SSAB to make sure that we do everything in our power to meet them.



Richard Crompton, Independent Chair
Somerset Safeguarding Adults Board

Our Vision

The shared vision of the multi-agency SSAB is “**to work in partnership to enable adults in Somerset to live a life free from fear, harm or abuse**”.

Members work together and with local communities to ensure:

- There is a culture of not tolerating abuse
- People work together to prevent abuse
- People know what to do when abuse happens.

To make this vision a reality, it is essential that agencies supporting adults at risk of harm work together to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult
- Address what has caused the abuse or neglect
- **Make safeguarding everybody’s business.**

The Board is required to ‘publish its strategic plan each financial year. The plan should address both short and longer-term actions and it must set out how it will help adults in its area and what actions each member of the Board will take to deliver the strategic plan and protect better’ (Care and Support Statutory Guidance, 14.152)

No.	Task	Lead/s	Timescales	Measuring Success
1. Prevention				
a)	We will plan promotional events and activities to coincide with June 2018 World Elder Abuse Awareness Day and the regional 'Stop Adult Abuse' awareness week, and continue to promote our 'Thinking it, Report it' campaign	Business Manager / All members	June 2018 / Ongoing	Desired outcome: Adults at risk are identified early and have their needs met promptly and effectively. Adult Safeguarding risk is better understood and appropriately assessed. Public safeguarding awareness is improved. Performance Indicators include: - Levels of safeguarding concerns for adults at risk - Training take up and evaluation - Public feedback demonstrates improved awareness of safeguarding issues - Multiagency practitioner feedback demonstrates awareness of safeguarding issues and risk - Campaign feedback, reach and impact
b)	We will work together with Devon & Somerset Trading Standards to address financial abuse and scams	Business Manager / All members	Throughout the year	
c)	We will seek enhanced assurance of local agency training delivery, take-up, application and impact, and find ways to more closely align agency training functions	Learning & Development Subgroup	Throughout the year	
d)	We will deliver a multi-agency Safeguarding Adults conference to raise the profile of adult safeguarding, address areas of practice improvement, share lessons learnt from Reviews, and offer workshops to local Safeguarding Leads	Learning & Development Subgroup	By March 2019	
e)	We will continue to oversee the work of a Somerset Mental Capacity Act (MCA) Forum to enhance local understanding and application of the Act	MCA Subgroup	Throughout the year	
f)	We will the monitor progress of the Mental Health Crisis Concordat and its 'Think Differently, Act Differently' subgroup to improve the experience of people in mental health crisis	SSAB Board	Quarterly (June, Sept, Dec, Mar)	
G)	We will review assurance arrangements for all Somerset residents placed out of area, and monitor the implementation of actions identified through this work	SSAB Board/ Quality Assurance Subgroup	Throughout the year	
h)	We will establish the number of people who have been placed in to services in Somerset by commissioners from other parts of the UK, our confidence in their assurance and monitoring arrangements, and monitor the implementation of actions identified through this work	SSAB Board/ Quality Assurance Subgroup	Throughout the year	

No.	Task	Lead/s	Timescales	Measuring Success
2. Making Safeguarding Personal				
a)	We will ensure the views of service users, carers, frontline staff and Board members inform our work: <ul style="list-style-type: none"> We will monitor service user/carer/provider Safeguarding Experience feedback process and monitor responses on a quarterly basis to enhance the effectiveness of safeguarding activity We will invite service user stories to Board meetings and conferences 	Quality Assurance Subgroup	From May 2017	Desired outcome: Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety Performance Indicators include: - User feedback, data and audit demonstrates a greater focus on outcomes - Advocacy take-up improved
b)	We will ensure individuals experiencing safeguarding concerns have appropriate and timely access to advocacy through the promotion of advocacy services and knowledge, and monitoring of data		Throughout the year	
c)	We will work jointly within the region and through national networks to both develop our approach to Making Safeguarding Personal and share good practice and learning with others	SSAB Chair / Business Manager		
3. Think Family				
a)	We will support the implementation of a multi-agency Think Family Strategy for Somerset	All Members	Throughout the year	Desired outcome: The Safeguarding Adults Board adopts a 'think child, think parent, think family' approach to its work together with the Safeguarding Children Board and other Boards Performance Indicators include: - Audits and case reviews demonstrate a 'think family' approach - Training reflects a 'think family' approach
b)	We will work with other Strategic Partnership Boards in Somerset to keep people safe from harm and improve their health and wellbeing in support of the prevention agenda, reducing duplication of effort and maximising effectiveness; this will include work to better support victims of exploitation, coercive control and grooming	SSAB Chair / Business Manager	Throughout the year	

4. Board Effectiveness				
a)	Enhance the annual Adult Safeguarding organisational self-audit process (which enables the Board to hold members agencies to account, monitor implementation of previous year's identified actions and gain assurance of the effectiveness of local safeguarding activity) with a peer challenge element	Quality Assurance Subgroup	Q2 2018/19 – issue Q2/Q3 – analysis Q3 – report	<p>Desired outcome: Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning</p> <p>Performance indicators include:</p> <ul style="list-style-type: none"> - Member attendance and participation - Annual Safeguarding Adults Board effectiveness survey results - Quality and findings of agency self-audits and action planning - Monitoring of implementation plans - Website hits and feedback - Newsletter reach and feedback - Peer Review outcome
b)	Commission, participate in and support Safeguarding Adults Reviews (SARs), ensuring learning from both local and national reviews is widely shared, including supporting the development of the National SAR Library.	SAR Subgroup / Learning & Development Subgroup	Throughout the year	
c)	Use data, information and local intelligence to identify risks and trends, and formulate action in response, to include monitoring of SSAB communication tools	Quality Assurance Subgroup	Throughout the year	
d)	Ensure policies, procedures and practice guidance are reviewed to reflect new or emerging legislation, policy or learning, and made more easily accessible to frontline services via the SSAB Website	Policy & Procedures Subgroup	Throughout the year	
e)	Support Elected Members and Committee functions to better understand their roles and responsibilities in effectively scrutinising and monitoring the effectiveness of the Board in protecting vulnerable adults from abuse	Learning & Development Subgroup	Throughout the year	
f)	We will enhance our approach to assurance and monitoring the implementation of recommendations, actions and good practice emerging from both local and national SARs, Serious Case Reviews and safeguarding enquiries	All Members / Quality Assurance Subgroup	Throughout the year	
g)	Work jointly with the Somerset Health and Wellbeing Board, Somerset Children's Trust, Somerset Safeguarding Children Board, Somerset Safeguarding Adults Board, Somerset Corporate Parenting Board and the Safer Somerset Partnership as described within the Working Together Protocol for the Strategic Partnership Boards in Somerset, as well as other Boards regionally and nationally	SSAB Chair / Business Manager	Throughout the year	

Background

In addition to seeking feedback from the Health and Wellbeing Board, Adults and Health Scrutiny Committee and Health watch Somerset, the Somerset Safeguarding Adults Board produced two questionnaires, one for the public, the other for professionals.

The questionnaires were available for completion from 22/12/2017 through to 26/01/2018 (inclusive).

Responses

A total of 46 Responses were received; 6 from respondents identifying themselves as being members of the general public (referred to below as “General Public”) and 40 from respondents identifying themselves as belonging to a professional group (referred to below as “Professionals”). Responses to each question are summarised below (please note that not every respondent chose to answer every question, and that some percentages may sum to more than 100 due to rounding):

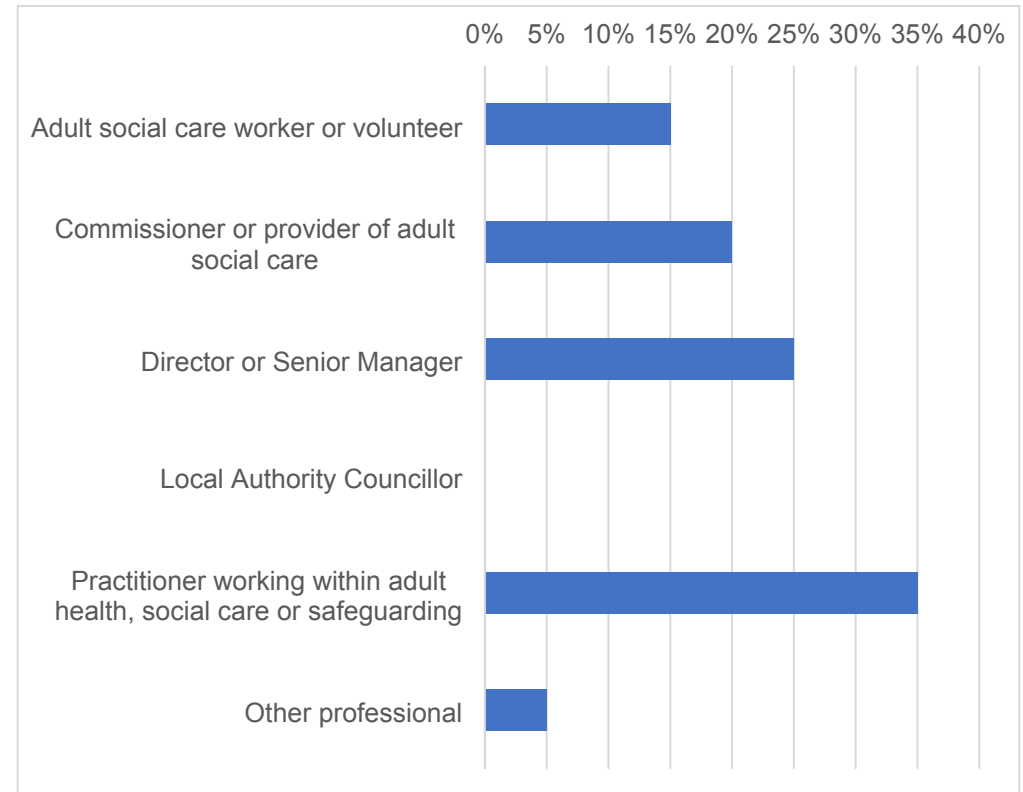
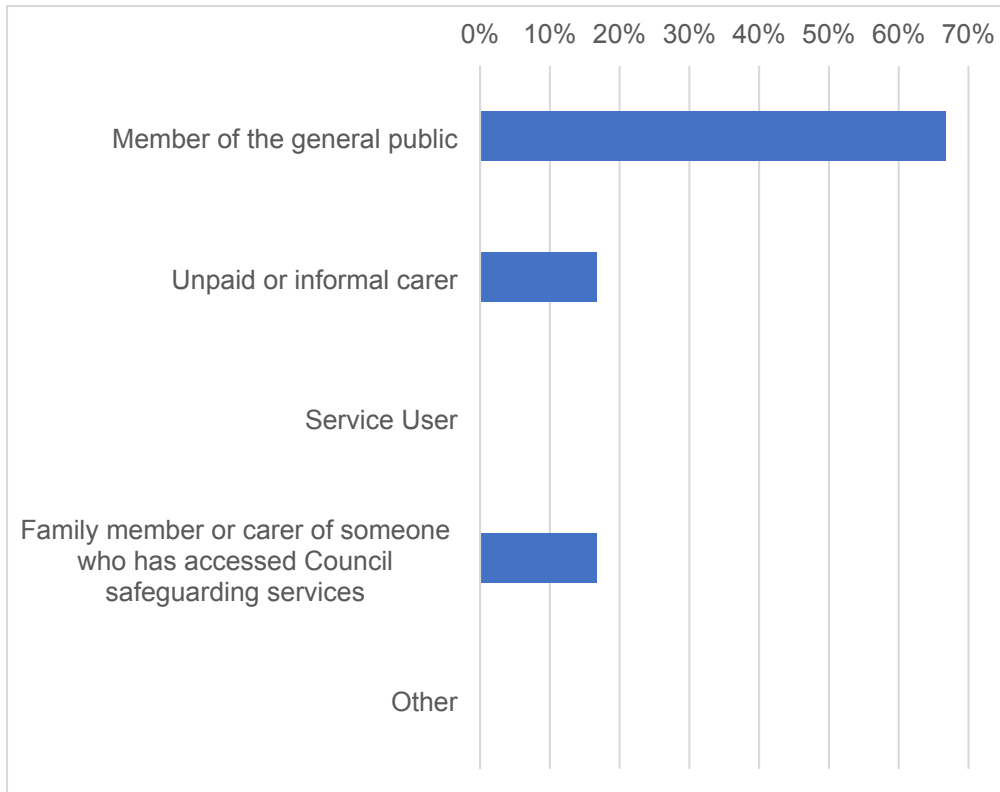
Question 1

Respondents were asked to identify themselves as being members of the general public or belonging to a professional group

General Public

Professionals

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Question 2

General Public respondents answering that they were a “Family member or carer of someone who has accessed Council safeguarding services were asked the additional question “To what extent do you agree with the following statement: I was happy with the way the Council dealt with the concern”

General Public

Professionals

No responses received

Not applicable

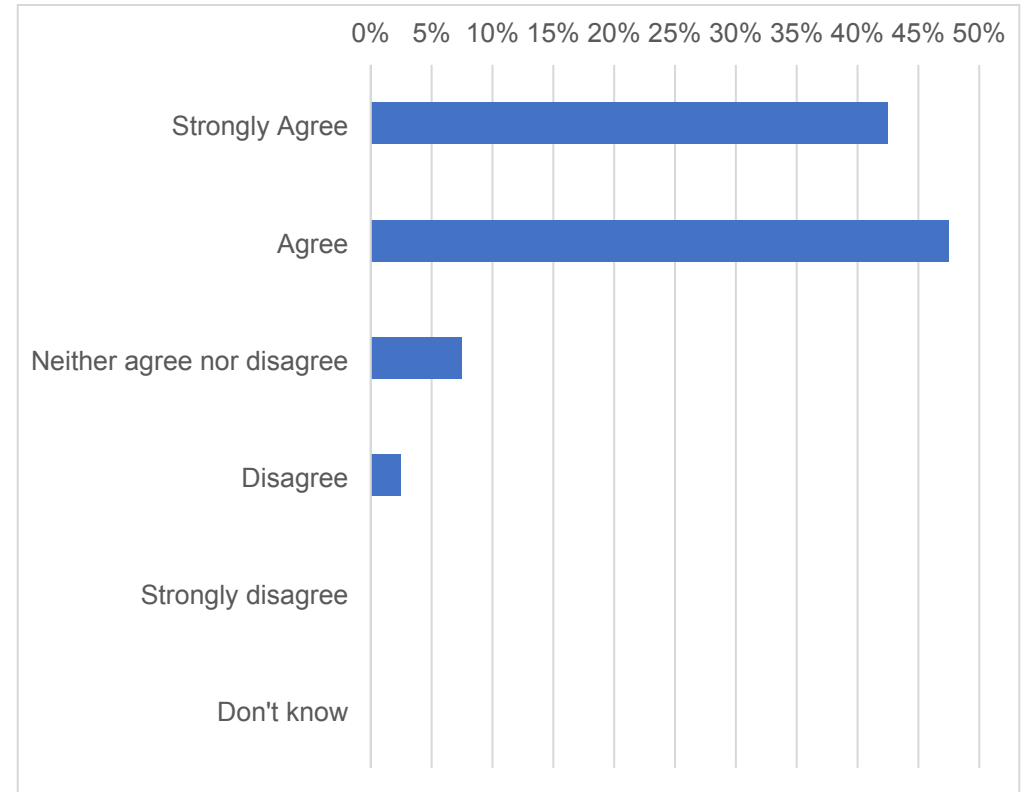
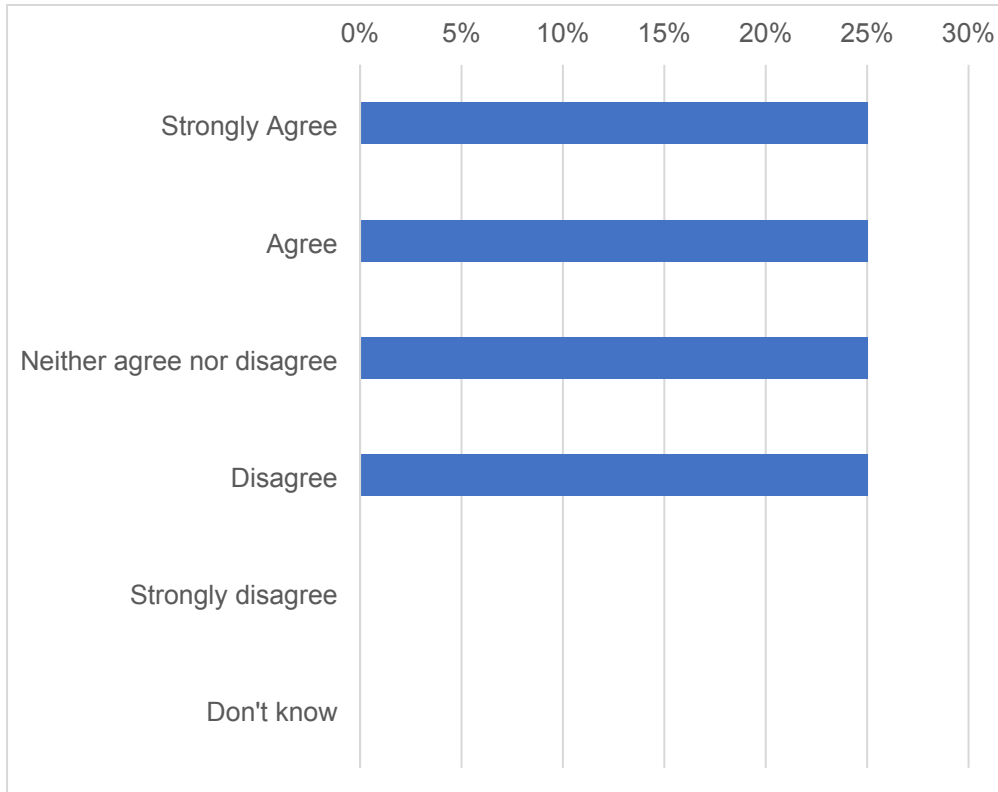
Question 3

I feel well informed about all forms of adult abuse and neglect

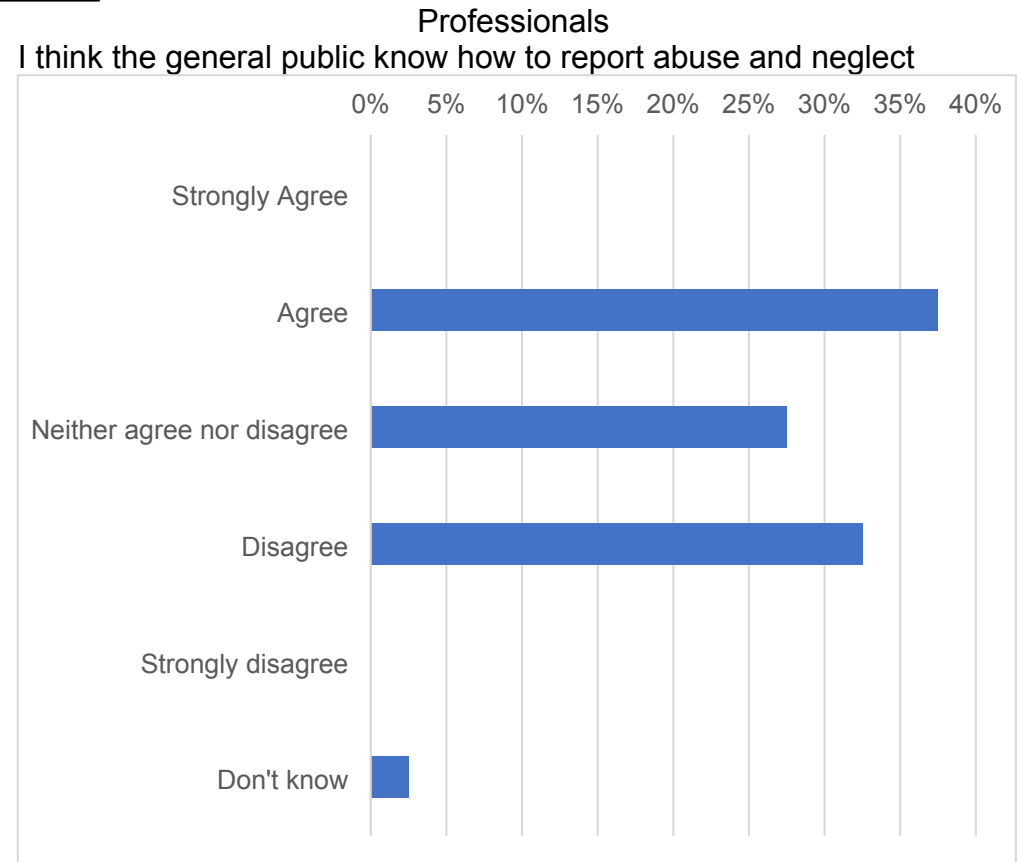
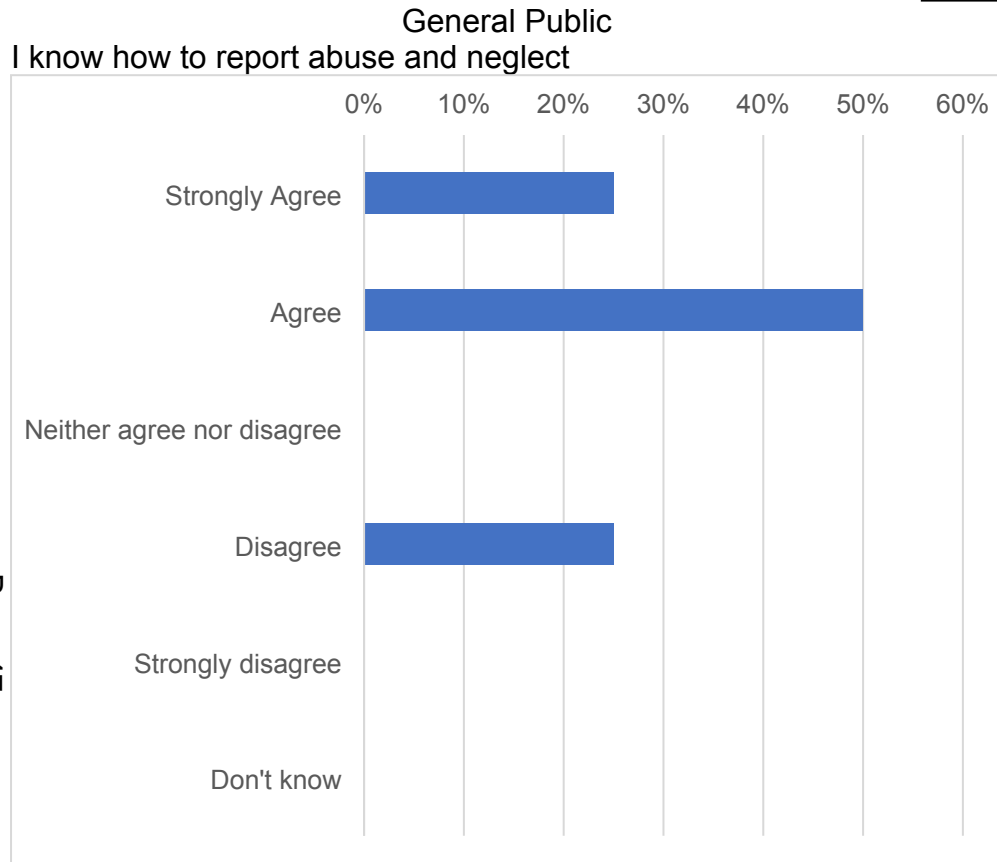
General Public

Professionals

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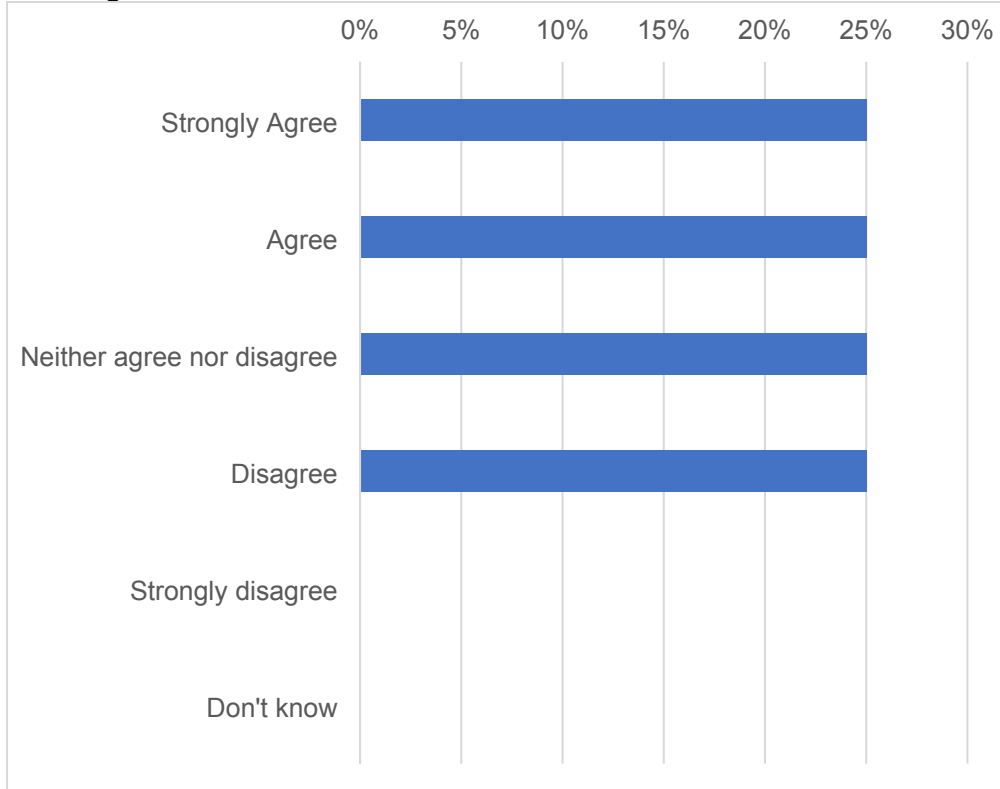
Question 4



Question 5

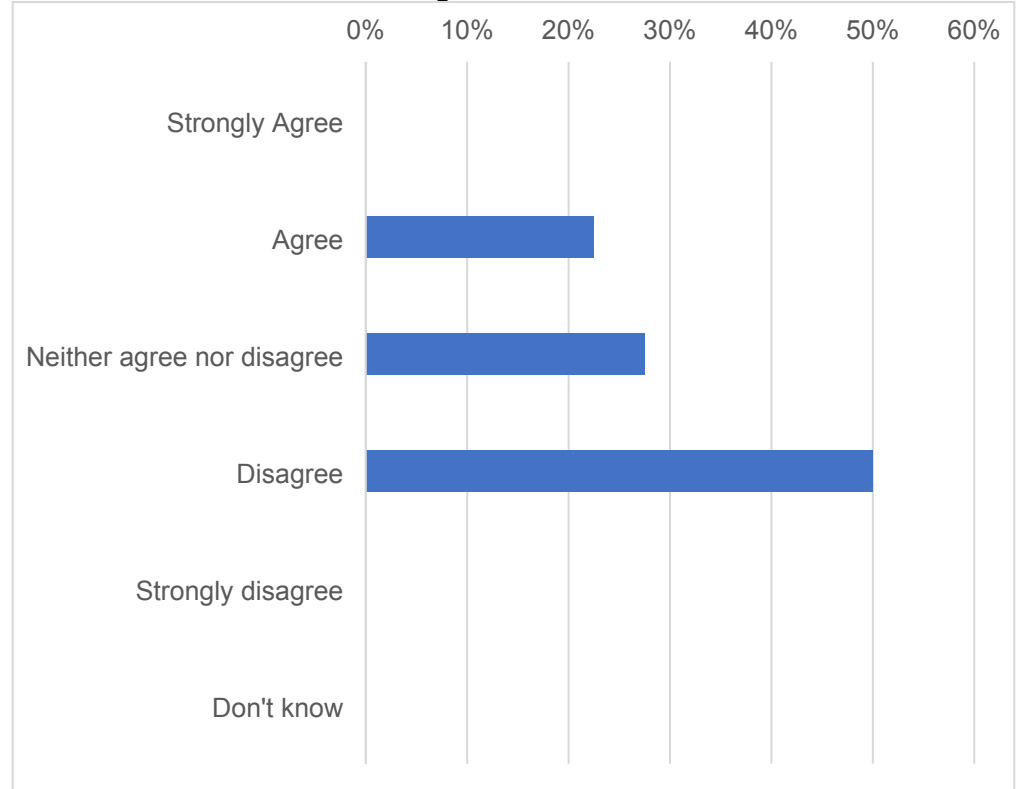
General Public

I know how to get appropriate support/help in relation to adult abuse and neglect

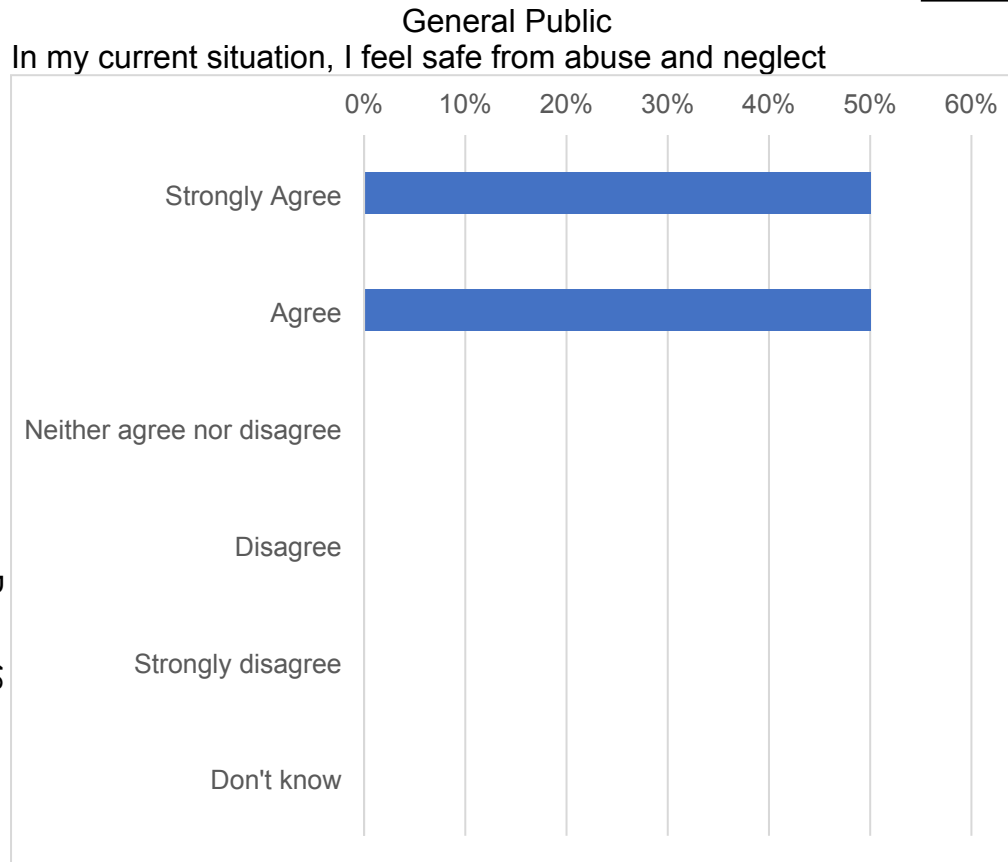


Professionals

I think the general public know how to get appropriate support/help in relation to adult abuse and neglect



Question 6



Professionals

Professional respondents were not asked this question

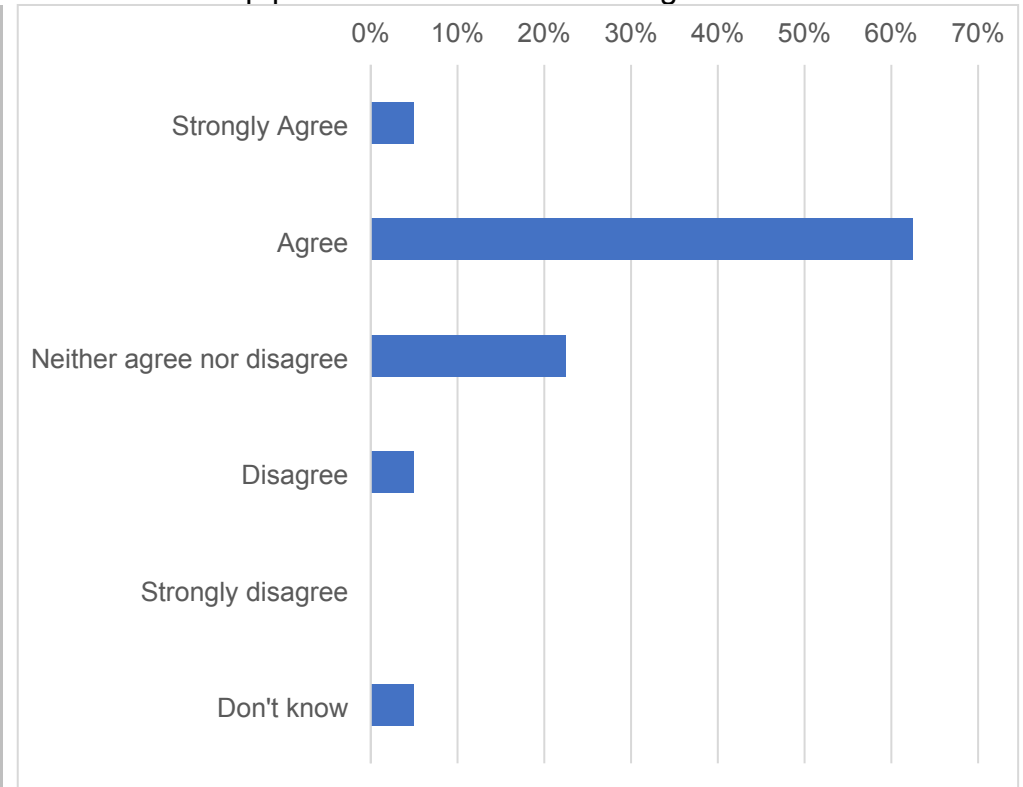
Question 7

General Public

General public respondents were not asked this question

Professionals

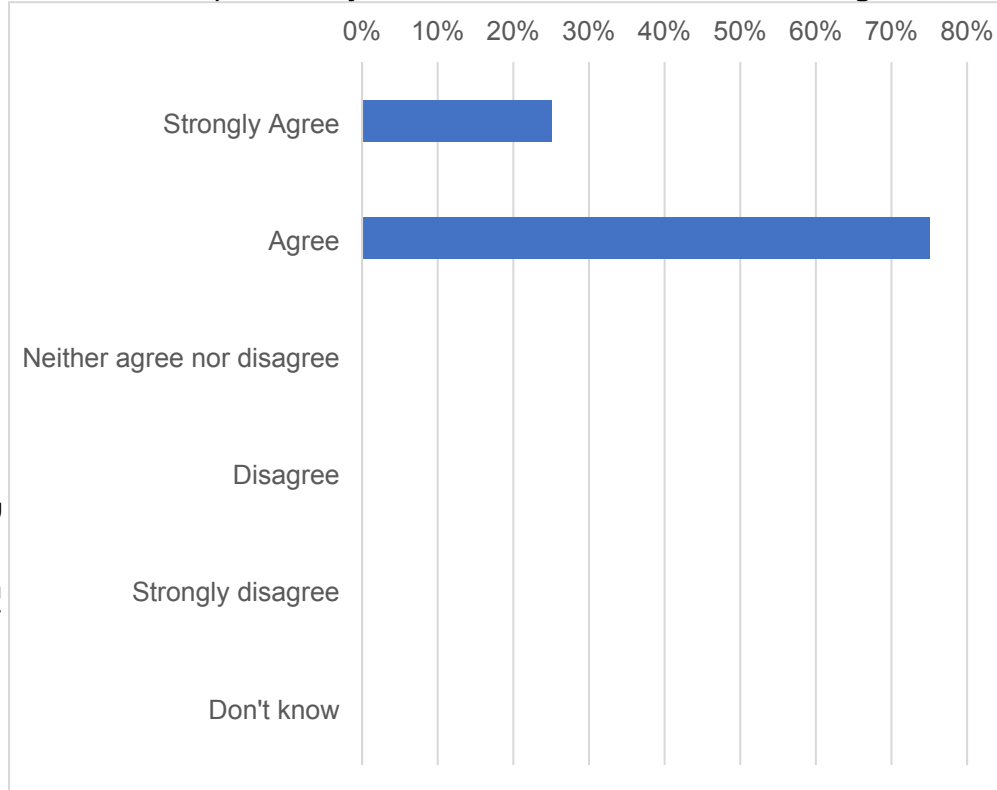
I think the Somerset Safeguarding Adults Board is making a difference to help prevent adult abuse and neglect



Question 8

General Public
I know how to protect myself from all forms of abuse and neglect

Professionals
Professional respondents were not asked this question



Question 9

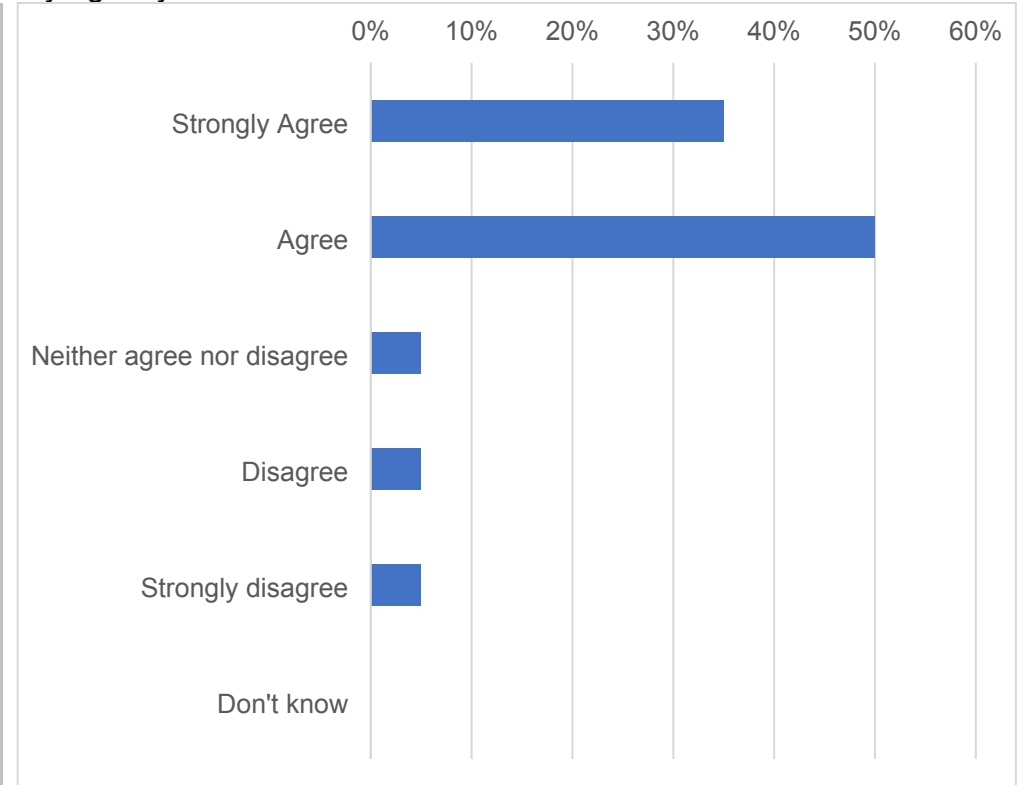
General Public

General public respondents were not asked this question



Professionals

Making Safeguarding Personal (MSP) principles are embedded within my agency



Question 10

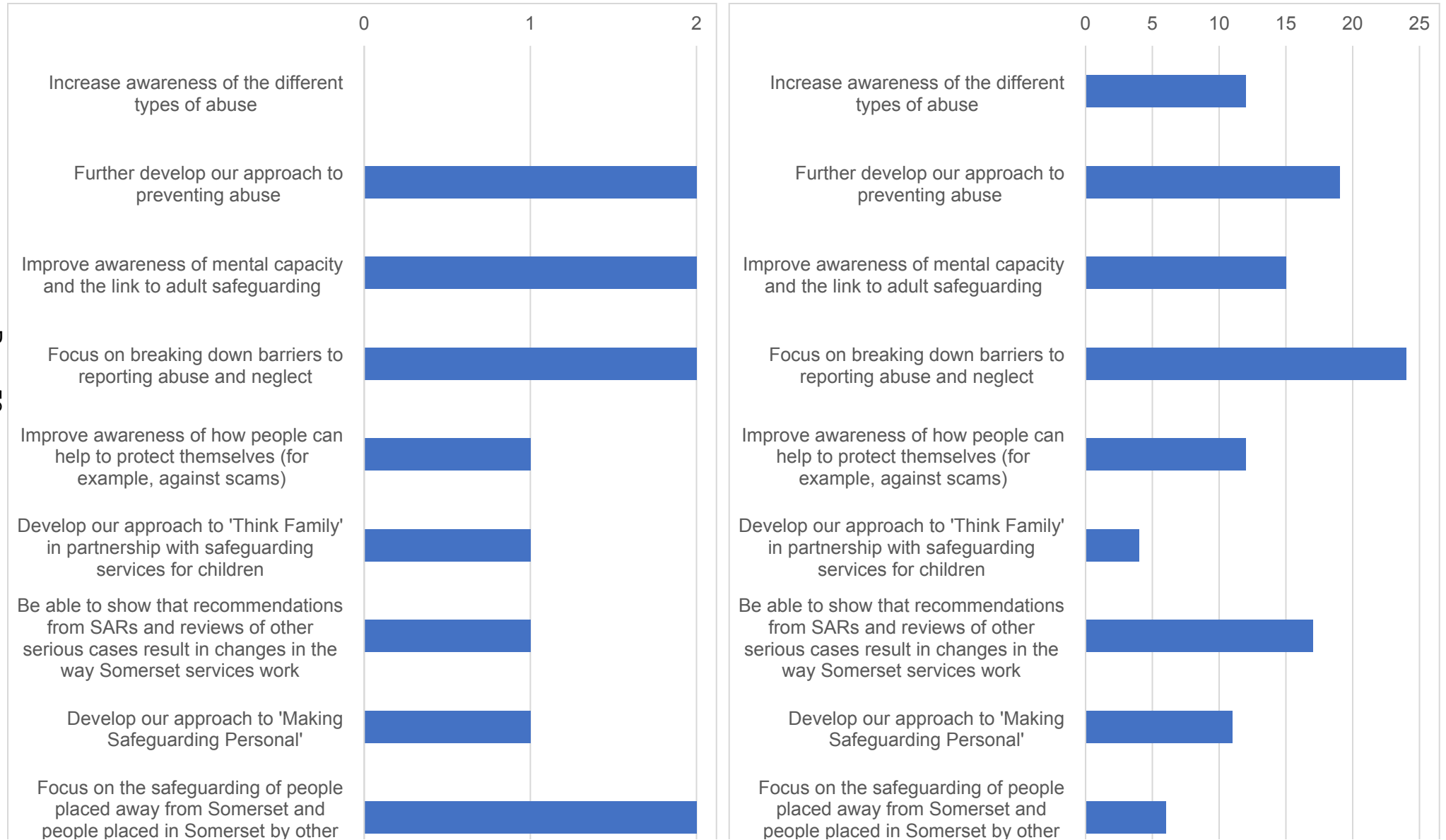
What should the Board's priorities be for 2017/18?

(Respondents were asked to indicate the three areas that they thought would make the most difference)

General Public

Professionals

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Question 11

General Public

Please give us any information that may be helpful or, if you have any questions, please ask them below
No responses

Professionals

Professional respondents were not asked this question

Question 12

General Public

General public respondents were not asked this question

Professionals

What do you think the Board should do to help and protect adults?

Please note that while some of the responses appear to be directed towards organisations that are members of the Board, rather than the Board itself, they will be followed up.

1. Raise public awareness of how to make referrals
2. Front line teams/services are where changes in practice can happen. The Board could seek more assurance from front line teams/services of how they have effected change. Would suggest that while the Board may set priorities, frontline teams/services should formulate approaches that work in practice to respond to the priorities.
3. Explore options to include carers and vulnerable people in its work streams better.
4. promote the good work that takes place across agencies to make a difference.
5. Continue to highlight the SCR and the learning for all agencies- this is vital to the progression and information that the public arena have access too. Highlight the importance of keeping safeguarding personal to that individual, their views, wishes and outcomes, even if the learning from those experiences may be difficult for the agencies involved. Focus on the people that are in other local authority homes. To link in with the LA especially when there are/have been safeguarding concerns.
6. Promote more multi agency co-operation
7. from a provider's point of view provide or work with relevant others to provide cost effective training and updates - so that training is provided on a cost only / not for profit basis. Make

sure there are sufficient staff available to take calls - even out of hours - and to be responsive in a timely manner. Have an input into the strategy re commissioning services - ie ensure services are proactive rather than reactive - and thus avoid safeguarding issues occurring in the first place.

8. Increase provision of care/support workers to ensure concerns/reports of safeguarding are followed up and investigated
9. Make more information aware to the general public
10. Make themselves more visible,
11. Be more proactive and hold specific provider meetings to discuss cases / issues being experienced and improve professional working relationships. Different Providers could host these events (venues) for Safeguarding. We need to build trust and have faith in our support teams. We need to improve our external professional relationships and be able to support one another externally, no matter which Provider employs us.
12. Respond quickly to reported situations and questions
13. you are generally reliant on others reporting and from my personal observation you probably do what you can
14. Social workers are not always skilled sufficiently in understanding mental capacity and abuse. Social workers should be more responsive and aware.
15. Roadshows for the public on 'making safeguarding personal', to raise awareness of the subject, how to report abuse and how to identify abuse happening.
16. Investigate every concern raised
17. Increase community awareness to the general public.
18. promoting preventative streams of work in all agencies, hold agencies to account on what they are doing to improve safeguarding related practice within their organisation
19. Champion the cause, raise the profile and get counsellors and all partners fully signed up
20. As above [assumed to be response to question 10]

General Public

General public respondents were not asked this question

Question 13

Professionals

1. The level of self-neglect appears to be increasing in the last few years, possibly connected to the lack of social care available for domestic services is there something we can do to help people earlier with this? Once it becomes overwhelming the service users become embarrassed and refuse to engage.
2. We have had a number of residents over the past few years that have moved to us after being found to have pressure wounds claiming that they were unable to be healed due to poor health, once with us however they have been reduced and at times fully recovered. We do not get to hear what outcome of inquiry occurs and may be able to help reduce this type of unintentional abuse if we could show that the wounds were able to be healed or at least improved on. It might encourage the other homes
3. For care homes is there a threshold matrix for reporting incidents to safeguarding? We are a very open and transparent organisation and report all incidences even when risk is extremely low/negligible and has resulted in no harm

Somerset Health and Wellbeing Board

01 March 2018

Health and Care Integration - Home First Pilot

Lead Officer: Stephen Chandler, Lead Commissioner and Director of ASC

Author: Tim Baverstock, Strategic Manager, ASC Commissioning

Contact Details: 07977401916

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	S Chandler	01/02/18
	Cabinet Member / Portfolio Holder (if applicable)	D Huxtable	29/01/18
	Monitoring Officer (Somerset County Council)	Julian Gale	29/01/18

Summary:	A presentation explaining Somerset’s Home First pilot and the progress and early learning from the scheme.
Recommendations:	That the Somerset Health and Wellbeing Board endorses the approach to the Home First discharge model and would support its continuation and exploring a health and social care funding solution for 2018/19.
Reasons for recommendations:	Home First is a key component of Somerset’s delivery of the High Impact Changes and the Improved Better Care Fund (iBCF) conditions. Assessing people outside of hospital is beneficial for the person and health and social care outcomes.
Links to Somerset Health and Wellbeing Strategy	Theme 3: Somerset people are able to live independently. The ethos of the service is to stop damaging deterioration in health from unnecessary lengths of stay in hospital and provide support to regain and keep independence, in people’s own home.
Financial, Legal and HR Implications:	There is a need for decisions to be made around the make up of funding of the service. SCC has been fully funding the pilot via iBCF funding but this is reducing and the service also greatly benefits the NHS trusts and the CCG, with reduced lengths of stay and delays as well as the reduced need for alternative health step down provision.
Equalities Implications:	No negative impacts of the service

Risk Assessment:

Please see the learning section of the powerpoint presentation

1. Background

- 1.1. A presentation to the HWWB on the Home First pilot work which commenced in September 2017.

2. Options Considered and reasons for rejecting them

n/a

3. Consultations undertaken

- 3.1. n/a

4. Implications

- 4.1. n/a

5. Background papers

- 5.1. Appendix A - Powerpoint presentation

Home First – discharge to assess...

When a patient is medically fit/clinically optimised and no longer requires an acute bed:

- Further rehabilitation/enablement takes place in their usual home environment or in a short-term interim setting, rather than on a hospital ward.
- At home we achieve a more accurate assessment of a persons abilities and care needs
- Better patient experience and supports earlier discharge from hospital

HOW?

Patient no longer has needs that can only be met in an acute hospital and may need further support

Pathway 1

Patient's needs can safely be met at home

Avg < 3 weeks

Pathway 2

Patient requires a short-term interim rehabilitation placement to enable a safe return home

Avg < 3 weeks

Pathway 3

Patient unable to return home initially, has more complex needs which may require permanent on-going care

Avg < 4 weeks

System Funded

- All pathways have additional therapy support provided by acute hospitals, Sompar & SCC
- All pathways have retrained reablement staff
- All pathways are the responsibility of discharging hospital pathway manager, including escalations. Pathway providers have a contact in the hospital
- All pathways monitored by daily MDT meeting

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Pathway 1- Support at home

- 3 Reablement providers working in partnership across Somerset exclusively for hospital discharge
 - Somerset Care, Brunelcare, Care South
- Supported by RHSS (Somerset Partnership)
- Supported by therapy resource
- Trained by hospital therapists
- Overseen by Pathway manager and discharge team via daily updates on progress from the community provision
- Payment by results – aim to reduce ongoing care and chance of readmission
- Help people live the life at home that they want!
- Target 8-14 days support

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Pathway 2- Interim bed to achieve reablement

- 3 bedded settings across Somerset exclusively for hospital discharge
- Bridgwater & West Mendip Community Hospitals, Cooksons Court
- Supported by additional therapy resource (Somerset Partnership, acute trusts and SCC)
- Trained by hospital therapists
- Overseen by Pathway manager and discharge team via daily updates on progress from the community provision
- “Hands off” support – supporting people to do things themselves not be done to
- Help people return home quickly
- Target 8-10 days maximum stay

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Pathway 3- Complex reablement bed

- 2 bedded settings across Somerset exclusively for hospital discharge
- Slower stream reablement e.g. to settle dementia confusion and give people best chance to go home
 - Sherborne House and Hamilton Park Nursing Home
- Supported by additional therapy resource (MPH, YDH and SCC)
- Trained by hospital therapists – partnership working
- Overseen by Pathway manager and discharge team via daily updates on progress from the community provision
- Help people to return home or the most appropriate setting for their needs
- Target 12-16 days maximum stay

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Total YTD (22/01/18)

Pathway	MPH	YDH
1	173	134
2	154	157
3	24	30

Measuring Success

- Increase in independence score
- Reduction in DTOC to 2.5% April 2018

DTOC's in March 2017 :

T&S – 9.75% **1583 lost bed days**

YDH – 6.47% **656 lost bed days**

SOMPar – 6.99% **886 lost bed days**

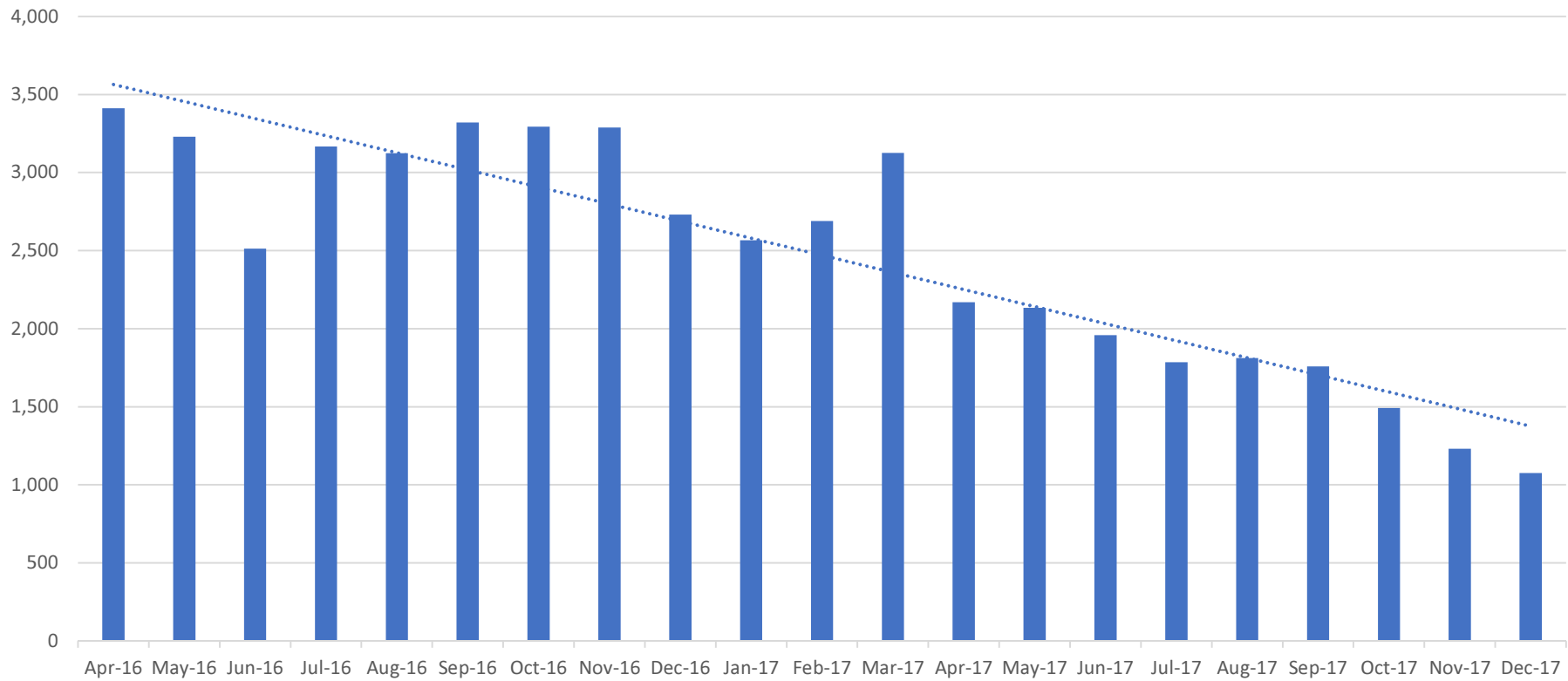
- Reduction in LOS >7 days
- Maintain/reduce long term Social Care expenditure
- Reduction in permanent care placements
- Reduction in acute readmission within 90 days

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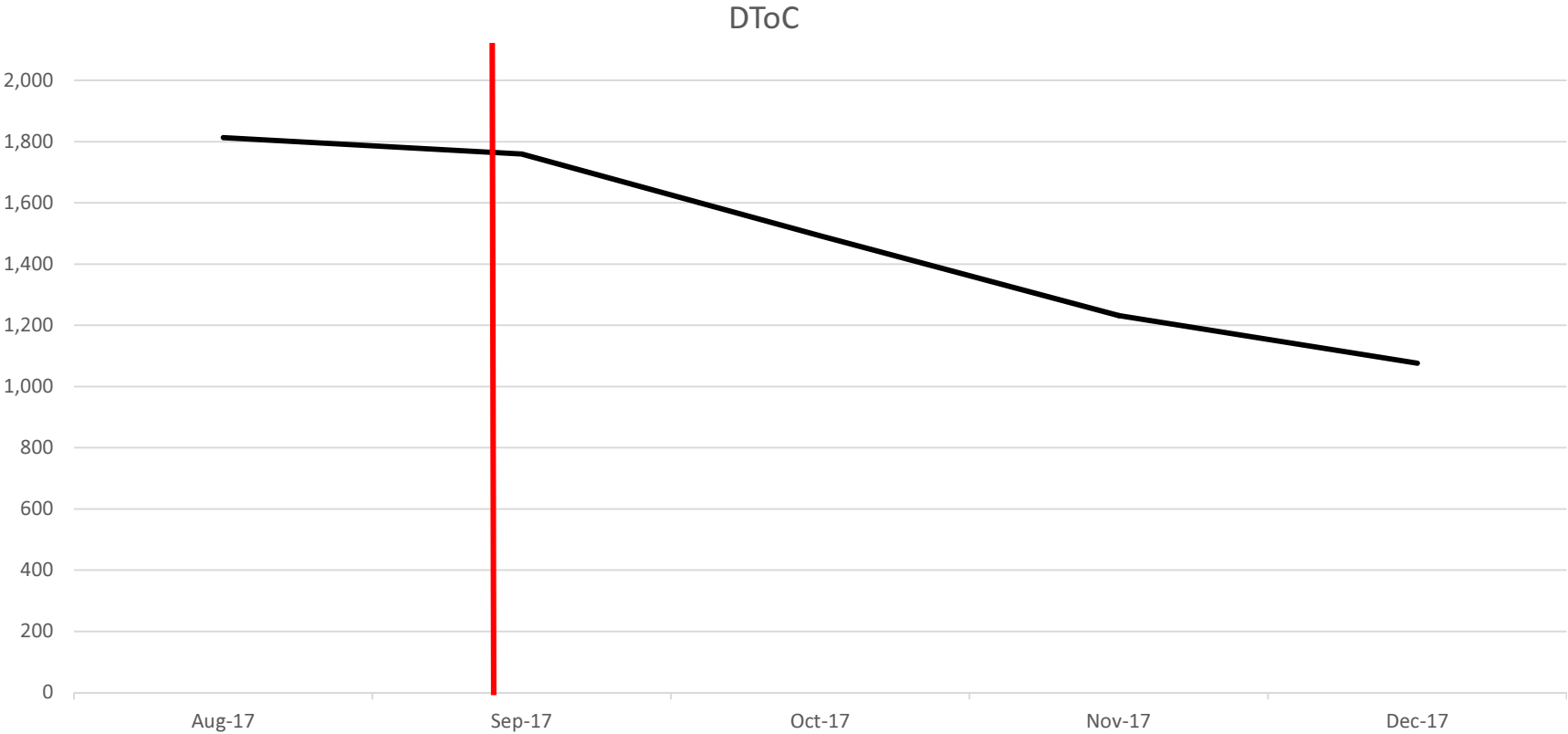


Long term trajectory

DToC's - lost bed days



Since Home First launch



BCF Targets

	Delay(Bed Days)	BCF Target
July	1,786	1,835
August	1,813	1,725
Sept	1,759	1,571
Oct	1,492	1,513
Nov	1,232	1,415
Dec	1,076	1,411
Jan		1,369
Feb		1,208

Learning so far...

- Still a reliance on bed based care models
- Therapy capacity in the community a challenge
- Ave bed days saved 5+ per person
- Variable decision making
- GP engagement?
- Challenge/too early to evidence overall outcomes on long term care and system
- No increase in readmittance
- Partnership working can be done, at pace and without complicating it
- Closer links to acute hospitals benefit the hospital AND social care
- DToC's are everybody's business not one organisations fault or problem

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Further work

- Cost benefit analysis and funding decision 18/19
- Increase % of Pathway 1 and no pathway needed
- Link to LoS in Community Hospitals
- Impact on long term care
- Practice – peer forums and learning
- Roll out to reablement plus model to all not just hospital discharges
- Re-align all care at home options
- Look at admission avoidance using similar modelling/cooperation
- Bigger role for 3rd sector/Community connect

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Health and Wellbeing Board Work Programme – March 2018

Agenda item	Meeting Date	Details and Lead Officer
Health and Wellbeing Board Meeting (11am start)	24th May 2018	
Health and Care Integration and New Models of Care		Ian Triplow
Somerset Health Watch Report		Healthwatch
Annual Performance Report		Amy Shepherd
2018-19 Board Priority Work Plan		Christina Gray
Health and Wellbeing Board Meeting (11am start)	12 July 2018	
Health and Care Integration and New Models of Care		Ian Triplow
Positive Mental Health for Somerset Annual Report		Mental Health Commissioner
Health and Wellbeing Board Meeting (11am start)	27th September 2018	
Health and Care Integration and New Models of Care		Ian Triplow
Adult Safeguarding Annual Report		Stephen Miles
Safer Somerset Report		Lucy Macready
Health and Wellbeing Board Meeting (11am start)	15th November 2018	
Health Protection Forum Annual Report		Jess Bishop / Alison Bell
Annual DPH Annual Report		Pip Tucker / Trudi Grant

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