

Somerset Health and Wellbeing Board

Thursday 12 July 2018

11.00 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 - 4 July 2018

For further information about the meeting, please contact Lindsey Tawse on 01823 355059 or ltawse@somerset.gov.uk or 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 - 11.00 am Thursday 12 July 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 24 May 2018 (To Follow)**

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 **Update on SEND Inspection**

Report to follow.

6 **Health and Care Integration & New Models of Care - Somerset STP (Pages 5 - 8)**

To receive the report.

7 **Healthy North Somerset (Pages 9 - 16)**

To receive the report.

8 **Strategic Housing Framework (Pages 17 - 40)**

To receive the report.

9 **Gypsy Traveller Champion**

To receive the report.

10 **Somerset Health and Wellbeing Board Forward Plan (Pages 41 - 42)**

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 24 May 2018 at 11.00 am

Present: Cllr C Lawrence (Chairman), Cllr F Nicholson (Vice-Chair), Cllr D Huxtable, Cllr L Vijeh, Cllr S Seal, Cllr G Slocombe, Cllr J Warmington, Cllr K Turner, Cllr Wool, Ed Ford (Vice-Chair), Benneyworth, Judith Goodchild, S Chandler, T Grant and J Wooster

Other Members present: Cllr S Coles and Cllr T Munt

Apologies for absence: Cllr A Broom, Robinson and Mark Cooke

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

There were no declarations of interest.

320 **Minutes from the meeting held on** - Agenda Item 3

With the exception of a misspelling of Cllr Woollcombe-Adams name in the apologies for absence, the minutes of the meeting on 19 April 2018 were accepted as being accurate by the Committee.

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

There were no public questions.

322 **Somerset Healthwatch Annual Report** - Agenda Item 5

The Board received a report which gave an overview of the progress of the new Healthwatch Somerset contract.

Healthwatch is a statutory member of the Health and Wellbeing Board and committed to supporting the delivery the Health and Wellbeing Strategy through its work. The contract for Healthwatch Somerset started on 1 October 2017. It is delivered by Evolving Communities CIC (formerly Healthwatch Wiltshire CIC). The first 6 months of the contract has focussed on contract mobilisation. This has involved securing a Somerset office, recruiting and inducting staff and appointing the interim board. Engagement activities started taking place from January 2018.

The report included information on the staffing and governance arrangements; public engagement through both events and a website; and the Healthwatch volunteer programme. The Board were also updated on the Healthwatch 2018/19 priorities.

Further discussion included:

- Clarification that public consultation is not required if community hospitals are closed due to patient safety issues. Further engagement in this area would be welcomed to consider what care is needed and how

this can be best met. Healthwatch is responding to public concern in this area but is not necessarily advocating the re-opening of beds if this does not prove to be the best outcome for patients.

- Gloucestershire Healthwatch is experiencing similar issues to Somerset with regard to Out of County (OOC) Placements for those with Learning Difficulties and has been researching this area. Somerset Healthwatch plans to meet with Gloucestershire to share this research and discuss further. This is an area that requires primary legislation. SCC is confident that the needs of those being placed OOC are being met but would welcome a statutory requirement to report these to the host county.
- SCC would be keen to continue discussions around health visitors. It was confirmed that SCC holds data on two and a half year-old assessments and the figures indicate a very good performance, however, there may be a lack of understanding over how these assessments take place. Further clarification was given around the decision to bring the Health Visitor and School Nurse Service in-house from April 2019 and then look at ways to integrate these services.
- Healthwatch confirmed that they research issues that are brought to their attention to validate the reality of any concerns.
- With regard to maternity closures in Weston, the Board were reassured that discussions are taking place with North Somerset CCG. Only a small number of Somerset residents give birth in Weston but the situation is being closely monitored. A small number of births also take place at the Bridgwater unit – around 8 per month.

The Somerset Health and Wellbeing Board accepted the progress of Somerset Healthwatch to date and the agreed priorities for the 2018/19 workplan.

323 **Joint Strategic Needs Assessment (JSNA) 2018 - Agenda Item 6**

The Board received this report which outlined the JSNA 2018. The JSNA for 2018 summarizes the findings of JSNAs produced during the current Health and Wellbeing Strategy and so provides an outline evidence base for the new *Improving Lives – Somerset's Health and Wellbeing Strategy*.

Rather than the usual thematic summary of the JSNA, focusing on a particular population group, this year's document is an overall summary, taking information collected as part of recent JSNAs, or published elsewhere on the website. This is the evidence that has been used in drawing out the priorities that appear in the Improving Lives strategy. It also shows how there are different needs in different parts of the county – which will be covered more explicitly later in the year in JSNA locality summaries.

Members of the Board have expressed a desire to develop further their joint work and commissioning in a place-based way. The proposed sub-county geographies provide a manageable, relatively consistent and relatively self-contained set of localities at which local need and opportunities for cooperation can be assessed and planned; the resulting patterns of locality *delivery* will take account of the analysis, but not necessarily follow the same boundaries. The

approach is currently being tested, for West Somerset, in the Somerset Academy – bringing together commissioners from public and voluntary sector in the county.

Further discussion included:

- Somerset CCG expressed their support for the JSNA
- Further clarification was given around boundary changes in both Mendip and Taunton areas to become more centralised and represent more balanced populations.
- Concern was expressed regarding increasing self-harm figures. It was confirmed that referrals to the CAMHS service have increased and this has also been the case in acute settings. The CCG is monitoring and strengthening provision in this area.

The Somerset Health and Wellbeing Board:

- **Agreed the publication of the summary JSNA to support consultation on *Improving Lives*.**
- **Agreed the sub-county geographical units on page 53 for the production of locality-based JSNA summaries.**

Improving Lives Strategy 2019-2028 - Agenda Item 7

The Board received a report outlining the draft Improving Lives Strategy 2019 – 2028. It is a statutory duty of every Health and Wellbeing Board to have in place a Health and Wellbeing Strategy for the local population. The current Somerset Health and Wellbeing Strategy will expire at the end of 2018 and therefore the process is underway to refresh and update the strategy. The Improving Lives Strategy will be the new name for the Health and Wellbeing Strategy and will fulfil the statutory duty placed on the Health and Wellbeing Board.

Alongside the updated Health and Wellbeing Strategy, the County Council has been working in collaboration with key stakeholders to develop a multi-agency vision for the county. The vision is all about 'improving lives':

- A thriving and productive County that is ambitious, confident and focussed on improving people's lives
- A County of Resilient, well-connected and safe and strong communities working to reduce inequalities
- A County infrastructure that supports affordable housing, economic prosperity and sustainable public services
- A County and environment where all partners, public, private and voluntary sector focus on improving the health and wellbeing of all our communities.

The vision is aimed to be a vision for all partners. The Health and Wellbeing Strategy will define the contribution of the Health and Wellbeing Board to delivery of this vision.

The strategy will take a broad view and consider all of the many factors which impact on health and wellbeing, including growth, education, housing and

lifestyle. It will be referred to as the 'Improving Lives' strategy and will take a longer-term view (10 years) in order for its impact to be measurable.

Following consultation and engagement with Health and Wellbeing Board Members and wider stakeholders, four strategic priorities have emerged for the strategy:

1. A county infrastructure that drives productivity, supports economic prosperity and sustainable public services
2. Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment
3. Fairer life chances and opportunity for all
4. Improved health and wellbeing and more people living healthy and independent lives for longer

Further discussion included:

- It was confirmed that the consultation will begin on 04 June 2018 and will be advertised in the media and with a press release.
- It was agreed that the strategic priority 1 will replace the word 'county' with the word 'Somerset' to make it more explicit.
- It is anticipated that, following consultation, the final Strategy will be signed off by the Board at its 27 September 2018 meeting. It was agreed to add this to the Board's forward work programme.

The Somerset Health and Wellbeing Board agreed the draft Improving Lives Strategy to go for public consultation with the following proposals:

- **The Health and Wellbeing Strategy will be referred to as the Improving Lives Strategy**
- **The Improving Lives Strategy will adopt the County Vision (agreed at the Full Council on 16.05.18)**
- **The Improving Lives Strategy will take a longer term, ten year view**
- **The Improving Lives Strategy will focus on four strategic priorities**

325 **Health & Care Integration and New Models of Care** - Agenda Item 8

The Board considered a verbal report regarding the Fit For My Future Programme. The Programme is a joint piece of work between SCC and the CCG and is closely linked to both the Sustainability & Transformation Plan and the Improving Lives Strategy.

The Programme will look at how best to meet the needs of the future population whilst addressing inequalities and using resources to best effect. Between now and July the Programme will develop a case for change, building an evidence base and identifying key areas to tackle and focus on. It will begin by looking at an ideal model and then consider what proposals will need to be taken forward to put the model in place. A decision will be taken on which proposals to take to public consultation and which can begin straight away. It is anticipated that a 3-month consultation will begin in March 2019.

Several workstreams are already in place with working groups and prevention will be a fundamental part of the work. Representatives from health, care, public health and patients are involved. It is recognised that it is very important

that the public can be fully involved in the consultation process. Therefore, a website is being developed and there are plans to use social media and plan engagement events.

Further discussion included:

- It was confirmed that the completed case for change and proposals would be brought to the Board. This is likely to be in September 2018. It was agreed that this would be in the form of a written report.

The Somerset Health and Wellbeing Board considered the progress of the Fit For My Future programme and agreed to receive a formal report with proposals at a future meeting.

326 **Better Care Fund Year End Report 2017/18 - Agenda Item 9**

The Board received a report outlining the Better Care Fund year end position 2017/18. The Better Care Fund (BCF) is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most. The BCF provides a framework for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF).

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

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

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

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

The Board were also informed on progress against metrics measured through the BCF. Currently we are not on track to meet targets for non-elective

admissions and permanent admissions to residential care. We are on track to meet targets for the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services and for delayed transfers of care.

Further discussion included:

- It was raised that some patients do not understand the choices that are available to them, for example, care at home rather than using a nursery home. We need to do more to better inform people. This was agreed and it was confirmed that the local authority is legally required to provide advice and guidance, no matter who is financially responsible.
- We need to help people understand this and rethink the mindset that nursing placements are permanent rather than a reablement process.
- It was raised that a one size model doesn't fit all patients. Some vulnerable patients feel safer in a hospital or care home environment, particularly those that may be lonely, isolated or financially challenged. It was agreed that not all services are for everyone and this work will always be on-going and continually developing.
- The Community Connect service was highlighted as a way of linking patients to community resources.
- The Board discussed the reasons behind the increased figures for admissions and how these are measured. It was explained that the figures also include self-funding patients who are not placed by SCC.

The Somerset Health and Wellbeing Board considered the report and noted the 2017/18 year end position.

327 HWBB Performance Report 2017/18 & Priority Work programme 2018/19 - Agenda Item 10

The Board received a report which provided an overview of 2017-18 performance in relation to the Health and Wellbeing (HWB) Board Priority Workstreams and duties and requirements and the refreshed HWB Board Plan on a Page for 2018-19 outlining the proposed priority workstreams and actions for the year ahead.

At the beginning of 2017/18, in consultation with the Lead Managers, actions, metrics (including numeric measures and supporting project and programme progress milestones) and national data set indicators were agreed in respect of each of the workstreams. Performance information has been gathered from Lead Managers at year-end on 31st March 2018 to provide the outturn position in relation to each of the workstreams.

Further discussion included:

- Member expressed frustration with the slow progress of the STP
- Members were reassured that work is sustained even when the priorities of workstreams are updated. Previous good work will not be lost.
- Members discussed Board Member Champions for each of the workstreams and members volunteered as follows: Workstream 1 – vacancy, Workstream 2 – Cllr Huxtable, Workstream 3 – Cllr Woollcombe-Adams.

The Somerset Health and Wellbeing Board:

- **Considered and noted the 2017/18 outturn Performance Information available in Appendix A**
- **Approved the 2018/19 HWB Board Plan on a Page, available at Appendix B**

328 HWBB Annual Report 2017/18 - Agenda Item 11

The Board received the Annual Report of the Somerset Health and Wellbeing Board for the period April 2017 - March 2018.

Members heard that the Board has met its statutory duties including:

- The Board has a Health and Wellbeing Strategy for its population.
- The Board has produced a Joint Strategic Needs Assessment to inform planning and commissioning.
- The Board has produced a Pharmaceutical Needs Assessment for the area.
- The Board has had oversight of the Better Care Fund and has promoted the integration of Health, Public Health and Social Care through the Somerset Sustainability and Transformation Plan and through the development of a Health and Care Commissioning Strategy.

The Board also considered the progress made on the five priority workstreams:

- *Prevention*: All six local authorities, the CCG and three NHS Foundation Trusts Ten have now signed the Somerset *Prevention Charter* and have backed this up with prevention and health and wellbeing plans, which will turn the Charter into action.
- *Stronger Communities*: The Board has continued to have a strong focus on building healthy communities particularly through work on reducing loneliness in our communities through local action and promoting Dementia Friendly organisations and places.
- *Integrated and Sustainable Models of Care*: Local action saw an improvement in the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital and in delayed discharge from Care. This was supported by Home First, a new programme focussed on timely discharge and allow people to return home from hospital more quickly than previously. Despite an immensely challenging winter this approach has enabled delayed transfers of care to not become an overriding issue in relation to hospital capacity.
- *Preventing the hidden harms of adult behaviours on children*: Improvements have been made in the identification of these risks to children. This approach has been built into service contracts and multi-agency training and awareness-raising has been being developed.

- *Addressing the impacts of housing on health:* The Board has supported the development of a Strategic Housing Framework for Somerset, which addressed the impacts of housing on health. The Positive Lives framework encourages creative approaches to supporting adults with complex needs, such as night stop for adults and health coaches.

The Somerset Health and Wellbeing Board:

- **Accepted and approved the annual report of the Board**
- **Approved the Somerset Prevention Charter.**

329 Ofsted Inspection Update (to include SEND Inspection) - Agenda Item 12

The Board received a presentation giving an overview of the feedback from the Safeguarding & Corporate Parenting Ofsted Inspection.

Members heard that Somerset is no longer rated inadequate for the Safeguarding & Corporate Parenting of vulnerable children and that statutory intervention by Government has been withdrawn. Ofsted commented that senior leaders understand well the link between good multi-agency work and good services for children and that many examples of good multi-agency were seen.

The inspection also highlighted areas for improvement and the inspection recommendations have been integrated into the Children & Young People's Plan, the Somerset Safeguarding Children Board's Business Plan and the Corporate Parenting Board. Areas for improvement included:

- Early help services across Somerset have improved but are not yet fully established across the partnership.
- Too many children's circumstances have to be escalated to senior leaders for effective action by partners, especially health and police.
- The time taken to meet the emotional health needs of children looked after and delays in police [child protection] investigations.... are examples of the poorer practice seen in joint work, and these require a more coherent and effective joint strategy.
- Contribution of partners to child protection planning is not always clear – leading to "Resigned acceptance".

The Director of Children's Services informed Members of a number of planned conference events entitled 'would this be good enough for my child?' and the Chair of the Board encouraged Members to attend if possible.

Further discussion included:

- The need to increase the number of foster carers is key both to reduce costs and to produce better outcomes for children.
- Members expressed concern at increased suicide levels in children and the help available to children at a lower risk that might not meet the threshold. In response, members were informed that the NHS accepts they are experiencing an emotional health crisis, particularly in children.

There is a green paper to address these issues. It is clear that everyone needs to do more but what that entails is still to be worked out.

- There is a need to strengthen the links between Ofsted and Health Strategies.

The Somerset Health and Wellbeing Board:

- **Considered and noted the update on the Safeguarding and Corporate Parenting Ofsted Inspection**
- **Agreed to defer the update on the SEND Ofsted inspection to the next meeting**

330 Somerset Health and Wellbeing Board Forward Plan - Agenda Item 13

The Board considered and noted the forward plan.

331 Any other urgent items of business - Agenda Item 14

The Director of Public Health informed the Board that the Smoking in Pregnancy programme has been hugely successful in reducing smoking. 1000 less babies have been born smoke free in Somerset and this has outstripped the national rate of performance.

(The meeting ended at 1.05pm)

CHAIRMAN

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Somerset Health and Wellbeing Board

12th July 2018

Somerset Sustainability & Transformation Programme (STP) update

Lead Officer: Author: Ian Triplow, STP Programme Director, Somerset STP
 Contact Details: ian.triplow@attain.co.uk

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Ian Triplow, STP Programme Director	27 th June 2018
		Pat Flaherty, STP SRO	28 th June 2018
	Cabinet Member / Portfolio Holder (if applicable)	N/A	
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	2 nd July 2018
Summary:	The Somerset Sustainability & Transformation Programme (STP) is the forum for ensuring that the long-term development of health and social care in Somerset was planned as one integrated system. Its role would be to decide ‘what’ provision should be made and ensure its provision, including leading on required public consultation. Chairs/Chief Executives are the leadership team for the Somerset System and coordinated through the STP.		
Recommendations:	That the Health and Wellbeing Board <ul style="list-style-type: none"> • Note the current position on the STP 		
Reasons for Recommendations:	The STP partners are working together on a single system in-year and future year plans, with a shared strategic vision		
Links to Somerset Health and Wellbeing Strategy:	The system is working for some time and has an aligned vision and approach for our population. This vision outlines the need for a patient population to be able to access care or support that is joined up. This is further supported by the Somerset Health and Wellbeing Strategy which outlines our commitment to supporting people to live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and efficient public services when they need them.		
Financial, Legal and HR Implications:	The Somerset System (and through the Somerset System Leadership board) is managing the collective system budget, performance and workforce.		
Equalities Implications:	No negative impacts of the service		
Risk Assessment:	All system changes will go through an individual risk assessment		

1. Background and Position of STP

- 1.1.** Chairs/Chief Executives are the leadership team for the Somerset System and coordinated through the STP. The overriding philosophy to be used as the basis for service delivery would be a single integrated system with decisions based on what was best for Somerset rather than individual organisations.
- 1.2.** The STP is the forum for ensuring that the long-term development of health and social care in Somerset was planned as one integrated system. Its role would be to decide 'what' provision should be made and ensure its provision, including leading on required public consultation. In so doing it would take account of inputs from existing providers.
- 1.3.** CCG and SCC would work within the system leadership to design future services and the strategy for provision across the County. They would propose some aspects of the services review that could be expedited and which would need to follow a rigorous consultation process as proposed by NHS-E.
- 1.4.** In the event of a need to involve regulators in future discussions, this would be done by the SRO after agreement by POG and not directly by individual organisations. Chief Executives would discuss how services that are within their current remit would be provided and integrated so as to reduce costs, reduce demand on acute services and improve care. Areas of the dispute to be referred to and adjudicated by, the leadership team.

2. Areas of focus of the STP

- 2.1.** As a system, we have agreed to improve the financial position in 2018/19 through a focus on system-wide transformation and productivity improvement, together with a programme of investment in primary, community and mental health services. Together, these aim to redress the current service imbalance in Somerset and ensure that only those people that need care in the acute part of our system access it there. Changing the current profile of demand will enable the system to disinvest in bed based care.
- 2.2.** 2018/19 is the first year of a consolidated three-year service and financial recovery programme, which aims to get the Somerset system back to financial balance (including commissioner contingency) by 2020/21.
- 2.3.** To ensure that all parties are signed up to the detail that underpins this approach and to demonstrate how the 2018/19 plan fits with the overall three-year financial recovery plan, it has been agreed by all CEOs that a contractual MoU will be signed. This document aims to set out how this joint service and financial commitment will operate and will be used as the framework for subsequent financial agreements within the three-year recovery plan.
- 2.4.** This new, joint, three-year plan is predicated on an agreement to:
 - Suspend of PBR for the three-year planning period across the STP
 - Provide new funding to providers in 2018/19 to both stabilise some services, and to strengthen primary and community-based services in new demand management initiatives
 - Develop system-wide plans to focus on cost & demand reduction, not income generation
 - Work on the basis of full transparency of all organisational costs,

3. A&E Delivery Board Schemes

- 3.1.** The A&E delivery board has been tasked with reducing the impact of the current unmitigated non-elective growth into the system. Planned growth rates for Somerset have been established following detailed work was undertaken by the SW AHSN. This demonstrates an anticipated growth that is significantly higher than both the South West and National rates compounded in 17/18 by the one-off increase due to the impact of the Weston Hospital overnight closure of ED. The forecast unmitigated planned growth for Somerset is 6% in 2018/19. This, together with the shortfall in capacity experienced during 2017/18, equates to an average acute bed shortfall of 90 beds, rising to 233 beds at times of peak activity.
- 3.2.** Seven schemes have been developed via the AEDB to mitigate the capacity shortfall. These are focussing on further improving patient flow through the system and developing a set of community-based alternatives to admission.
- 3.3.** Collectively these schemes mitigate a significant growth through a combination of admission and length of stay reduction. Resulting in a residual requirement of 92 beds to manage peak levels of winter demand.
- 3.4.** Building on the significant reductions in the level of delayed transfers of care achieved during 2017/18 the Somerset system is commencing a focussed project on reducing the level of 'stranded and super-stranded' patients across both acute and community hospitals. This work commenced the week of 14th May and is being supported by Anthony McKeever, NHSE, SW Winter Director, building on learning from the Cornwall system. Modelling suggests an anticipated impact of 30-70 beds. Detailed business cases have been developed for each of the community-based alternatives. These will be signed off by the SSLB and delivery and benefits realisation monitored via the AEDB. The costs and anticipated benefits of each are summarised in the table below.
- 3.5.** The anticipated residual capacity shortfall will be dealt with through a planned increase in acute bed capacity (of 233) at both of the acute Trusts. The YDH baseline plan already includes provision for the closure of a 22 bedded ward for the remainder of the year.
- 3.6.** Should there be an improvement in the delivery of mitigations, or a reduction in growth, the requirement (and cost) to use all peak escalation beds will be reduced.

4. Other key STP Workstreams

- 4.1.** As part of the wider system working the following areas are being worked through collectively;

 - Health and Care Strategy Development (see separate update)
 - Elective Delivery and improvement programmes
 - Alliance Development working on the integration of Taunton and Somerset Foundation Trust and Somerset Partnership Foundation Trust
 - System workforce and workforce planning
 - System estate and capital planning

- System performance and planning including activity, quality, workforce and financial

4.2. As the work programmes develop for these additional workstreams further detail will be available.

5. Moving towards an Integrated Care System

- 5.1.** The system remains committed to the principle of working within an integrated health and social care model for the future but recognise that the options for the effective establishment of such an arrangement are complex and moving in the context of national policy.
- 5.2.** Collectively the system has made progress in the first stage in this journey with the plans, and actions have been taken to integrate Taunton & Somerset FT with Somerset partnership FT, and are committed to the further exploration of a range of alternative models and ways of working.
- 5.3.** The CCG and Somerset County Council remain committed to an increasing level of joint commissioning and are exploring joint approaches to mental health, children's services and the management of a growing demand for complex care packages.
- 5.4.** At this stage, our major priority will be to rebalance the system through in-year efficiency and investment, and as the outcome of the strategy defines a new framework of service provision, new options for the integrated system working will emerge. NHSE and I have agreed to support the Somerset system on the detail vision, programme and timeline for the development of the Somerset Integrated Care System.

Somerset Health and Wellbeing Board

12 July 2018

Healthy Weston Update

Presenter: Katie Norton, Healthy Weston Programme Director, BNSSG CCG:

Contact Details: katie.norton@nhs.net

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Rosie Benneyworth, CCG	27/06/18
	Cabinet Member / Portfolio Holder (if applicable)	N/A	
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	02/07/18
Summary:	<p>In October 2017, the former North Somerset CCG (now part of the Bristol, North Somerset and South Gloucestershire CCG) published a Commissioning Context document which set out a clear vision and direction of travel for local services in the Weston and Worle locality. The objective of the programme is to meet the needs of the local population in a way that is clinically sustainable within the resources available.</p> <p>The important role of Weston General Hospital was clearly recognised, and therefore the need to ensure that there was appropriate engagement and partnership with colleagues in Somerset. Somerset CCG and Taunton and Somerset NHS Foundation Trust have therefore been closely involved in the Healthy Weston Programme.</p> <p>Since the launch of the commissioning context in October 2017, there has been a period of engagement and co-design which was completed in March 2018.</p> <p>The service design ideas identified during this process are now being taken forward, with many able to be progressed through business as usual processes to support the delivery of the Healthy Weston vision. This includes, for example the commissioning of a Crisis Café in central Weston to support our vulnerable groups.</p> <p>The work has also identified some opportunities where there is likely to be potential for substantial service change and therefore may require public consultation. These are particularly relevant to the shared commitment to secure a sustainable future for Weston General Hospital noting:</p>		

	<p>a) the current temporary overnight closure of the Accident and Emergency Department at Weston General Hospital, and the need for a long term solution for urgent and emergency care provision;</p> <p>b) the financial deficit of providers and commissioners across BNSSG, particularly the increasing deficit at WAHT;</p> <p>It is recognised that to progress these opportunities and develop detailed proposals as part of a pre-consultation business case, there firsts needs to be a process by which the South West Clinical Senate test our proposed options, followed by the NHS Regional Team. This process will take place over the course of the Autumn and early winter. Where significant changes to services are proposed in the PCBC, a full public consultation subject to assurance and approvals, will start ideally in January 2019.</p> <p>Partners from Somerset will continue to be closely involved in this work.</p>
Recommendations:	That the Health and Wellbeing Board receive the report and offer any comments and observations to support the next phase of work.
Reasons for Recommendations:	To support the next phase of the Healthy Weston Programme.
Links to Somerset Health and Wellbeing Strategy:	This paper describes proposals for health and care North Somerset. These are being presented to the Somerset Health and Wellbeing Board for information. Any impacts on Somerset, or Somerset residents will be taken into account.
Financial, Legal and HR Implications:	n/a
Equalities Implications:	These will be addressed as part of the Healthy Weston (North Somerset) developments. Not applicable for this paper which is for information
Risk Assessment:	n/a

1 Introduction

This paper seeks to provide an update to the Somerset Health and Wellbeing Board on the Health Weston Programme.

2 Background and Context

Healthy Weston is responding to the Commissioning Context set out by the NHS Bristol, North Somerset and South Gloucestershire CCGs in October 2017 which set out a clear vision for local services and, specifically for a new model of care on the Weston General Hospital site¹.

The Commissioning Context is explicit that “doing nothing” is not an option and confirms that the CCG is determined to work with health and social care partners, and the wider community, to design a new model of care that is best able to meet the needs of the local population in a way that is clinically and financially sustainable. Somerset CCG has been closely involved in this work, recognising the population flows from Northern Somerset to Weston General Hospital. (Note: while 20% of Weston General Hospital activity relates to residents from the north of Somerset, this represents less than 2% of the Somerset population).

Summary Vision for local services & a new model of care (from the Healthy Weston Commissioning Context)

1. Primary Care (General Practice) working at scale & providing strong system leadership:

A key objective is to support primary care to be more robust, working together more effectively with each other, with other health and care services and the wider community system to help people to stay well, independent and at home wherever possible. A significant dimension of this work will also be improving our messaging and support for patients to enable them to choose self-care options wherever appropriate.

2. Stronger, more integrated community services supported by a ‘Health & Care Campus’ model at the WGH site:

A key objective of the new model of care is to bring together services and resources that are already in place, centred around closer collaboration between primary care and the wider community system as a whole. This will mean patients receive a more coherent, high quality and effective service which is proactive and responsive to their needs, and will maximise the role of the Hospital and the specialist diagnostics and expertise.

3. A stronger, more focused acute model at Weston General Hospital:

A key objective is to address the long standing financial and clinical sustainability challenges experienced by Weston Area Health Trust, and specifically Weston General Hospital. Some hospital services will continue to be provided locally, other services may need to move off-site to another acute hospital (where it makes sense to do so and some new services may be provided).

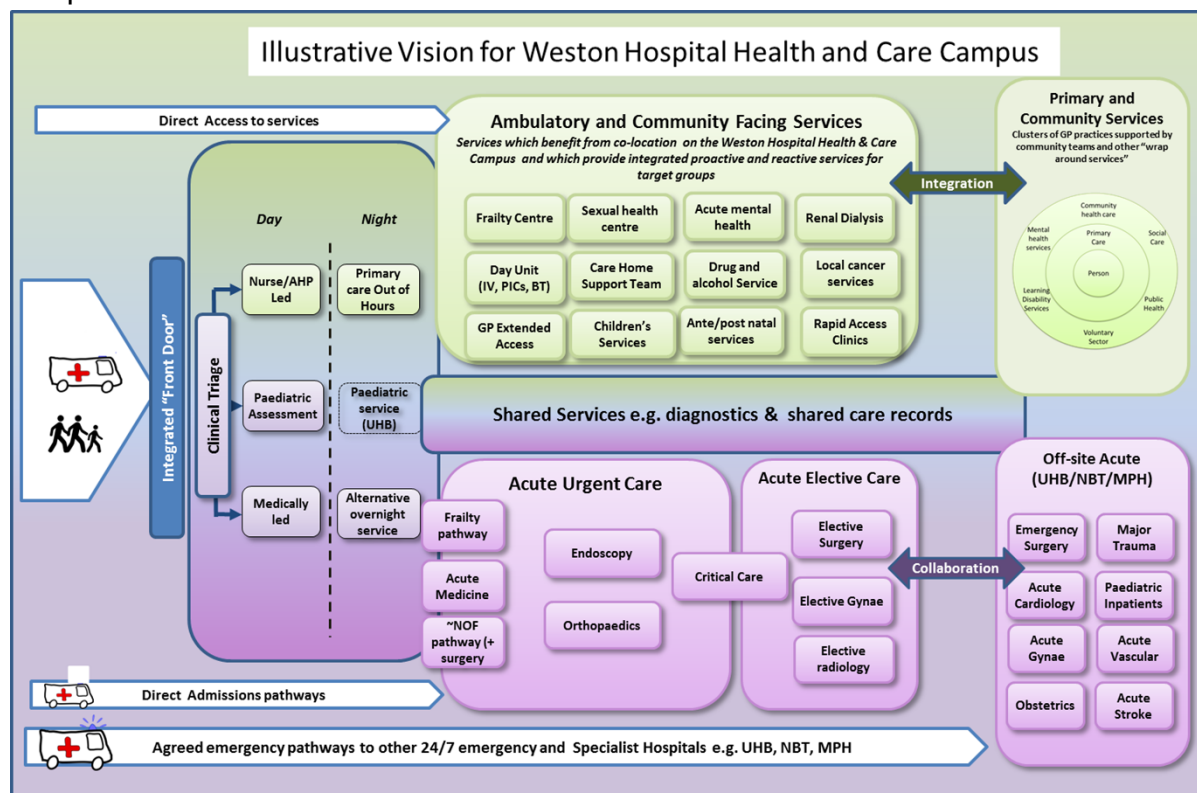
¹ Healthy Weston: Joining up services for better care in the Weston Area. A Commissioning Context for North Somerset 2017/18 – 2020/21. NHS Bristol, North Somerset and South Gloucestershire CCGs, October 2017

The commissioning context articulates a vision for services in Weston and Worle which includes the development of a “health and care campus” model on the Weston General Hospital Site. This model, along with a review of acute services configuration, was set out as a way to secure a clinically and financially sustainable future for the hospital. Throughout the work, and underpinning the commissioning context, is a shared ambition to take this opportunity to see a vibrant and dynamic future for Weston General Hospital at the heart of a local, integrated care system. Specifically, it is expected that the Programme will identify proposals to address a number of long standing issues, including²:

- 1) The BNSSG STP’s projected “do nothing” annual deficit for WAHT, which is forecast to be £20.6m by 2020/21;
- 2) The provision of a long term clinically sustainable and affordable emergency and urgent care that meets the dominant needs of local people
- 3) The ability to retain and recruit to roles in key clinical specialties and critically addressing issues with trainee doctor placements (supervision and satisfaction), which are putting service delivery at risk.
- 4) The ongoing reduction in the number of pregnant women assessed as low risk who are choosing the local midwife led maternity service at Weston General Hospital, which is impacting significantly on the clinical and financial viability of the service in its current form;
- 5) The sustainability of some services which may be more appropriately delivered elsewhere at scale, such as emergency surgery and Level 3 critical care
- 6) The ongoing requirement for premium payments to subsidise specific services that would otherwise not be financially viable.

² Taken from Healthy Weston: Joining up services for better care in the Weston Area. A Commissioning Context for North Somerset 2017/18 – 2020/21. NHS Bristol, North Somerset and South Gloucestershire CCGs, October 2017

Fig 1: Illustrative Overview of a Health and Care Campus Model on the Weston Hospital Site



3 Phase 1 Healthy Weston – Co-Design

The first phase of the Healthy Weston Programme has supported a period of engagement and co-design which has identified a range of opportunities for service change and improvement through three working groups:

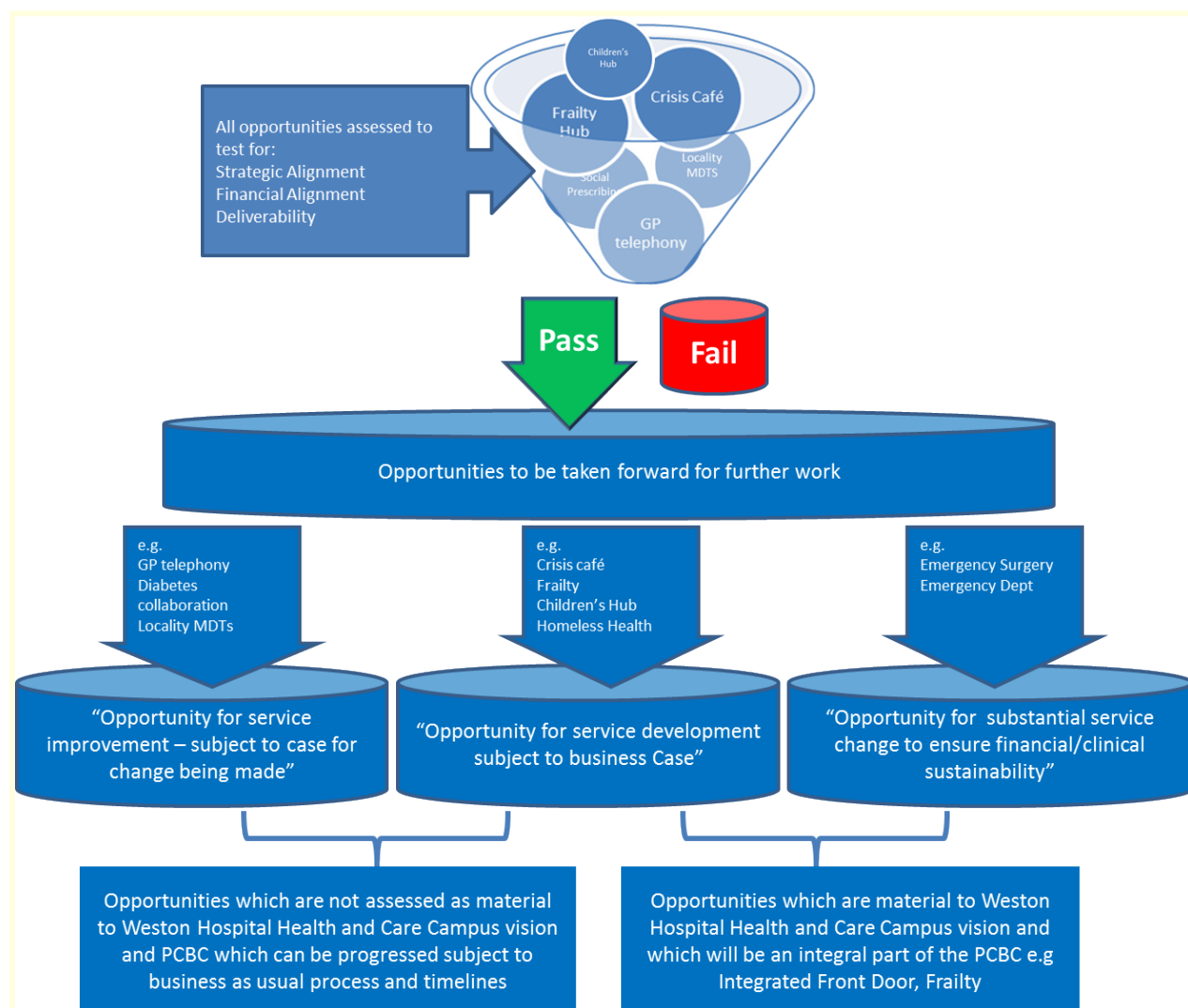
- Enabling primary care
- Integrated community services
- Integrated Acute Care

Each opportunity has been subject to a high level, desk top assessment to test whether it is:

- 1) **strategically aligned** – the opportunity is consistent with Healthier Together, the Healthy Weston Commissioning Context and/or relevant national strategies;
- 2) **financially aligned** – the opportunity has scope to be financially sustainable and/or make a positive contribution to the system financial position;
- 3) **Deliverable** – that there is scope to deliver the opportunity in a way which will be acceptable to service users, staff and stakeholders.

This resulted in a range of opportunities and ideas which have been grouped by theme and an assessment undertaken to consider how they might be progressed. This process has identified that many of the opportunities developed through the co-design phase can be taken forward within “business as usual” and move to implementation,

such as the commissioning of a Crisis Café in central Weston to support our vulnerable groups. Other opportunities have the potential for more substantial service change to realise the vision for the Weston General Hospital Health and Care Campus, and therefore potentially requiring formal public consultation.



4 Phase II - Pre-Consultation Business Case

In addition to progressing opportunities that can be taken forward through business as usual processes, the work to date has resulted in a shared understanding of the need for a process where informed and deliberate choices can be made around how to maintain access to high quality acute hospital services for the local population in Weston through strong collaboration with neighbouring hospitals, and in the context of the vision for the Weston Hospital Health and Care Campus described earlier. We are therefore now working to develop our proposals and set these out in a pre-consultation business case which will draw together:

- Our plans to strengthen primary and community services and how these will be networked with Weston General Hospital Health and Care Campus;
- Options for urgent and emergency care services and associated pathways

- Options for elective services and for maternity care

There is a process in place to support the development of the Pre-Consultation Business case to ensure the necessary NHS England assurance processes are followed. This will enable public consultation where significant changes to services are being considered, to begin ideally in early in January 2019 in advance of the local council elections taking place in May 2019.

5 Implications for Partners in Somerset

Through the programme arrangements we have maintained strong links with colleagues in Somerset CCG and Taunton and Somerset NHS Foundation Trust. Updates have also been provided to the Somerset Health Overview and Scrutiny Committee.

As the clinical service models are progressed, ensuring that there is a clear understanding on the impact for service users, carers is recognised as being critical, including the impact for residents in the north of Somerset who look to Weston General Hospital.

At this point in time, the assumption is that any changes that may be subject to public consultation are unlikely to require a joint consultation and joint decision making between BNSSG CCG and Somerset CCG. This is being kept under review and close links with the Somerset HOSC, which has a statutory role in relation to NHS public consultation are being maintained.

6 Recommendations and Conclusion

The Health and Wellbeing Board are asked to note this report and offer any comment or feedback to support the next phase of the Healthy Weston programme.

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Somerset Health and Wellbeing Board

12th July 2018

Somerset Draft Strategic Housing Framework 2018 - 2022

Lead Officer: Mark Leeman, Taunton Deane Borough Council

Author: Christina Gray, Somerset County Council

Presenters: Tracy Aarons Mendip District Council Paul Browning, Somerset County Council

Contact Details: CZGray@somerset.gov.uk

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Trudi Grant	27/06/18
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	04/07/18
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	02/07/18
Summary:	<p>The current Housing Framework was published in 2013 and covered the period up to 2016. Work on the new Strategic Housing Framework started in 2017.</p> <p>Strong and effective strategic Leadership, a local economy that provides opportunity for all, homes in Somerset that are good for your health and a society that supports the vulnerable are the themes of the draft Somerset Strategic Housing Framework 2018 to 2022</p> <p>All agencies, including the NHS and Social Care are impacted by issues of housing availability, quality and suitability. The economy relies on a sufficient supply of homes in order to attract and retain a skilled workforce.</p> <p>The draft Framework sets out the strategic direction for housing activity in the County, dealing with housing need, supply and our approach to quality and management of existing and new housing stock.</p>		
Recommendations:	<p>That the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Note this update report on progress of the Strategic Housing Framework for Somerset • Advise as to consideration of identified housing related health impacts through the Health and Care Strategy ‘Fit for Your Future’ and the STP • Advise with regard to ensuring strong links between the 		

	Strategic Housing Framework and the new Health and Wellbeing Strategy, 'Improving Lives'
Reasons for Recommendations:	Good quality, affordable homes is a prerequisite of positive health and wellbeing.
Links to Somerset Health and Wellbeing Strategy:	As above
Financial, Legal and HR Implications:	N/A
Equalities Implications:	An equalities impact assessment has been undertaken and is available here: http://www.somerset.gov.uk/policies-and-plans/strategies/somerset-strategic-housing-framework/ The draft Strategy takes account of findings from the impact assessment.
Risk Assessment:	There are a number of risks for Somerset which would arise from not having a Strategic approach to Housing : <ul style="list-style-type: none"> • Risk of Organisations operating in 'silos' resulting in unintended consequences • Risk of insufficient affordable housing for young families and key workers • Risk of insufficient housing for key groups such as Care Leavers, Disabled people, older people

1. Background

- 1.1. The current Housing Framework was published in 2013 and covered the period up to 2016. It is available on our web site at: <http://www.somerset.gov.uk/policies-and-plans/strategies/somerset-strategic-housing-framework/>

Work on the new Strategic Housing Framework started in 2017. Strong and effective strategic Leadership, a local economy that provides opportunity for all, homes in Somerset that are good for your health and a society that supports the vulnerable are the themes of the draft Somerset Strategic Housing Framework 2018 to 2022.

The Somerset Strategic Housing Framework has been prepared by the Somerset Strategic Housing Partnership (SSHP), comprising representation from the five Somerset local housing authorities, Housing Associations, Exmoor National Park and the County Council including Adult Social Care, Public Health and Strategic Planning.

Local authorities have a broad role to play in supporting and regulating the housing sector and creating sustainable communities. In improving the health and wellbeing of ourselves and our families, and in supporting individuals to live well and independently - all agencies, including the NHS and Social Care are impacted by issues of housing availability, the quality; design and suitability.

- 1.2. The Framework sets out a vision for housing in Somerset at the heart of which is collective Strong and effective strategic **Leadership** which will deliver across an integrated system that embraces communities, housing, health & wellbeing, social care and town & country planning.

The Framework also sets out three major themes and under each one, a set of priorities and ambitions.

A local Economy that provides opportunity for all:

Increase housing supply across all tenures and maximise the proportion of affordable homes including within rural communities, to be constructed by a skilled local labour force.

Homes in Somerset are good for your Health:

A healthy living environment with secure and decent homes that fosters independent living within strong communities.

A Society that supports the vulnerable:

Coordinated support to individuals and communities to reduce the impact of Welfare Reform, to prevent homelessness, and to facilitate a balanced housing stock that meets the needs of all local people.

- 1.3. Specific health related impacts from housing include physical and mental health problems arising from poor quality or insecure housing. In addition, the type and location of the home will impact directly on the ability to live an independent life, including connections to employment, training and community life. The type and location of the home will also impact on the accessibility of support to aid independence or recovery, including step down from hospital or the prevention of admissions. Finally, the availability of suitable, affordable homes will impact directly on the supply of essential key workers including health professionals, social care, care workers and ancillary staff.

Health Impacts will accrue from priorities and action across the whole Strategic Framework, not only from the specific Health and Housing section. The Health and Wellbeing Board are asked to consider any further opportunities which could be considered, with regard to health gains and to advise how best this work can contribute to the new Health and Care Strategy – Fit for My Future and the new Health and Wellbeing Strategy – Improving Lives.

2. Options considered and reasons for rejecting them

- 2.1. n/a

3. Consultations undertaken

- 3.1. The stakeholder conference in July 2017 was well attended with over one hundred delegates attending. There were also 8 workshops to enable delegates to discuss and refine the scope of the Framework.

Consultation on the Housing Market Profiles and the Workshop Summary were held from July 12th to September 30th 2017.

The Draft Somerset Strategic Housing Framework has been published and was out for consultation until the April 30th 2018. Consultation responses are currently being considered by project team. In due course all responses will be reported to the Somerset Strategic Housing Partnership (SSHP). Going forward, we anticipate additional opportunities for further engagement as the Framework is approved.

4. Financial, Legal, HR and Risk Implications

4.1. At a strategic level, there are a number of risks for Somerset which would arise from not having a Strategic approach to Housing :

- Risk of Organisations operating in ‘silos’ resulting in unintended consequences and inefficiency and missing the opportunity to work together as a whole system
- Risk to wider economy arising from insufficient affordable homes for young families and key workers
- Risk of insufficient housing for key groups such as Care Leavers, Disabled people, older people resulting in people not being able to live independently.

5. Background papers

5.1. Draft Somerset Strategic Housing Framework 2018 - 2022.

<http://www.somerset.gov.uk/policies-and-plans/strategies/somerset-strategic-housing-framework/>

Current Housing Framework 2013 – 2018

<http://www.somerset.gov.uk/policies-and-plans/strategies/somerset-strategic-housing-framework/>



Somerset Strategic Housing Framework 2018 - 2022



Priorities and Ambitions for Homes and Housing in Somerset CONSULTATION DRAFT - FEBRUARY 2018

Deadline for comments: 30th April 2018



SSDC planting, courtesy of SSDC and Stonewater



Page 31
Housing in Taunton



Cottages in West Somerset

Consultation on our strategic housing priorities

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Left: National Citizens Service (NCS) Summer 2017 Project, Lyngford Park Children's Play Area, courtesy of TDBC

Right: Blackthorn Gardens, 'Pocket Park', courtesy of TDBC

Why do we need a strategic housing framework and who is it for?

Local authorities have a broad role to play in supporting and regulating the housing sector. All agencies, including the NHS and Social Care are impacted by issues of housing availability, quality and suitability. The economy relies on a sufficient supply of housing in order to attract and retain a skilled workforce.

Tackling our housing crisis is not something that one service or organisation can achieve alone. Everyone's budgets are under pressure, with demand for our services on the increase. Providing leadership and direction is now critical. It is also more important than ever to have effective partnerships built on trust and mutual respect. This Strategic Housing Framework will help us to galvanise the necessary leadership, and make sure that we are working with the right partners and that we are each supporting each other to achieve our ambitions.

We also aim to make our services simple to access and provide support that really works. At the same time, we have to be realistic about the challenges that we face and prioritise the limited resources that we have. We wish this document to be a catalyst to enable people and communities to help themselves by making sure that people know what we do and what they can expect from us.



Ric Pallister OBE

South Somerset District Council, Chair of SSHP



Terry Beale

Taunton Deane Borough Council



Andrew Gilling

Sedgemoor District Council



Keith Turner

West Somerset Council



Nigel Woollcombe-Adams

Mendip District Council

Consultation on our strategic housing priorities for Somerset

The Somerset Strategic Housing Framework is prepared by the Somerset Strategic Housing Partnership (SSHP), comprising representation from the five Somerset local housing authorities, Housing Associations, Exmoor National Park and the County Council including Adult Social Care, Public Health and Strategic Planning.

The process of developing this Framework began in 2017. We produced a 'Housing Benchmarking Report' that established key data and facts relating to the local housing market. We used this and other evidence to produce district based and county wide Housing Market Profiles. These were published in July 2017, which coincided with a 'stakeholder conference' where 100+ people representing the local housing market met to discuss key topics of concern, and to suggest possible priorities and ideas. This information can be accessed via www.mendip.gov.uk/somersethousingstrategy. We have now gathered and analysed all this information to shape the content of this draft Housing Framework which seeks to identify the key priorities and ambitions for housing within Somerset.

We now welcome feedback and comment. Have we highlighted the relevant issues and challenges? Have we proposed the correct priorities and ambitions? Are some more important than others? Have you any suggestions on how we may progress these priorities and ambitions, through specific actions?

At the end of this document we ask questions concerning specific aspects of housing. There are also a range of more general questions. All questions, together with details of how to respond, can be found on page 17.

The closing date for responding is **April 30th 2018**.

Introduction

The Somerset Strategic Housing Framework comprises the housing strategy and district based housing action plans for the County of Somerset. The Framework sets out the strategic direction for housing activity in the County, dealing with housing need, supply and our approach to quality and management of existing and new housing stock. It enables us to have clear multi-agency ambitions on how to tackle the major housing issues that affect the people of Somerset. There are a range of partners involved to help solve these issues, including residents, local voluntary and community sector, housing associations, district councils, the county council (including public health, adult social care), developers, planning agents, private landlords and their agents, and government and their associated partners.

The current Framework was published in 2013 and is in need of review. We now need to identify our priorities and ambitions for the next five years, and decide how we should focus our combined resources.

Since we last reviewed the Somerset Strategic Housing Framework, the government has recognised housing as a top national priority and has introduced a flurry of legislation and policy (with more to follow):

- Welfare Reform & Work Act (2016) – universal credit; capping of benefits; 1% rent reduction on social housing; freeze on Local Housing Allowance; spare room subsidy etc
- Housing and Planning Act (2016) – empowered the Government to introduce Right to Buy for Housing Association tenants; phasing out of life-time tenancies; Starter Homes etc
- Housing White Paper (2017) – various measures to empower local authorities to deliver more homes through the town and country planning system; housing infrastructure fund etc
- Homelessness Reduction Act (2017) to be soon followed by a revised code of guidance – extension of prevention duties
- Stamp Duty (2017) – to be removed for first time buyers buying a property under £300k

Some of these changes have presented opportunities. The Homelessness Reduction Act will enable the delivery of more effective prevention services to support those at risk of homelessness. But funding remains a concern. The Housing and Planning Act provides additional powers to deal with rogue landlords. Other initiatives such as 'Help to Buy' enables first time buyers to access a deposit for a mortgage.

But many of these changes present real challenges. House prices have risen steadily faster than earnings during the past five years. Building activity from the Housing Association sector has slowed down due to concern around a number of issues such as reduced rental income, the impact of welfare reform and the availability of support services. Meanwhile, homelessness and rough sleeping remain major concerns.

In response to the national housing crisis, the Chancellor's Autumn Statement announced a range of further measures relating to planning and housing. We will be watching closely as further details are released in order to evaluate the impact of these initiatives and take advantage of any new opportunities.

The local scene is also complicated by a number of factors including the rural nature of the county, and the impact of Hinkley Point C. Rurality makes it difficult and expensive to deliver services. It also makes Somerset a desirable location for internal in-migration, fuelling local property price increases and contributing to the ageing demographic among many of our rural communities. Lack of affordable housing contributes to the challenges of retaining younger people, and their skills, within Somerset. This impacts on all sectors, including public services. Meanwhile, the sheer volume of workers at Hinkley Point C (5,600 on-site at peak construction) presents real challenges to the housing sector – private sector rents are steadily rising, as is the number of unlicensed Houses in Multiple Occupation. The site is also a major draw for local construction talent. How will this play out for local growth aspirations? To help mitigate these impacts EDF have provided £7.5m of funding towards additional housing capacity across West Somerset, Sedgemoor, Taunton Deane and North Somerset. Meanwhile, the recent designation of Taunton as a Garden Town presents a real opportunity to deliver a step-change in how we plan for a more inclusive / healthy housing environment.

Leadership

All major political parties agree that housing is a top national priority. That presents an opportunity for local authorities and their partners to deliver strong leadership, leadership that brings together communities, housing, town and country planning and health and social care. We are striving for a combined commitment to improve this complex system for the benefit of our residents. We are already positioning ourselves to ensure improved governance arrangements around these inter-related agendas. Leadership features strongly in this draft Framework. We hope that the development of the Framework will be a catalyst for creative thinking, innovation and an approach that designs solutions alongside the residents and communities that we are seeking to help.

About Somerset

Somerset is one of the most rural counties in England with a population density of **1.5 people per hectare** (4.1 hectare England average)

8,230 live applications as at 31 March 2017 (Homefinder Somerset)

23.5% of the population are aged 65 and over in 2015 (ONS 2015 mid-year estimate) and set to rise to **25.3%** in 2020 and then to **31.5%** in 2035 (ONS population projections 2014)

99.5% increase in the private rented stock from 2001 to 2011 (Census)

10% of children in income deprived families are concentrated in **0.07%** of the County area (Somerset County Council)

549,000 population (ONS mid 2016 population estimates) and projected to rise **2.5%** by 2020 to **563,000** (ONS population projection 2014)

2,600 new dementia cases in 2015 and it is projected to rise to **4,800** new cases in 2035 (Somerset Dementia Needs Assessment)

Autumn estimates of rough sleeping has fallen - **50** in 2014, **56** in 2015 and **48** in 2016. The highest numbers of rough sleepers were in Mendip and Taunton Deane for 2015/16.

20,000 new homes by 2020. Exceeded growth plan of **2,857** by **54** in 2014 (Somerset Growth Plan)

£210,000 median price paid **£162,000** lower quartile price paid (House Price Statistics for Small Areas Mar 2017)

Average household size is projected to fall from **2.26** in 2014 to **2.13** in 2039, slightly below the national average of **2.35** in 2014 (ONS population projection)

Almost **8,000** homes in Somerset are without central heating (Census 2011)

Median income for full time workers in Somerset was **£25,299** in 2016 (ASHE)

Shortfall of **£145.86** between B&B charge and Housing Benefit paid per week



Lambrook & Halcon in Taunton and **Sydenham Central** in Bridgwater are the top 3 most deprived areas in Somerset (Index of Multiple Deprivation 2015)

48% of Somerset live in rural areas (Census 2011)

The proportion of Somerset households in fuel poverty decreased for the first time in four years, from **12.4%** in 2014 to **11.6%** in 2015, though this is still higher than that of 2013 which was **11.2%** (Fuel poverty sub-regional statistics 2015)

236,500 households projected in 2015 (ONS)

Key Challenges

Hinkley causing an increased demand for all forms of accommodation within commutable distance of Hinkley Point C

The life expectancy gap between residents in the most and least deprived areas in Sedgemoor is significant at 8.1 years for men and 3.6 years for women (Sedgemoor Health Profile 2017, Public Health England)

High proportion of population aged over 65 - challenge of providing suitable housing of the right type and quality in the right locations due to mismatch of properties

In migration of 40+ year olds seeking lifestyle change, using capital asset of homes in higher house price areas to outbid / out compete local people and out migration of younger people for education and work

The ratio of house price to earnings is greater than the national average in all the Somerset housing authorities

Low pay economy in comparison to other regions, causing a growing affordability gap with significant consequences for both young people and families

Housing supply remains an issue, especially for one-bedroom properties due to increase of single-person households, especially older persons and the single under 35s on the shared accommodation rate

Social isolation of people in poorer communities due comparatively small and dispersed market towns / urban areas

The upward trend in single-person households, coupled with private sector rents at record high levels, will potentially increase the number of households who apply for local authority assistance with their housing

3,112 dwellings in the county are second homes. A third of these are within West Somerset

All the net need for new housing in the next 20 years will be for the households over 65 necessitating the need for more flexible models of supported housing which enable independent living

Poor strategic transport infrastructure resilience with specific problems on the motorway (M5)/A38 and A358/A303

People are living longer but more of our lives are spent in ill health or disability



Aspirations - looking ahead

Everyone should have access to a home that is affordable, suitable for their needs, warm, safe, and with security of tenure. Such homes can support our health, our economic wellbeing, our children's education attainment and our sense of belonging to a community.

This consultation asks for your views on the vision, priorities and ambitions for housing in Somerset as set out in the following pages.

Equalities

The draft SSHF has been supported and informed by an Equalities Impact Assessment (EIA). The EIA seeks to ensure that under-represented / vulnerable groups are considered within the development of strategy, policy and procedures. The process of developing an EIA (to directly inform the SSHF) is ongoing, and this current consultation provides an opportunity to challenge our thinking, and to deliver improvements to housing related interventions for the benefit of all. The EIA is hosted on the Mendip District Council website along with all other consultation material (see page 16) and we welcome your comments.



Our vision for Housing within Somerset

This Framework sets out our vision for housing in Somerset. It sets out three major themes and under each one, the priorities and ambitions that we want to achieve. Cutting across these themes is the drive for strong and effective strategic leadership across systems

Strong and effective strategic Leadership:

To deliver **leadership** across an integrated system that embraces communities, housing, health & wellbeing, social care and town & country planning

A local Economy that provides opportunity for all:

Increase housing supply across all tenures and **maximise the proportion of affordable homes** including **within rural communities**, to be constructed by a **skilled local labour force**

Homes in Somerset are good for your Health:

A **healthy living environment** with **secure and decent homes** that fosters **independent living** within **strong communities**

A Society that supports the vulnerable:

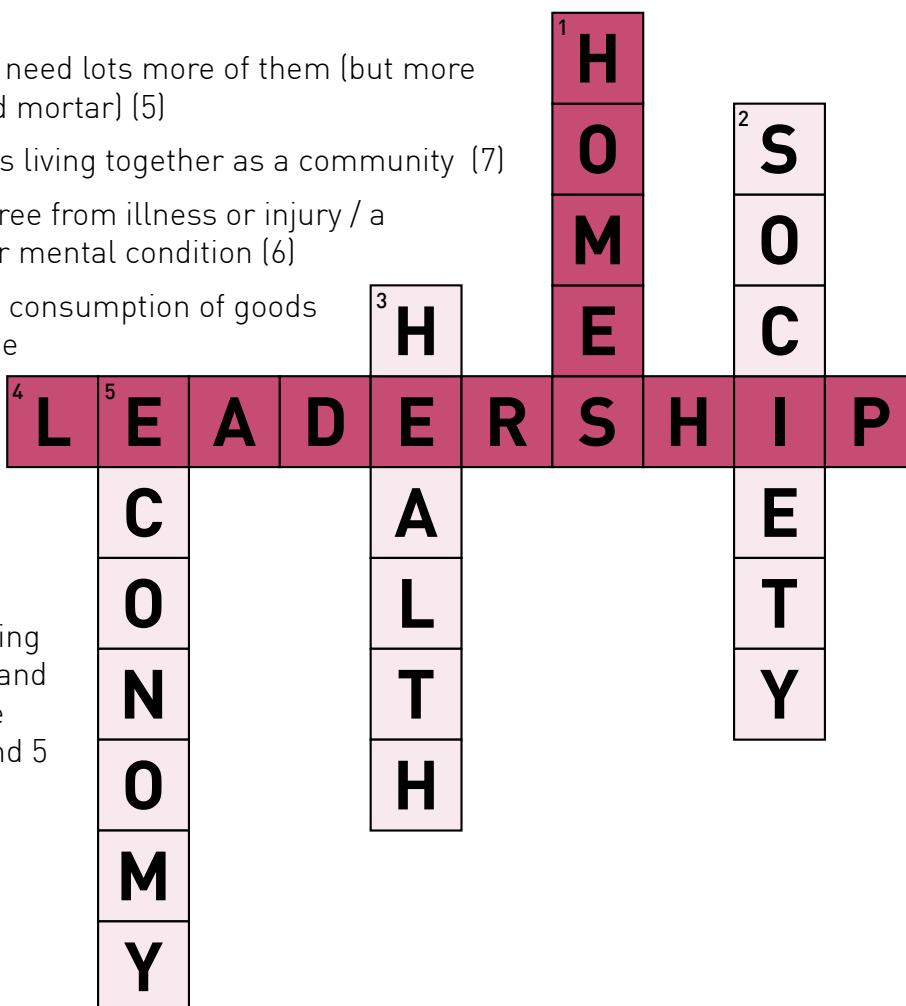
Coordinated support to individuals and communities to **reduce the impact of Welfare Reform**, to **prevent homelessness**, and to **facilitate a balanced housing stock** that meets the needs of all local people

Down

- 1. A 'basic need' – we need lots more of them (but more than just bricks and mortar) (5)
- 2. A body of individuals living together as a community (7)
- 3. The state of being free from illness or injury / a person's physical or mental condition (6)
- 5. The production and consumption of goods and services and the supply of money – but interventions needed so that all can benefit (7)

Across

- 4. Critical for addressing complex problems and for coordinating the delivery of 1, 2, 3 and 5 (Down) (10)



Housing and Economy

Vision: A local Economy that provides opportunity for all

Context

- There are **not enough homes (all tenures)**
- A **growing affordability gap** with significant consequences for both young people and families
- A **growing private rented sector** that is getting more difficult to afford
- Increasing numbers of workers at **Hinkley Point C** are placing pressure on the private rented sector, fuelling rent increases (1 and 2 bed properties)
- There is **net out-migration of young people**
- **Net in migration of 40+** seeking lifestyle change, using capital asset of homes in higher house price areas to **outbid/out compete local people**
- Lack of opportunities for **social mobility** is a major issue across West Somerset
- **There is delay in construction** at key sites due to market financial changes
- There is a **skills shortage** within the construction sector
- **Poor transport infrastructure resilience** with specific problems on the motorway (M5) / A38 and strategic (A358/A303) network, and insufficient bus/rail link/A road links within much of the county

Priority 1: Maximise the number of affordable homes (all tenures)

Ambition: Each local authority will prioritise the delivery of new housing (open market and affordable) and provide community leadership at the highest level to make this happen

Ambition: Maintain up to date local plan coverage and ensure a five-year housing land supply within each district area and Exmoor National Park

Ambition: Make use of all available funding streams from Central Government such as Housing Infrastructure Funding and New Homes Bonus

Ambition: Each local housing authority to have current information about housing need across its locality

Priority 2: Provide more affordable homes to support rural economies and communities

Ambition: Support the rural economy and the creation of sustainable rural communities by meeting demonstrably identified needs for affordable housing

Ambition: Improve the percentage of affordable homes in rural developments tied to local plan allocations. Increase the choice of supported accommodation

Ambition: Maximise land value of rural exceptions sites. Ensuring that provision remains affordable in perpetuity for future generations or for the subsidy to be recycled for alternative affordable housing provision

Somerset Strategic Housing Framework

Ambition: Increase the number of Community Land Trusts across Somerset, particularly within rural communities

Priority 3: Use our assets to increase the supply of homes

Ambition: Maximise Hinkley Point C legacy and long term benefits

Ambition: Work with One Public Estate and identify opportunities to reuse released land and buildings to meet housing needs

Priority 4: Upskill the local labour force

Ambition: Align our activities with the Somerset Growth Plan and promote the establishment of a University, apprenticeships and a skills based academy for the construction sector

Ambition: There will be an increase in rates of self-build and custom build

Ambition: We shall work to see the introduction of off-site / modular construction



Top left: Rural scheme at Meare, courtesy of MDC

Top right: Opening of Creechbarrow Road Play Area, courtesy of TDBC

Bottom: Community Land Trust, Norton Sub Hamdon, South Somerset, courtesy of Yarlington Housing Group

Housing and Health

Vision: Homes in Somerset are good for your Health:

Context

- Growing **health inequalities** due to geography, age and financial capability
- An **ageing population** with specific housing requirements
- 75% of the elderly **own their homes**, but **12%** of older people aged 60+ **live in poverty**
- 10% of **children in income deprived families** are **concentrated in 0.07%** of the county area
- There are **14,300 children** and **20,000 older people in low income households** in Somerset
- **33,500** people in Somerset **aged 65 or older live on their own** (1 in 7 households)
- **27,000 one-person households** in which the resident has a **long-term health problem or disability**
- **30,000+ homes with Category 1 hazards** (and the **highest** proportion in the **Private Rented Sector**)
- **1 in 3** households do **not have gas central heating** (1 in 2 in **West Somerset**)
- **11.6%** of households living in **fuel poverty** (11.0% England average)
- There are **major financial costs to health, social care and housing services** due to trips and falls, excess cold, damp, dementia, domestic violence, homelessness and delayed hospital discharges
- There is a need for more flexible models of supported housing which **enable independent living**

Priority 1: Maximise positive health impacts through housing development and the lived environment

Ambition: Promote the use of Health Impact Assessments within housing development and the lived environment, so that new developments provide the opportunity for healthy living

Ambition: Foster partnerships with developers around the delivery of lifetime homes / space standards to ensure well designed homes that are built for changing life circumstances and adaptability

Ambition: Taunton Garden Town development will be an exemplar project that will deliver positive health impacts through creative design. Lessons will be learned to inform other major developments throughout the county

Priority 2: Improve the existing housing stock

Ambition: Work with private rented sector landlords to improve the conditions of the homes which they let

Ambition: There is a coordinated approach to combat poor quality or unsuitable homes of any tenure, specifically addressing fire risk, cold homes, disrepair, and accessibility. Members of the public know how to access support to combat poor housing conditions

Priority 3: Match lifelong independent living with appropriate property solutions

Ambition: Improve the matching of need (relating to physical/mental disability) with available property through Homefinder Somerset

Ambition: To ensure that all households in Somerset have access to coordinated information and advice and related services to enable them to live independently in a home which meets their needs

Ambition: To ensure that individuals with particular, additional and / or complex support needs have the necessary support to live independently in a home that meets their needs

Ambition: To exploit the potential of new technology to enable people to live independently in a home that meets their needs

Priority 4: Promote an asset-based approach to building healthy and strong communities

Ambition: To adopt an asset-based approach to working with local communities by identifying talent, ideas and skills. To deliver person centred services/ supports that are designed through co-production (communities and partners working together). To enable healthy, strong and self-supporting communities that are partnered by effective service delivery.



Top left: New housing in South Somerset

Bottom left: Mother and child

Above: Priorswood Resource Centre in Taunton

Housing and Society

Vision: A Society that supports the vulnerable

Context

- Significant levels of **homelessness** and **rough sleeping**
- Ongoing **welfare reform** and **Universal Credit** roll-out
- Particular concerns for the **under 35s** who often struggle to access housing due to challenging benefit regime and high cost of open market housing
- **Lack of supply of 1 bedroom properties** for which there is significant demand
- Some communities in rural areas (principally in West Somerset) have further pressures due to **high levels of second home ownership**
- There are very **high levels of long term empty homes** in West Somerset
- **Mismatch** between the provision of larger properties, increasingly smaller households and **changing demographics** (particularly within Exmoor National Park where there is a predominance of larger, detached homes)
- There is an **increased demand for all forms of accommodation** within commutable distance of **Hinkley Point C**
- There is **hidden housing need** particularly within **rural communities**
- There is **no strategic transit site for gypsies and travellers** and a general under-provision of all pitches across the county
- Further **rises in mortgage rates** could increase the number of repossessions

Priority 1: Support communities with the impact of welfare reform

Ambition: Work as partners to share best practice and consolidate / improve awareness of benefit changes and what it means for families and individuals to help prevent incidence of debt and rent arrears

Ambition: Develop suitable housing options for the under 35s

Ambition: Housing and support services working with under 35s to have a focus on assisting people into work, and utilise initiatives such as Social Impact Bond to enable providers and landlords to build links with employment, education and training initiatives

Ambition: Promote sources of advice and training that are available to private sector landlords, existing private tenants, and residents considering renting, to include 'accreditation'/'tenant ready' schemes

Priority 2: Reduce Homelessness and Rough Sleeping

Ambition: Prepare and implement a new statutory county-wide Homelessness Strategy, to include the requirements of the Homelessness Reduction Act 2017, and to foresee changing economic circumstances including rising interest rates that could increase repossessions

Priority 3: Create and sustain thriving communities

Ambition: As Local Plans are reviewed, they are to include appropriate policy responses that address the demands of changing demographics including specialist needs

Draft Somerset Strategic Housing Framework

Ambition: Communities are supported to develop community led plans (Neighbourhood Plans/Parish Plans) to help identify community housing needs, sites for future housing and promote inclusive high quality design

Ambition: Revise and update the existing Somerset Gypsy and Traveller Accommodation Assessment and increase the amount of available Gypsy and Traveller pitches across the County, exploring opportunities to use public sector land to make residential and transit site provision

Ambition: To refresh the Youth Housing Strategy and consider the impact on children and young adults due to poor housing standards, overcrowding, affordability and insecurity of tenure

Ambition: Commissioners and providers of housing and support services are to deliver social value and seek a social return on investment, in order to maximise the value of the Somerset £pound for the benefit and opportunity of local residents / voluntary and community sector

Ambition: Seek to create a downward trend in the number of Long Term Empty homes across all districts



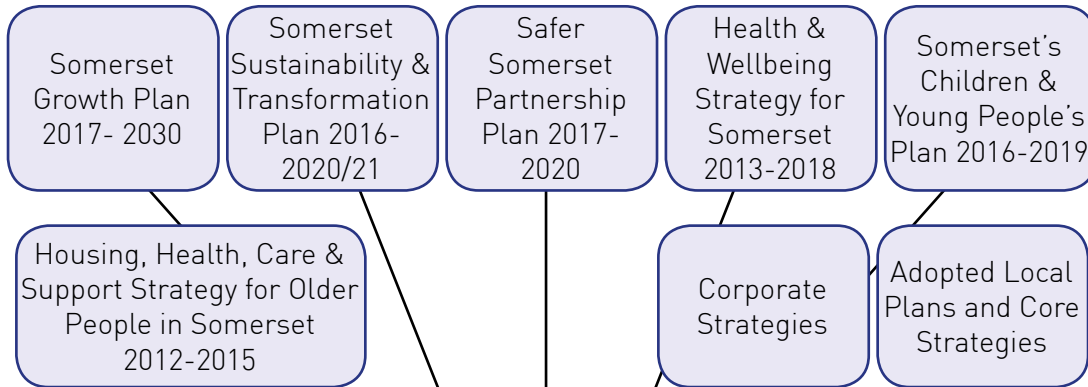
Top left: Ground Cutting, Northwick Road, Mark, courtesy of South-Western Housing Society and SDC

Top right: Working with local communities, Priorswood Community Centre, courtesy of TDBC

Bottom: Floral display of Mr & Mrs Beer, Woolavington, courtesy of Homes in Sedgemoor

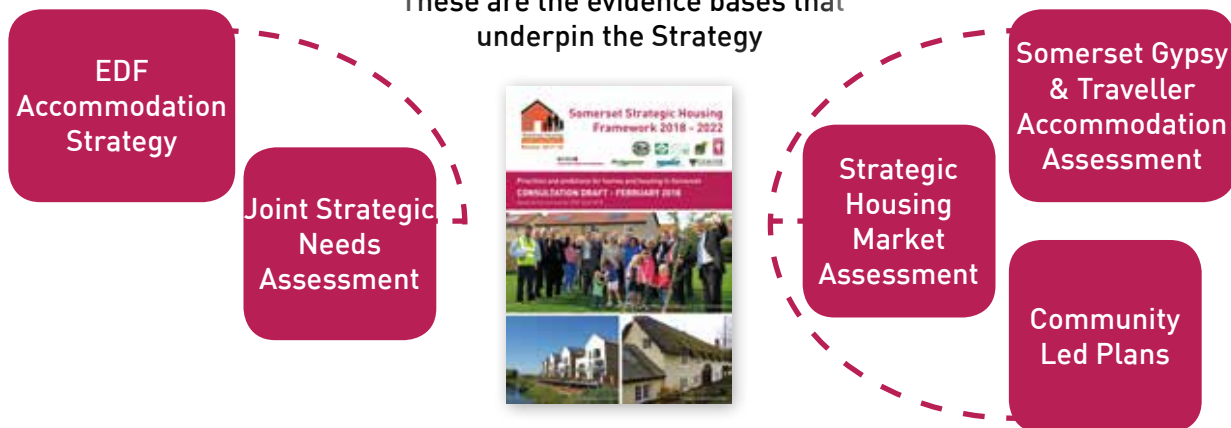
High Level Strategies

These are the high level strategies and plans that the Strategic Housing Framework must conform with - i.e. they sit above the Framework



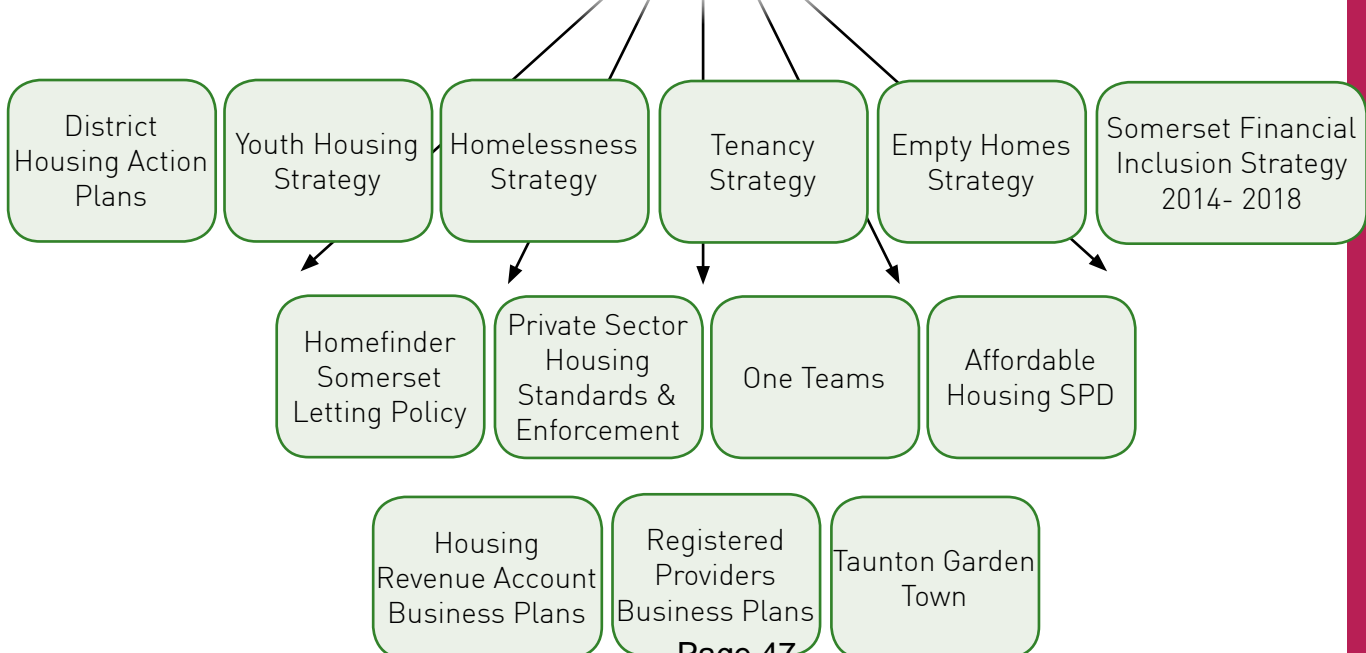
Evidence Base

These are the evidence bases that underpin the Strategy



Policies & Strategies that sit beneath

These are the policies and strategies that sit beneath the Housing Strategy and must conform to it



Questions for you, and how to respond to this consultation

There are several ways that you can tell us your views or seek further information:

Please note that Mendip District Council are coordinating responses to this consultation on behalf of all Somerset district councils, the County Council and partner agencies

Complete the questionnaire on the back pages / or write to us and return it to:

Mendip District Council
Council Offices
Cannards Grave Road
Shepton Mallet
Somerset, BA4 5BT

Complete a questionnaire online at:

<http://www.mendip.gov.uk/somersethousingstrategy>

Email: enablingteam@mendip.gov.uk

Or telephone: **0300 303 8588**

General

1. Does this draft framework demonstrate a clear understanding of national and local housing issues?

- Strongly Agree Agree Neither Agree or Disagree
 Disagree Strongly Disagree Don't know

2. Do you agree with the vision for housing in Somerset?

- Yes No If no, please explain how they need to change / what is missing

Housing and Economy

3. Do you agree with the context, priorities and ambitions for Housing and Economy? Are the ambitions clear? Are there any additional ambitions that we should consider? Are some priorities / ambitions more important than others?

- Yes No Please explain:

4. Are there any issues that might pose a threat/ barrier to delivery of the priorities and ambitions?

- Yes No Please explain:

Housing and Health

5. Do you agree with the context, priorities and ambitions for Housing and Health? Are the ambitions clear? Are there any additional ambitions that we should consider? Are some priorities / ambitions more important than others?

- Yes No Please explain:

6. Are there any issues that might pose a threat/ barrier to delivery of the priorities and ambitions?

- Yes No Please explain:

Housing and Society

7. Do you agree with the context, priorities and ambitions for Housing and Society? Are the ambitions clear? Are there any additional ambitions that we should consider? Are some priorities / ambitions more important than others?

- Yes No Please explain:



8. Are there any issues that might pose a threat/barrier to delivery of the priorities and ambitions?

 Yes No

Please explain:

Delivery

Following the eventual adoption of the housing framework, we intend to develop a county-wide delivery plan to be supported by district / partner based action plans.

9. Do you have any suggestions / ideas (i.e. initiatives, projects, partnerships, campaigns etc) to help us deliver any of the priorities/ambitions? These can be county-wide or specific to particular districts.

Equalities

10. The draft SSHF is supported by an Equalities Impact Assessment (EIA). Do you have any comments on the content of the EIA?

Any further comments

11. Do you have any further comments?

If you are happy to do so, please give your contact details below

Name:

Business / Community or Voluntary sector organisation (if applicable):

Address:

Telephone No:

Email:



Somerset Health and Wellbeing Board

12th July 2018

Report for decision

Gypsy and Traveller Champion

Lead Officer: Tom Rutland – Corporate Equality Manager

Author: Tom Rutland – Corporate Equality Manager

Contact Details: txrutland@somerset.gov.uk 01823 359221

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Christina Gray	4.7.18
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	4.7.18
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	4.7.18

Summary:	A paper on the Health and Wellbeing of the Gypsy and Traveller community was recently considered by the Health and Wellbeing Board. This identified a number of actions that could be taken to support and improve Gypsy and Traveller health outcomes. One of these actions was the creation of a Gypsy and Traveller Champion on the Health and Wellbeing Board. This paper sets out the role of the Champion.
Recommendations:	<p>That the Somerset Health and Wellbeing Board approves</p> <ol style="list-style-type: none"> 1. The appointment of Cllr Gill Slocombe as Gypsy and Traveller Champion for the Health and Wellbeing Board 2. The parameters of the Gypsy and Traveller Champion within relation to the Board
Reasons for recommendations:	The Board recognised the need to be aware of and consider the health needs of the Gypsy and Traveller community. It was agreed that having a Board member Champion would assist the Board to do this.
Links to Somerset Health and Wellbeing Strategy	This role will help improve inequality within health care and wellbeing.
Financial, Legal and HR Implications:	There will be no financial, legal or HR implications.

Equalities Implications:	This role would help to reduce discrimination and increase fostering good relations through communities.
Risk Assessment:	None

1. Background

- 1.1. An information session on the Health and Wellbeing of the Gypsy and Traveller community highlighted the particular health needs and inequalities experienced by the community. At this session it was agreed that a number of actions should be progressed to address this need. One of these actions was to identify a Gypsy and Traveller Champion for the Health and Wellbeing Board. This paper seeks to authorise that appointment and outline the parameters of this role.
- 1.2. The role would complete the following roles on the board:
- Be an active Champion for Gypsy and Traveller Health
 - Provide a yearly update on action to improve Gypsy and Traveller Health in Somerset
 - Have a thorough and current knowledge of the health needs for the Gypsy and Traveller Community

The Champion role should understand the Gypsy and Traveller community and be able to represent their needs to the Health and Wellbeing board.

- 1.3. The role will be supported by Public Health and Somerset Equality Officers Group officers. They will provide updates and clarification to make sure the Champion is clear on the needs of the community.
- 1.4. The Champion will be in role for the term of the Health and Wellbeing Board. Should this need to change during the term of the Health and Wellbeing board a new champion will be requested from the Board.

2. Options Considered and reasons for rejecting them

- 2.1. The only other alternative considered was inviting a community member to the Health and Wellbeing Board. It was considered that this would be a burden to place on a community member. It was also considered that there was not a community member at the moment that would be in a position to attend the meetings.
- 2.2. The Champion role will be supported by additional work that is happening within Public Health, the Somerset Equality Officers Group (SEOG) and work to identify funding for an engagement worker in Somerset. They will also be supported by officers from Public Health and SEOG.

3. Consultations undertaken

- 3.1. Engagement was completed through the Gypsy and Traveller forum before it went on hiatus. This identified areas of interest and concern from the Gypsy and

Traveller community. Also staff from Public Health visit members of the community to better understand the issues and what could be done.

4. Implications

- 4.1.** This role will raise the profile of Gypsy and Traveller Health and help to address the health inequality which exists for these communities.

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Health and Wellbeing Board Work Programme – July 2018

Agenda item	Meeting Date	Details and Lead Officer
Health and Wellbeing Board Meeting (11am start)	12 July 2018	
SEND Report		Annette Perrington
Health and Care Integration and New Models of Care – Somerset STP		Ian Triplow
Healthy North Somerset		Katie Norton CCG
Somerset Strategic Housing Framework		Tracey Aarons
Gypsy Traveller Champion		Tom Rutland
Health and Wellbeing Board Meeting (11am start)	27th September 2018	
Health and Care Integration and New Models of Care		Rosie Benneyworth
Adult Safeguarding Annual Report		Stephen Miles
Safer Somerset Report		Lucy Macready
“Towards a Smokefree Generation: A Tobacco Control Plan for Somerset”		Stuart Brock
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
Children’s Trust: Improvement Plan		
Health and Wellbeing Strategy: Improving		

Health and Wellbeing Board Work Programme – July 2018

Lives		
Health and Wellbeing Board Meeting (11am start)	January 2018	
LSCB Annual Report		

To be added:

- Positive Mental Health for Somerset Annual Report