

Somerset Health and Wellbeing Board

Thursday 13 June 2019

11.00 am The Council Chamber, County Hall, Taunton, Somerset, TA1 4DY



To: The Members of the Somerset Health and Wellbeing Board

Councillor Christine Lawrence, Somerset County Council (Chair)
Councillor Frances Nicholson, Somerset County Council (Vice-Chair)
Dr Ed Ford, Clinical Commissioning Group (Vice-Chair)
Councillor Amanda Broom, Somerset County Council
Councillor David Huxtable, Somerset County Council
Councillor Linda Vjeh, Somerset County Council
Councillor Ros Wyke, Mendip District Council
Councillor Jeny Snell, South Somerset District Council
Councillor Chris Booth, Somerset West and Taunton
Councillor Janet Keen, Sedgemoor District Council
Maria Heard, Somerset CCG
David Freeman, Somerset CCG
Mr Mark Cooke, NHS England
Judith Goodchild, HealthWatch
Stephen Chandler, Somerset County Council
Trudi Grant, Somerset County Council
Julian Wooster, Somerset County Council
Sup Mike Prior, Avon and Somerset Police

Issued By Scott Wooldridge, Strategic Manager - Governance and Risk - 5 June 2019

For further information about the meeting, please contact Jennie Murphy on 01823 357628 or email jzmurphy@somerset.gov.uk or Julia Jones on 01823 359027 or email jjones@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda.

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

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



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AGENDA

Item Somerset Health and Wellbeing Board - 11.00 am Thursday 13 June 2019

*** 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 21 March 2019** (Pages 5 - 10)

The Board is asked to confirm the minutes are accurate.

4 **Public Question Time**

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

5 **Fit For My Future - Report** (Pages 11 - 18)

To consider the report.

6 **Somerset Health and Wellbeing Board - Constitution update** (Pages 19 - 40)

To consider the report.

7 **Healthwatch Report** (Pages 41 - 48)

To consider the report.

8 **Somerset Safeguarding Adults Board - Report** (Pages 49 - 58)

To consider the report.

9 **Health and Wellbeing Annual Report** (Pages 59 - 80)

To consider the report.

10 **Health and Wellbeing 2018/19 Outturn Performance Report** (Pages 81 - 86)

To consider the report

11 **Somerset Health and Wellbeing Forward Plan** (Pages 87 - 88)

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

12 **Any other urgent item of 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 Jennie Murphy on Tel: 01823 357628 or Email: jzmurphy@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 Jennie Murphy on Tel: (01823) 3550628 or email jzmurphy@somerset.gov.uk

3. **Public Question Time**

If you wish to speak, please tell Jennie Murphy, the Board's Clerk, by 5pm 3 clear working days before the meeting (07 June 2019) - (01823) 355628 or email jzmurphy@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.

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 (Scott Wooldridge on 01823 355628) 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 Taunton Library Meeting Room, Taunton Library, Paul Street, Taunton, TA1 3XZ, on Thursday 21 March 2019 at 11.00 am

Present: Cllr C Lawrence (Chair), Cllr F Nicholson (Vice-Chair), Cllr D Huxtable, Cllr A Broom, Cllr S Seal, Cllr G Slocombe, Cllr K Turner, Dr Ed Ford (Vice-Chair), Judith Goodchild, S Chandler, T Grant and Supt Mike Prior

Other Members present: Cllr T Munt

Apologies for absence: Cllr L Vijeh, Cllr J Warmington, Cllr N Woollcombe-Adams, Mark Cooke and J Wooster

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

Cllr Amanda Broom declared a personal interest as she had recently started to work for Chard Watch Project which is a community interest company helping adults who are disadvantaged, isolated or vulnerable.

374 **Minutes from the meeting held on 17 January 2019** - Agenda Item 3

The minutes were agreed as a correct record and signed by the Chair.

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

Item 5 Somerset Housing Strategy

Q1.

Jeff Curtis

Does our County Council see a role in the future well-being of older people who are in housing need within the Almshouses model and would they offer support for our plans?

Response

Adult Social Care is very supportive of a range of community based housing and accommodation options, that help maintain and improve people's independence throughout their lives. This includes sheltered and supported accommodation, assisted living, extra care housing as well as people being supported in their own homes for as long as they are able to do so.

Almshouses, being a charitably run provision are welcomed by Adult Social Care as a valuable option and choice for people who might be in housing need.

District councils provide the housing options service that seeks to support those with low incomes and /or specific vulnerabilities to meet their housing needs with affordable and secure property solutions. As part of that service, the district councils do make referrals to the alms houses for homeless clients who meet their criteria. The alms houses are private landlords and we are happy to work with them.

Item 6 Annual Report from Director of Public Health

Andrew Evans, Eddystone Trust

Q 1. A decision to cancel the Targeted HIV Prevention service contract was made 03 Nov 2018, yet TUPE information was not instigated until 21 Feb 2019, why was there such a delay?

Q2. Staff at present are not aware if they have a post after 01 Apr 2019, SCC have not asked to meet with them, why couldn't this have all been done earlier?

Q3. 4 peer groups are run each month for HIV+ service users, at present there is no clarification if these are to continue or not. Service Users were assured by Public Health officials at both their meetings (18 Dec 2018 & 27 Feb 2019) that there would be no disruption to service, how can the council still assure this? TUPE has not been finalised and a risk is that staff may not want to transfer and there is no one to deliver the service. SCC were asked what their contingency plan would be at the 27 Feb 2019 meeting and the response was that 'it was a hypothetical situation which they didn't need to consider.'

Cllr Tessa Munt regarding HIV prevention and sexual health promotion

Cllr Munt asked about consultation surrounding the decision to end the contract and what the situation was and support for people with protected characteristics under the Equality Act.

Response

The background to this decision is that the service that used to be offered was first community and hospital based and it was decided to offer an integrated service with the aim of targeting prevention and thereby reduce demand. This model resulted in a greater demand not a reduction. There have been other national trials that have been able to both deliver the statutory obligation and reduce demand. Somerset has a programme called Fit for my Future and any new programme need to take this into consideration.

The nature of HIV has changed over the years to one that has is now a long-term condition with a stigma associated with it.

The Targeted Prevention Service was a three-year contract (with contract breaks on either side). As the £450,000 investment did not have the expected reduction in service. Somerset County Council took the decision to adopt a different model to reduce future risk.

In relation to the question of TUPE, it was a three-year contract and with contract breaks built in. There was no need for formal consultation as it is not a statutory service. There were informal consultations to scope future plans. Meetings were held with Eddystone Trust in October and February to understand if any staff would be eligible for TUPE arrangements. Regrettably there were disagreements with the Eddystone Trust and the matter is with solicitors and as a result it is not possible to discuss this further until that is resolved. Somerset County Council is committed to continue with peer support groups. To support this, meetings have been arranged in April to hear feedback and scope the service in the future.

The Board received a report that set out the context and background to this strategy. The Somerset Housing Strategy is the local response to the national housing crisis. The report highlighted the key challenges within the local housing market and proposed a vision for homes and houses across the County. To address the local housing crisis, it will be necessary to develop solutions that are developed with residents, local business and communities and require integrated system leadership embracing health and wellbeing, social care as well as town and county planning.

Planning for this strategy began in 2017 with the publications of district and countywide housing market profiles. A draft report was published in February 2018 and this was considered by the Health and Wellbeing Board in July 2018. Formal consultation closed on 30th April 2018. The Somerset Housing Strategy is the culmination of this work.

Over the last 80 years housing has changed from being predominantly Social Housing to the expansion of home ownership coupled with private rented properties. In recent years the impact of Welfare reforms, high cost of housing coupled with low wages has led to the current challenges and growing homelessness.

There is now some money available from central government for housing and the key for Somerset Housing Strategy is to align this with Public Health strategies. Health has not been a factor in planning decisions and there are no agreed standards across the county. This is an area where the Health and Wellbeing Board can take a role to drive delivery of this strategy and despite the lack of national standards they can encourage local planners to take account of health in developing local housing stock. It was recognised that the Health and Wellbeing Board could recommend changes but did not have the legislative backing to demand change.

The Somerset Health and Wellbeing Board:

- **Endorsed the Vision, Themes, Priorities and Objectives of the Somerset Housing Strategy,**
- **Supports the production of a Somerset Housing Strategy Delivery Plan that seeks to tackle the key strategic housing issues across the county.**

377 Annual Director of Public Health Report - Agenda Item 6

The Board received the annual report from the Director of Public Health. The report focussed on emotional health as seen through the lens of self-harm. The report analysed the data to help the Health and Wellbeing Board to understand the apparent high rates of self-harm in Somerset. The picture is complex and difficult to measure as the only easy to measure data is that of hospital admissions. These admissions are typically the result of paracetamol overdoses by young women rather than the self-cutting that is often associated with self-harm.

The discussion included an examination of where other data was gathered and what themes and patterns were established. The Board heard that much of the detailed information came from a survey of children and young people. When asked what they did to manage stress 19% of boys and 28% of girls reported that they hurt themselves. As a result of this discovery the Director of Public

Health has developed a framework to help young people and schools to build resilience and to heighten awareness, so interventions can be at the earliest opportunity. To support this the CCG has funded two self-harm support workers in schools to raise awareness and encourage early intervention to prevent escalation of what has been a hidden and secretive activity.

The report concluded that the most effective intervention is to promote and support the mental health and emotional wellbeing of all young people, especially girls, rather than to provide specialist services.

The Somerset Health and Wellbeing Board:

- **Endorsed the report and agreed to promote cooperation between public and third sector bodies in providing prevention and early intervention wellbeing services for children and young people in Somerset,**
- **Support the Prevention Concordat for Mental Health and the Prevention Framework for Somerset,**
- **Agreed to play host to a workshop on self-harm to discuss findings with partners and**
- **Add this to Work Programme to review progress.**

378 Positive Mental Health - Agenda Item 7

The Board received this report which updated the joint Strategy for Somerset on Positive Mental Health published in 2013. This updated report set out the strategic direction of mental health support services for 2014-2019 now that the strategy is coming to an end. The report sought the Boards' support in refocussing the strategy to ensure its continued relevance and impact of locally developed initiatives to promote positive mental health for the whole population of Somerset.

The Board were interested in the achievements of the five-year strategy. The demand on services has grown year on year. The Board also noted that the population of Somerset was ageing and that brought different challenges. The Board discussed the much-anticipated Green Paper on Adults and Social Care. They were keen that the local imperative was highlighted. Somerset does not spend as much as some other Health Authorities on mental health services (for example Cornwall).

Other notable successes were the collaborative commissioning of public health for children's and adult social care with the CCG. This has resulted in more support to keep people in their own home and out of hospitals. The Board heard that there continued to be challenges in workforce for both recruiting and retaining qualified staff.

The Somerset Health and Wellbeing Board:

- **Accepted the contents of the report**
- **Approved the recommendation of a refocused collaborative strategy. This strategy will include a new mental health model of delivery which puts greater emphasis on prevention and early intervention and to enable individuals to move within the new model as their needs change. The model will ensure current mental health services are safe and that it provides a platform to build**

parity with physical health services to deliver the Five Year Forward View for Mental Health.

379 Health and Care Integration - Agenda Item 8

The Board received the report updating them on the progress of the Somerset Health and Care work being undertaken with a focus on proposals that will support the overarching strategy and vision work in line with the Somerset Fit for My Future engagements plans.

The Board supported the proposals to encourage local empowerment and local accountability. They were keen to challenge the NHS away from doing things to people rather than being more responsive to the needs of local people. There is a risk that the NHS functions at a national level and makes plans in a national bubble.

The Board discussed the report and sought assurance that the 111-telephone service is now better integrated into patient care and is seamless. The Boards were keen that the proposals looked at community resilience and better integration to access urgent and emergency care in Somerset.

The Public Health Director Trudi Grant highlighted the enormity of the task and also pointed out that the future role of the Board needed to be discussed in light of the changes.

The Somerset Health and Wellbeing Board endorsed the update on the proposals as part of the overarching strategy and vision work in line with the Somerset Fit for My Future engagement plans.

380 Somerset Health and Wellbeing Board Forward Plan - Agenda Item 9

The Somerset Health and Wellbeing Board agreed to:

- **Defer the May 2019 meeting until 13 June 2019 due to the district council elections.**
- **Consider sending out Member Briefings for some of the items that have been requested to be on the agenda for the Health and Wellbeing Board as this will bring them to the attention of a wider audience. It would enable more detailed discussion of items that do get placed on the agenda.**
- **Consider having some of the annual reports usually brought to Board meetings being sent electronically where there are no concerns or issues that need discussion.**

381 Any other urgent items of business - Agenda Item 10

The Chair thanked all the Board members for their hard work over the year and looked forward to working with those reappointed or newly appointed to the Board following the local elections.

(The meeting ended at 1.10 pm)

CHAIR

Somerset County Council
 Health and Wellbeing Board
 13th June 2019
 Report for information

Somerset Health & Care Integration

Lead Officers: Maria Heard, Programme Director, Fit for my Future
 Dr Alex Murray, Clinical Lead, Fit for my Future

Authors: Rachel Watts, Programme Manager, Fit for my Future
 Amanda Hirst, Strategic Communications and Engagement lead, Fit for my Future

Contact tel: 01935 385021

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Maria Heard Dr Alex Murray	17/05/2019
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	03/06/19
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	05/06/19

Summary:	<p>This paper sets out the following:</p> <ul style="list-style-type: none"> • Where we are now in the programme, including the closer alignment of Fit for my Future (previously known as ‘Group A’ workstreams) and transformation initiatives not requiring formal public consultation which can be taken forward more quickly (previously known as ‘Group B’ workstreams) under a single SRO, Pat Flaherty, for Fit for my Future and the STP. • Direction of travel, including an overview of the programme timeline • Programme outline going forward, including engagement and consultation approach.
Recommendations:	That the Health and Wellbeing Board is made aware of the overall direction of travel and provides a view on the details of the report and the proposals for engagement and the development of a consultation strategy.
Reasons for recommendations:	To provide the Health and Wellbeing Board with opportunity to help shape emerging outcomes and decisions.
Links to Somerset Health and Wellbeing Strategy	Fit for my Future, Somerset’s Health and Care Strategy, supports the vision of the Somerset Health and Wellbeing Strategy, by encompassing its underlying principles and priorities in the development of the proposals (where applicable).

Financial, Legal and HR Implications:	No financial, legal and HR implications to note at this stage
Equalities Implications:	An equality impact assessment will be undertaken as options are developed.

1. Background – current position

In September the Somerset Health and Care Strategy ‘Fit for my Future’ programme produced the document “Why do we need to change and what are our change ideas so far?” As well as setting out the case for changing health and care services in Somerset the document set out a number of emerging proposals to address the case for change.

Further work was subsequently carried out on these proposals and how they could be taken forward. They were divided into two groups whose key difference was the requirement or otherwise to undertake public consultation where the options would involve significant change in the configuration and location of services.

Those proposals not deemed to require public consultation were passed on to the STP to assess the prioritisation of resources required to deliver them and delivery itself.

The services remaining with the Fit for my Future programme were transferred into three setting of care:

- **Neighbourhoods and community settings of care;** consideration of community hospitals and their inpatient beds, same day urgent care including the future role of minor injuries units (MIUs) and the creation of urgent treatment centres, mandated by the Department of Health. The wider Neighbourhoods work, encapsulating the development of Primary Care Networks across the county, is now becoming more closely aligned with the community settings of care workstream.
- **Acute settings of care;** county-wide configuration of stroke services, including diagnosis, treatment and rehabilitation; county-wide configuration of obstetrics and acute paediatrics; review of other potentially vulnerable acute specialities including oncology to understand optimum future configuration of services.
- **Mental health services;** configuration of acute inpatient beds for people of working age.

It is anticipated that each of these will be addressed individually in three or more separate engagement and consultation exercises.

2. Alignment of Fit for my Future and STP, and direction of travel

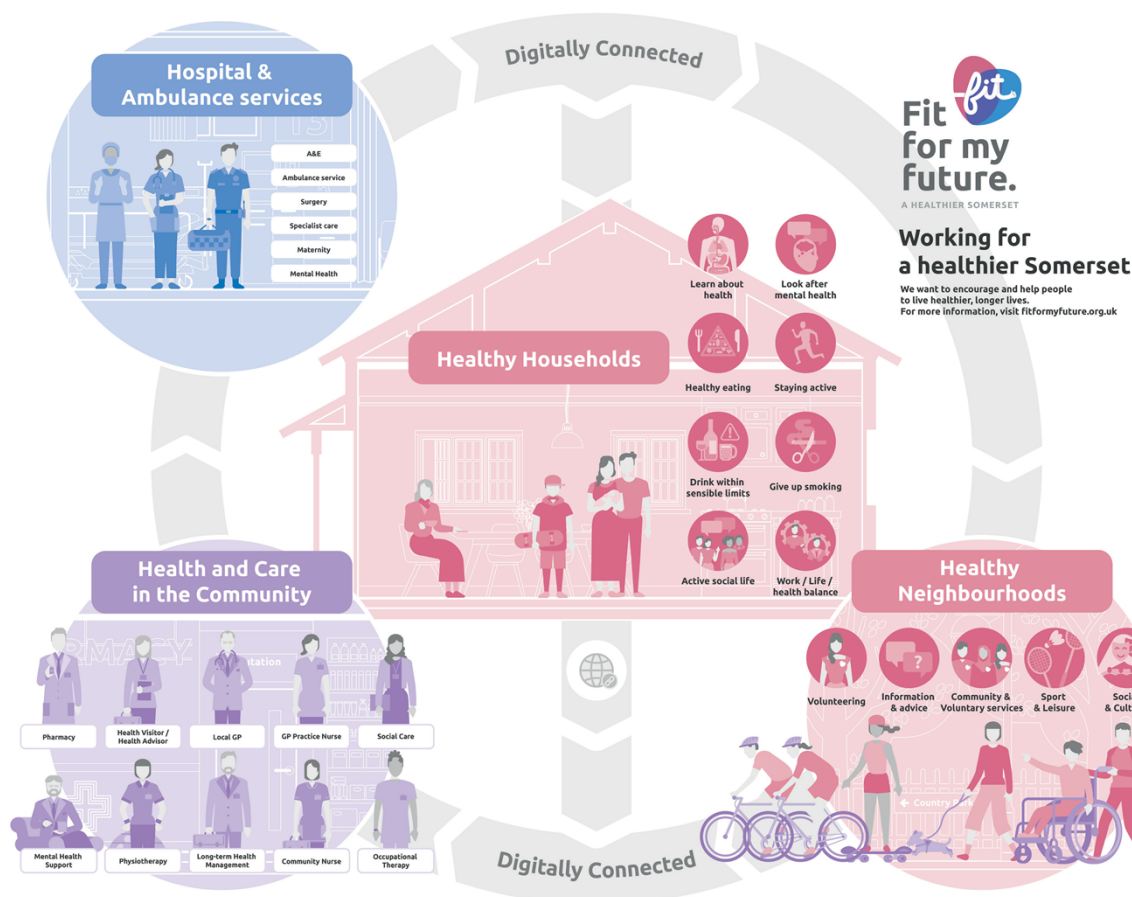
It has been clear for some time that the two programmes needed to be much more closely linked if they are to deliver integrated health and care services closer to people’s homes, centred around the individual rather than separate organisations and specialisms.

The two programmes have now been brought together - Fit for my Future and the more immediate service transformation, and the continuing work to tackle the financial deficit in health – under a single team. Pat Flaherty has recently taken on the role of SRO (Senior Responsible Officer) for Fit for my Future as well as the STP, with the full support of the chief officers and chief executives of the CCG and the acute trusts.

Maria Heard is the Programme Director for FFMF and Dr Alex Murray is providing clinical leadership. Judith Dean, a new Transformation Director, will drive through the delivery of more immediate service transformations, and Ian Triplow remains as Director for system development and finance. All four report directly to Pat Flaherty.

Vision for Fit for my Future

The infographic has been revised to reflect feedback from the public and staff about the importance of digital connectivity and innovation.



Neighbourhoods and community setting of care

- Taking services closer to the community and patients:** At the heart of the community settings of care work is an ambition to ensure that patients are cared for as close to their home as possible, minimising all unnecessary use of inpatient care. This principle applies equally to all three programmes outlined here and is a fundamental principle defining Fit for my Future. It is very well attuned to the ambitions of the Health and Wellbeing Plan, to prevent ill health wherever possible, and encourage communities and

individuals to take personal responsibility for their own health and wellbeing.

- **Impact on acute and community bed numbers:** Detailed work has been undertaken to review all relevant evidence, including an independent clinical utilisation audit to understand how many patients could be treated in a lower setting of care in the community, what this means for enhanced community based provision and refinements to clinical models, and the subsequent impact – likely to be a reduction – on the requirement for acute and community beds in the system, now and in the longer term. The development of enhanced community services and a resulting reduced need for hospitals beds would not in itself constitute a significant service change; however, if this impacts on the viability of specific services at specific sites (or the sites themselves) it is likely that this would be considered to be a major service change, and therefore requiring consultation.
- **Develop a model for Same Day Urgent Care in Somerset:** We have expanded the programme of work to look at Same Day Urgent Care requirements of the population and how we most effectively meet the population needs in Somerset. The mandated requirement for UTCs is currently under review following the findings of an early pilot in Bridgwater. The Urgent Treatment Centres provide a wider range of services than MIUs currently offer, including being led by GPs. However they will require a different staffing and skill mix to support a greater critical mass of patients and we will need to consider options which involve having fewer Urgent Treatment Centres than we have minor injuries units.
- **Neighbourhoods and Primary Care Networks:** Whilst these do not require public consultation, these workstreams are being closely aligned through joint working between the director of transformation and the programme and clinical leads for Fit for my Future. They are integral to achieving the Fit for my Future ambition of delivering more services locally in the community, closer to where people live.

Acute setting of care

- **Configuration of Stroke Services in Somerset:** The scope of this review has been extended to consider the entire pathway from prevention through to treatment, rehabilitation and stroke survivorship. Consideration of the optimum configuration and location of acute and hyperacute stroke services is a part of this workstream.
- **Obstetric and acute paediatric services:** Both of the two Somerset acute providers continue to have some concerns over the long term viability of maintaining two obstetric and acute paediatric services in the county, primarily related to critical mass and staffing. Work undertaken so far has identified some pressure for change but has not demonstrated clearly whether it is likely or not that services can continue to be provided to high quality in the future under the current configuration. Somerset is currently an outlier on spend on maternity services and cost must also be a key consideration in the shape of future provision.
- **Review of other potentially vulnerable acute specialties (including oncology) and potential to separate emergency and elective services to improve patient flow:** the programme is continuing to review the vulnerable services in Somerset to identify the most appropriate model of care for delivering these services in Somerset. We expect to be in a position to update on our next steps later in the year.

Mental health settings of care

- **Adult mental health inpatient services:** The scope of this review relates only to the future need and configuration of mental health inpatient beds for adults of working age.

The case for change is well developed and detailed options are being drawn together. This will be the first workstream to go through option appraisal and, subject to NHS England approval, public consultation.

3. Engagement and Consultation

Engagement on the criteria for option appraisal in January and February

Working with Evolving Communities, who manage Healthwatch Somerset, we ran two public focus groups and a third for staff from the acute hospitals, community hospitals, primary care, community health and care services, the CCG and Somerset County Council to test and develop those criteria further. This was followed up by:

- Invitation to over 800 stakeholders to give feedback
- Engagement via social media; two videos explaining the different options were viewed 993 times on Facebook and 447 times on Twitter
- Online survey open for 2 weeks; 129 members of the public and health staff responded.

We asked all participants for their views on seven criteria (see below). Taking account of their feedback, the criteria for option appraisal will be:

- **Quality of care – impact on patient outcomes**, eg does clinical effectiveness lead to improved outcomes for patients? how well are patient’s needs met? are health and wellbeing improved and illness reduced?
- **Quality of care – impact on patient experience and on carer experience**, eg is care provided in a positive environment? does it support privacy and dignity and promote rapid recovery? is more care delivered closer to people’s homes? is the service easier to navigate?
- **Travel times for patients and their carers and visitors**, eg how much longer will their journeys take by private transport? how long will it take by public transport and how difficult is the journey to make? are any particular geographic areas especially negatively affected?
- **Impact on equalities**, eg are any disadvantaged groups particularly impacted, negatively or positively? is there a particular positive or negative impact in terms of access and travel times for areas with relatively high levels of socio-economic deprivation?
- **Deliverability**, eg how long would each option take to implement? are there any particular risks?
- **Affordability and value for money**, eg what is the overall impact (revenue and capital, health and care services) from the perspective of the taxpayer? which if any options makes best use of the overall public estate?
- **Workforce sustainability**, eg can we ensure a sustainable workforce with availability 24 hours, seven days a week, or as needed for the specific services? are we able to attract and retain high quality staff? does the option support multi-disciplinary working and improved integration?

A [report](https://www.fitformyfuture.org.uk/wp-content) (<https://www.fitformyfuture.org.uk/wp-content> - see bottom of home page ‘Your Views on Assessment Criteria’) of the feedback and additional comments from public and staff is available on the Fit for my Future website.

Engagement process going forward

Following advice from the Consultation Institute, we have developed the following approach:

- **Long list to short list:** Independently facilitated exercise(s) involving a group of staff, stakeholders, service users and public to reduce a long list of options to a shortlist for detailed option appraisal.

- **Detailed appraisal of shortlisted options:** Deliberative, independently facilitated advisory forum(s) involving staff, stakeholders, service users and public to undertake a detailed appraisal of the shortlisted options. This panel of people will continue to act as a reference group throughout the remaining stages of the process, allowing us to sense-check our approach at each step of the way.
- **Co-design of communications and engagement strategy(s) for formal public consultation:** this is an important prerequisite of the pre-consultation business case which will be considered by NHS England and the South West Clinical Senate as part of the Stage 2 quality assurance process. We will work with the Panel to co-design this.
- **Citizens Panel:** Recruitment of a Citizens Panel of between 1100 and 1500 individuals to reflect the demographic and socio-economic profile of Somerset including over-sampling of certain seldom heard and disadvantaged groups to address inequalities. We will draw from this Panel of 'non-informed' people to ensure a wider representation of views and to ensure we reach the 'quiet' or 'seldom heard' voices, and disadvantaged groups. The Citizens Panel will be a multi-agency resource for commissioners and acute trusts wishing to seek public views. It is likely that recruitment for the Citizens Panel will take place in autumn 2019.

External specialist support for Fit for my Future engagement

In early May we commissioned Participate, a company with extensive experience in engagement and consultation within health and care, to provide support for those Fit for my Future transformation proposals requiring public consultation. They have worked with many STPs, ICSs, CCGs and providers across the country and bring independence, objectivity and a significant pool of knowledge and expertise to ensure we meet all of the NHS and legal requirements, and those of services users, stakeholders and the public, as we go forward. One of the co-founders is a Fellow of the Consultation Institute and an expert in best practice engagement.

Increasing reach and involvement with the public and seldom heard groups

The Citizens Panel will be recruited to reflect the socio-economic and demographic profile of the Somerset community, providing us with a more representative view of the wider population of Somerset. We anticipate, as we move towards more detail on the service transformation programmes and alternative settings of care, that more interested parties will choose to come forward with their views and ensure their voice is heard.

In commissioning Participate to support our engagement, we will also benefit from their expertise and experience of working with hard to reach groups. For example, in north west London they recruited and ran a focus group specifically for target seldom heard groups to design and deliver an engagement plan focusing on future surgical services for babies and children across 8 London boroughs.

4. Options Considered and reasons for rejecting them

Not applicable at this stage.

5. Consultations undertaken

Not applicable at this stage.

6. Implications

Not applicable at this stage

7. Background papers

None

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Somerset Health and Wellbeing Board

13 June 2019

Review of Health and Wellbeing Board Constitution, membership and meeting dates

Lead Officer: Trudi Grant, Director of Public Health

Author: Julia Jones and Louise Woolway

Contact Details: jjones@somerset.gov.uk and LWoolway@somerset.gov.uk

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Trudi Grant	05/06/19
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	03/06/19
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	05/06/19
Summary:	<p>The Somerset Health and Wellbeing Board was formally constituted in July 2013. It is now approaching the sixth year of operation and since this time there have been a number of developments both nationally and locally in regarding the role and expectations of Health and Wellbeing Boards.</p> <p>This paper aims to stimulate discussion about the role of the Board, the Annual Review of the Board's Constitution and Terms of Reference and the structures that may be required around it in order for it to fulfil its responsibilities.</p> <p>The report also sets out the Board's meeting dates for 2019/20 together with the membership of the Health and Wellbeing Board from May 2019 for the next year.</p>		
Recommendations:	<p>That the Health and Wellbeing Board endorses</p> <ul style="list-style-type: none"> • The additional statutory requirements regarding the Better Care Fund and overseeing the care and support for children and young people with special educational needs and disabilities (SEND) detailed in the constitution shown at 2.1 (f) and (g) in Appendix A. • Other proposed changes to the Health and Wellbeing Board Constitution (Appendix A) clearly shown in red as track changes designed to promote better practice and improve effectiveness of the Board. • a proposed review of the Terms of Reference for the 		

	<p>Health and Wellbeing Executive Group (Appendix B) to drive forward the work programme of the Health and Wellbeing Board</p> <p>The Health and Wellbeing Board also:</p> <p>1. Notes the Board’s membership for 2019/20 set out in section 2.1</p> <p>2. Agrees the Board meeting dates for 2019/20 set out in Section 3.2.</p> <p>Notes that any proposed changes to its constitution and structure and membership will require consultation and approval by Constitution and Standards committee.</p>
Reasons for Recommendations:	The functions of the Board have developed over time and there is now a need to review its’ working practices, alongside the review of the Board’s Constitution and Health and Wellbeing Executive Terms of Reference (Attached as Appendix B to this report).
Links to Somerset Health and Wellbeing Strategy:	Delivery of the Health and Wellbeing Strategy is dependent on the successful operation of the Health and Wellbeing Board.
Financial, Legal and HR Implications:	No implications have been identified.
Equalities Implications:	Not applicable.
Risk Assessment:	<p>Failure to provide shared leadership to the Health and Wellbeing System will lead to fragmented services resulting in poorer health and a widening of health and social inequalities.</p> <p>The risks of failing to develop the Board will impact on the delivery of the Health and Wellbeing Strategy and integration of Health, Public Health and Social Care.</p>

1. Background

- 1.1.** Nationally, there has been increasing expectation that Health and Wellbeing Boards will adopt additional responsibilities such as sign off and oversight of joint commissioning and service delivery local plans. One of the most significant and substantial changes has been the responsibility placed on Health and Wellbeing Boards to have oversight and sign off of the Better Care Fund Submission.
- 1.2.** At a local level, the Board has needed to gain a greater understanding of its role and how it fits and adds value to the existing structures and partnerships that are in place in the county. The Board has been keen not to duplicate the work being

taken forward in other forums but rather to add value and additional drive to positively address substantial, often complicated issues that impact on health and wellbeing.

- 1.3. This paper aims to stimulate discussion about the emerging role of the Board and the structures that may be required around it in order for it to fulfil its responsibilities.
- 1.4. The constitution has been updated to include statutory requirements regarding the Better Care Fund and overseeing the care and support for children and young people with special educational needs and disabilities (SEND) detailed in the constitution shown at 2.1 (f) and (g) in Appendix A.
- 1.5. Other proposed changes to the constitution designed to promote better practice and improve effectiveness of the Board have also been added and are shown as track changes in red in Appendix A.
- 1.6. The terms of reference for the Executive Group have been refreshed to reinforce the primary role of the group in driving forward the work programme of the Health and Wellbeing Board and overseeing and monitoring progress against the Improving Lives Strategy and the associated metrics, alerting the Board to any emerging issues or under performance.

2. Health and Wellbeing Board Membership 2019/20

- 2.1 The Board membership for 2019-20 is as follows:
 - Cllr Christine Lawrence (Somerset County Council) - Chair
 - Cllr Frances Nicholson (Somerset County Council) – Vice Chair
 - Cllr David Huxtable (Somerset County Council)
 - Cllr Linda Vijeh (Somerset County Council)
 - Cllr Amanda Broom (Somerset County Council)
 - Stephen Chandler (Somerset County Council)
 - Trudi Grant (Somerset County Council)
 - Julian Wooster (Somerset County Council)
 - Cllr Chris Booth (Somerset West and Taunton Council)
 - Cllr Ros Wyke (Mendip District Council)
 - Cllr Jeny Snell (South Somerset District Council)
 - Cllr Janet Keen (Sedgemoor District Council)
 - David Freeman (Somerset Clinical Commissioning Group)
 - Dr Ed Ford (Somerset Clinical Commissioning Group) – Vice Chair
 - Maria Heard (Somerset Clinical Commissioning Group)
 - Mark Cooke (NHS England)
 - Judith Goodchild (HealthWatch)
 - Supt Mike Prior (Avon and Somerset Police)

3. Health and Wellbeing Board meeting dates 2019/20

- 3.1. The Board is requested to approve the following Board meeting dates for 2019-20

3.2. 2019	2020
11 July	16 January
26 September	19 March
14 November	21 May

4. Options considered and reasons for rejecting them

4.1. None

5. Consultations undertaken

5.1. These issues have been discussed by the Health and Wellbeing Executive and will be discussed further following feedback from the Board

6. Financial, Legal, HR and Risk Implications

6.1. None

7. Background papers

7.1. Somerset Joint Strategic Needs Assessment, the Somerset Health and Wellbeing Strategy, the Health and Wellbeing Board Constitution and Terms of Reference.

Agreed Constitution for Somerset's Health and Wellbeing Board July 2014

Introduction

Under the Health and Social Care Act 2012 the County Council must establish a Health and Wellbeing Board.

This constitution will cover the operation of the Somerset Health and Wellbeing Board from July 2014. It will be revised if necessary in accordance with the legislative requirements.

1. Aim

1.1 The Somerset Health and Wellbeing Board (SHWBB) will provide strategic leadership to improve the health and wellbeing of the residents of Somerset through the development of improved and integrated health, public health and adults and children's social care services

2. Functions

2.1 The Board, on behalf of the County Council and the Somerset Clinical Commissioning Group (SCCG), shall identify and agree health and wellbeing needs and priorities across Somerset through:

a) providing a structure for strategic local planning and accountability of health and wellbeing related services across a range of sectors and providers

(b) assessing the needs of the local population and lead the statutory Joint Strategic Needs Assessment ('JSNA') with an annual (a) — The regular refresh and publication of the Joint Strategic Needs Assessment (JSNA) to support evidence-based prioritisation, commissioning and policy decisions;

(c) ensuring that the JSNA drives the development of the Health and Wellbeing Strategy (Improving Lives) and influences other key plans and strategies across the County

(d)(b) The preparation, agreement and publication of the Somerset Health and Wellbeing Strategy (SHWBS). The SHWBS will set a high level joint strategic vision for health and wellbeing, taking into account the JSNA and the Annual Public Health Report, as well as national policy developments and legislation. Organisations represented on the Board have a duty to take heed of the strategy and will be held to account for their contribution to delivery of outcomes.

(e) actively engaging with the other key partnerships to ensure achievement of outcomes in all agreed areas and to extend the reach of the Improving Lives Strategy by ensuring alignment with other strategies and plans

(f) discharging all functions relating to the Better Care Fund that are required or permitted by law to be exercised by the Board including: Agreeing the Better Care Fund; and overseeing the delivery of the Better Care Fund and Improved Better Care Fund. This includes providing a written progress report on each of the schemes under the fund to each Board meeting.

(g) responsible for overseeing the implementation of the statutory requirement within the Children and Families Act 2014 , for local services to work together providing care and support for children and young people with special educational needs and disabilities (SEND), ensuring that local services are fulfilling their role and that children are getting the care they need

(h) ensuring that the Local Integrated Care Partnerships, Local Authorities, Clinical Commissioning Groups and NHS England, Police demonstrate how the JSNA has driven decision making

(i) In order to undertake the system leadership role the Board will receive reports in conjunction with the delivery of the Improving Lives Strategy and outcomes from:

- STP
- Somerset Growth Board
- Safer Somerset Partnership
- Somerset Childrens Trust
- Somerset Strategic Housing Group
- Neighbourhoods Group
- Children's and Adults Safeguarding Boards
- Information Governance Panel

(j) providing challenge and encouragement to put prevention central to everything we do in Somerset; with a relentless focus on issues that drive inequalities

(k) providing a forum for cross-system learning and support through the Health and Wellbeing Board development sessions and workshops

2.2 The Board shall:

(a) Oversee, where appropriate, the use of resources across a wide spectrum of services and interventions, to ensure that the SHWBS and priority outcomes are achieved and, to drive a genuinely collaborative approach to commissioning, including the co-ordination of agreed joint strategies.

(b) Support the inclusion of the public, patients and communities in the setting of strategic priorities, including (but not solely) through the involvement of local Healthwatch.

(c) Communicate and engage with local people in how they can achieve the best possible quality of life and be supported to exercise choice and control over their own health and wellbeing and that of the people living around them.

(d) Each board member has a responsibility to report and act upon the group or organisation they represent in order to maximise the impact they can make in terms of improving lives (promoting and delivering the health and wellbeing strategy).

In line with the Health & Social Care act 2012 the work of the Board will be scrutinised through appropriate SCC Scrutiny Committees.

3. Membership

3.1 Membership of the Board shall reflect the principle that at least 50% of its voting membership shall comprise elected local councillors. Representation on the Board reflects the statutory membership as required by the Health and Social Care Act.

3.2 The full members of the Board (i.e. with voting rights) shall comprise the following:

- Up to 5 County Councillors including the relevant Cabinet Members for Health and Wellbeing, Adult Social Care and Children and Families, 1 member of the Opposition and 1 other Council member – all to be chosen by the Leader of the Council
- ~~2~~ 2 x Somerset Clinical Commissioning Group (SCCG) 1 x GP representatives and 1 x Health and Care Integration lead officer GP representatives
- SCCG Accountable Officer Managing Director
- ~~5~~ 4 x District Councillors (1 from each District)
- Director of Public Health
- ~~Lead Commissioner for~~ Director for Adult Social Services and Health
- ~~Lead Commissioner~~ Director for Children's Services
- NHS England representative
- Healthwatch Somerset nominated volunteer representative
- Avon and Somerset Police representative

Total: 18

3.3 In accordance with paragraph 3.2 above, the nominated membership is as follows:

Somerset County Council

Cllr Christine Lawrence - Chair
Cllr Frances Nicholson - Vice Chair
Cllr David Huxtable
Cllr Linda Vijeh
Cllr Amanda Broom

SCCG representatives

Dr Ed Ford (Somerset Clinical Commissioning Group) – Vice Chair
[Maria Heard \(Somerset Clinical Commissioning Group\)](#)

~~SCCG Managing Director~~
Accountable Officer
[David Freeman](#)

5-4 x District Councillors (1 from each District)

[Cllr Chris Booth \(Somerset West and Taunton Council\)](#)
[Cllr Ros Wyke \(Mendip District Council\)](#)
[Cllr Jeny Snell \(South Somerset District Council\)](#)
[Cllr Janet Keen \(Sedgemoor District Council\)](#)

Director of Public Health

Trudi Grant

~~Lead Commissioner~~
Director of Adult Social Services and Health
Stephen Chandler

~~Lead Commissioner for~~
Director of Children's Services
Julian Wooster

NHS England representative

Mark Cooke

Healthwatch Somerset
Judith Goodchild

[Avon and Somerset Police](#)
[Superintendent Mike Prior](#)

3.4 Other members may be co-opted by the Board as required but will not have full voting membership.

4. Chairing arrangements

4.1 The Leader of the Council shall appoint the Chairman of the Board annually from within the County Council's representation on the Board. The Leader shall appoint up to 2 Vice-Chairmen on an annual basis at least one of which shall come from within the health service representation on the Board.

4.2 In the event that the Chairman is not present but the meeting is quorate the voting members present at the meeting shall choose which Vice-Chairman is to chair that meeting.

5. Quorum

5.1 To ensure that sufficient members are present at all meetings for the effective conduct of business the quorum for the Board will comprise nine members (over 50%), and must include at least two voting Members from the County Council and one voting member of the SCCG. If a quorum is not present, matters may be discussed and recommendations made but no decisions taken.

6. Substitutes

6.1 No substitutes shall be allowed for members of the Board.

7. Appointments

7.1 If the Council wishes to change the voting membership of the Board, then the Council must consult the Board on the proposal. Council nominations must be in accordance with the legislation.

8. Governance and Accountability

8.1 In accordance with section 194 of the Health and Social Care Act, the Board shall be a committee of the Council and is to be treated as if it were a committee appointed by the Council under section 102 of the Local Government Act 1972

8.2 The regulations relating to the Board are published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

8.3 The Regulations modify and disapply certain legislative requirements as they apply to the Board. The provisions which are modified or disappplied are in the Local Government Act 1972 and the Local Government Housing Act 1989.

8.4 The Board shall produce an annual report, which will be presented to meetings of both Somerset County Council and the SCCG. It shall also

report as necessary to the Council's Cabinet, Full Council and the SCCG as the business dictates.

9. Decisions

9.1 The Board shall be accountable for its actions to its individual member organisations for decisions in respect of the JSNA and the SHWBS.

9.2 It is expected that Members of the Board will have delegated authority from their organisations to take a full part in the business of the Board.

9.3 It is expected that decisions or recommendations shall be reached by consensus. In exceptional circumstances where consensus cannot be achieved and a formal vote is required, the matter shall be decided by a simple majority of those members voting and present in the room at the time the proposal is considered. The vote shall be by a show of hands. If there are equal votes for and against, the Chair~~man~~ will have a second or casting vote. There will be no restriction on how the Chair~~man~~ chooses to exercise a casting vote.

9.4 Decisions within the terms of reference will be taken at Board meetings and are not subject to ratification or a formal decision process by partner organisations. However, where decisions are not within the delegated authority of the Board, these will be subject to ratification by constituent bodies.

10. Procedural Rules to apply to Board Meetings

10.1 Detailed procedural rules for Board meetings are attached as an appendix.

11. Establishment of Sub-Committees

11.1 The Board shall be responsible for the appointment of any sub-committees or working groups to assist with the fulfilment of its functions in accordance with any legislative requirements in relation to their establishment.

11.2 The Board shall also be responsible for accepting reports as necessary from partnerships whose business relates to the functions of the Board.

12. Board Members' Conduct

12.1 All voting members of the Board must comply with the County Council's Code of Conduct including the registration of disclosable pecuniary interests and personal interests.

12.2 The Monitoring Officer for Somerset County Council will maintain and publish a register of interests of Board members.

12.3 The principles of these requirements are consistent with the requirement on SCCG's in relation to conflicts of interest.

13 Work Programme for the Board

13.1 The Board shall be responsible for establishing and maintaining its work programme.

14. Review of the Constitution

14.1 This constitution will be reviewed as and when required but at least annually by the Council in consultation with other constituent bodies and the Board.

15. Administration of Meetings

15.1 Meetings of the Board will be convened by the County Council, who will also arrange the clerking and recording of meetings (a member of the Council's Democratic Services Team will act as Clerk).

PROCEDURAL RULES FOR BOARD MEETINGS

1. Introduction

1.1 These rules also detail the rights of the public to be notified of meetings of the Board, to attend and participate in those meetings, and access agendas and papers before and after meetings of the Board.

1.2 The term 'clear days' in these rules excludes any Saturday, Sunday, Bank Holiday, Christmas Day or Good Friday, the day that an agenda is sent to the Members of the Board and the day of the meeting.

2. Rights of the public to attend Board meetings

2.1 Members of the public may attend Board meetings subject only to the exceptions in these rules.

3. Notice of Board Meetings

3.1 The Council shall give at least five clear days notice of any public meeting of the Board via it's website, the public notice board at County Hall, Taunton and at the venue for the meeting if held elsewhere.

4 Access to agendas and reports before Board meetings

4.1 Copies of agendas and reports are made available for public inspection at County Hall (contact Community Governance - 01823 355032 or email jajaeksonjones@somerset.gov.uk for further details) at least five clear days before a meeting of Board. If an item is added to the agenda later, the revised agenda and any additional report (s) will be made available for public inspection as soon as they have been sent to members.

4.2 Board agendas and papers will also be available to access on the Council's website.

5. Exclusion of access by the public to Board meetings

5.1 Confidential information - requirement to exclude public

5.1.1 The Board **must** by resolution, exclude press and public from meetings whenever it is likely that **confidential** information would be disclosed.

5.1.2 Confidential information means information given to the Council by a Government Department on terms forbidding its public disclosure or information which is prevented from being publicly disclosed by Court Order.

5.2 Exempt information - discretion to exclude public

5.2.1 The Board **may** by resolution exclude press and public from meetings whenever it is likely that exempt information would be disclosed.

5.2.1 Exempt information means information falling within the following categories

Category	Qualifications
<p>1. Information relating to any individual.</p> <p>2. Information which is likely to reveal the identity of an individual</p> <p>3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).</p> <p>4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the Authority or a Minister of the Crown and employees of, or office holders under, the Authority.</p> <p>5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.</p> <p>6. Information which reveals that the Authority proposes –</p> <p>(a) to give under any enactment notice under or by virtue of which requirements are imposed on a person; or</p> <p>(b) to make order or direction under any enactment.</p> <p>7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.</p>	<p>1. Information is not exempt information if it is required to be registered under the Companies Act, Charities Act etc.</p> <p>2. Information is not exempt information if it relates to proposed development for which the Council may grant itself planning permission.</p> <p>3. Subject to paragraphs 1 and 2 above, information which falls within paragraphs 1 to 7 opposite is exempt information if and so long as the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>

6. **Exclusion of Access by the Public to Reports and Any Other Relevant Documents**

6.1 Reports containing confidential information will not be made available to the public in any circumstances. Such reports will be marked “Not for publication – Confidential Information”.

6.2 Reports and documents containing exempt information will not normally be made available to the public. They will be marked “Not for

publication” and will include the description of the category of exempt information applicable.

6.3 The Board has the option, when the report or documents described at paragraph 6.2 above come to a meeting of the Board, to make them available to the press and public and/or consider the report with the public present, in which case the report can at that stage be made available to the public present and for public inspection beyond the meeting.

7. Public Question Time

7.1 The following rules relate to public question time at public meetings of the Board.

(a) “Public question” is defined as the asking of any question, or making of a statement in relation to any item on an agenda.

(b) Petitions may be presented on any matter within the overall remit of the Board whether or not there is a relevant item on the agenda.

(c) Each Board agenda shall include an item to allow public questions to be taken early in the meeting. However, the Chair~~man~~ has discretion to take public questions when the relevant item is reached on the agenda.

(d) A person wishing to raise a matter under public question time is asked to inform the meeting administrator by ~~12 noon the day~~5pm 3 clear working days before the meeting.

(e) The Chair~~man~~ will invite those who have given prior notice to introduce their question / or make their statement. The individual may speak for up to ~~two-three~~ minutes or longer with the Chair~~man~~'s discretion.

(f) There will be no debate on any question or statement made. They will be answered at the time or noted for consideration when the relevant agenda item is reached. The Chair~~man~~ has discretion to allow a supplementary question.

(g) The time allowed for public question time will not normally exceed twenty minutes unless the Chair~~man~~ directs otherwise.

(h) Where there are a large number of questioners on the same subject, the Chair~~man~~ may ask those concerned to nominate one or more of their number to pose the appropriate question(s).

(i) In exceptional circumstances the Chair~~man~~ may adjourn the meeting temporarily to allow views to be expressed more freely.

8. Media Attendance and Reporting at Public Meetings

8.1 Media are welcome to attend public meetings of the Board and report on proceedings. In addition social media journalists are welcome to record and transmit business at these meetings. This permission is subject to the activity not disrupting the business of the meeting. In the event that the meeting considers confidential or exempt business then all members of the public and press must leave the room as requested for the consideration of such business.

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SOMERSET HEALTH AND WELLBEING BOARD

EXECUTIVE GROUP

TERMS OF REFERENCE

1 PURPOSE

To drive and promote the work of the Board, acting to engage and encourage active participation across the member organisations.

To drive forward development of the Health and Wellbeing Board and its members to undertake its System Leadership role.

2 TASKS/OBJECTIVES

2.1 The primary role of the Executive Group is to drive forward the work programme of the Health and Wellbeing Board, particularly:

- Overseeing and monitoring progress against the Improving Lives Strategy and the associated metrics, alerting the Board to any emerging issues or underperformance.
- Operating a robust executive function to ensure the smooth and efficient running of the Board, including agenda setting, developing and running a structured development programme for Board members.

These will be in line with the Improving Lives Strategy

2.2 To ensure a Joint Strategic Needs Assessment is completed to be used by the Board to ensure the priorities within the Health and Wellbeing Strategy are focused on the needs of the local community.

2.3 The group will co-ordinate work between the organisations and strategic partnerships in order to deliver the strategic priorities identified in the Improving Lives Strategy

2.4 To oversee performance against the appropriate outcomes frameworks and provide a regular report the Health and Wellbeing Board.

2.5 To advise the Health and Wellbeing Board and stakeholders on the health and wellbeing needs in Somerset and the available evidence of effective measures to improve health and address inequalities.

2.6 To undertake the Pharmaceutical Needs Assessment every 5 years or sooner if required

2.7 To implement the decisions of the Board



2.7 To resolve any conflicts between partners and between local and national priorities

3 MEMBERSHIP AND GOVERNANCE

3.1 The Executive Group will operate as a partnership. It will not have delegated responsibility and will report to the Health and Wellbeing Board.

3.2 The Executive Group shall meet no fewer than four times a year and will be chaired by the Public Health Consultant with responsibility for supporting the Health and Wellbeing Board. The terms of reference for the group will be reviewed on an annual basis.

3.3 Agendas and papers for the meeting will be sent out at least five working days prior to the meeting. The action points of the meeting will be sent out and made available on the Somerset County Council website within 10 working days of the meeting.

3.4 The Executive Group will comprise the membership seen in appendix 1. Members should be senior representatives from organisations, who contribute to the development of services which improve health and wellbeing in Somerset.

3.5 Members of the groups should do the following:

- commit to attending the majority of meetings
- act as a conduit between the Executive Group, their elected Board Member (for District and County Council officers) and their organisations
- adhere to the seven Nolan Principles for standards in public life as seen in appendix 2.

3.6 A quorum of one third of the members of the Executive Group must be present to enable business to be transacted, with at least one officer from Somerset County Council, one from the Clinical Commissioning Group and one from a District Council.

4 STRUCTURE

4.1 A number of existing partnerships will also contribute to the work of the Board and the Executive Group, in line with delivery of the Improving Lives Strategy. Examples of these include:

- Growth Board
- Somerset Children's Trust



- Somerset Strategic Housing Group
- Safer Somerset Partnership
- Stronger Communities Board
- FFMF Programme Board (reporting to PEG)



**HEALTH AND WELLBEING BOARD
EXECUTIVE GROUP MEMBERSHIP**

The following membership has been agreed for the Executive Group:

- Director of Adult Social Care
- Director of Children's Services
- Director of Public Health
- Representative from Healthwatch
- Representatives from the four District Councils within Somerset
- The Managing Director of the Clinical Commissioning Group



The Seven Principles of Public Life, known as the Nolan Principles, as set out by the Committee for Standards in Public Life:

- **Selflessness:** Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness:** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.
- **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership:** Holders of public office should promote and support these principles by leadership and exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

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Somerset Health and Wellbeing Board

28 May 2019

Report for decision

Healthwatch Somerset Impact Report 2018/19

Lead Officer: Emily Taylor, Manager, Healthwatch Somerset

Author: Emily Taylor, Manager Healthwatch Somerset

Contact Details: Emily.taylor@healthwatchsomerset.co.uk, 01278 264405.

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Louise Woolway	03/06/19
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	03/06/19
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	05/06/19

Summary:	Healthwatch Somerset are bringing a summary of their Annual Impact Report 2018/19 to the board for consideration.
Recommendations:	That the Health and Wellbeing Board: <ol style="list-style-type: none"> 1. Considers and comments on the progress of Somerset Healthwatch to date and the agreed priorities for the 2019/20 workplan. 2. Agrees that all Somerset County Council Public Consultations around Health and Social Care be shared with Healthwatch Somerset for promotion.
Reasons for recommendations:	<ul style="list-style-type: none"> • To update the Health and Wellbeing Board on the activities and progress of Healthwatch Somerset. • To make the Health and Wellbeing Board aware of the public's voice on health and social care matters. • To ensure that any consultations run by Somerset County Council are independently promoted.
Links to Somerset Health and Wellbeing Strategy	Healthwatch is a statutory member of the Health and Wellbeing Board and committed to supporting the delivery the Improving Lives strategy. The public voice has an important role to play in all Improving Lives Priorities.
Financial, Legal and HR Implications:	None
Equalities Implications:	None
Risk Assessment:	None

1. Overview

- 1.1. 1,816 people shared their health and social care story with us.
- 1.2. We have 42 volunteers helping to carry out our work. In total, they gave up 1,280 hours (equivalent to 170 days).
- 1.3. 152 people accessed Healthwatch advice and information online or contacted us with questions about local support.
- 1.4. We visited 9 services and 98 community events to understand people's experience of care. From these visits, we made 19 recommendations for improvement and 13 were adopted by services.
- 1.5. We reached over 281,000 people through our social media, and 24,000+ viewed our website. An increase which exceeds 100%.
- 1.6. We have secured a place on 26 strategic meetings.

2. Reports

- 2.1. NHS 111 Service Report – October 2018
- 2.2. Enter & View Report: Able2achieve – November 2018
- 2.3. Somerset Young Carers Report – March 2019
- 2.4. Evaluation of Somerset Safeguarding Service: User feedback process – April 2019
- 2.5. Health Visitor Report (draft) – June 2019

3. 2019/20 Priorities

- 3.1. Our priorities for the year ahead are:
 1. Access to Child and Adolescent Mental Health Services
 2. Access to primary care appointments
 3. The availability of community support

These are based on the feedback we have received, what we hear at strategic meetings and by engaging with key partners. 50 people told us what they believed our priorities should be.

4. Background papers

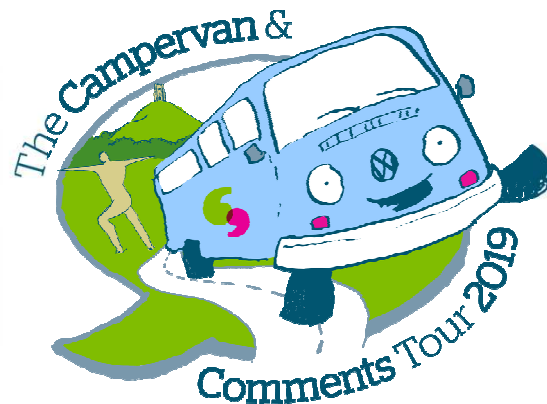
- 4.1. The above is just a summary of the Healthwatch Somerset 2019/20 Impact Report. The full report will be shared with the Health and Wellbeing Board once the final editing has taken place.



Healthwatch Somerset
2018/19 Impact Report

What we did in 2018/19

- Jun - Aug 18 NHS 111 Survey -662 responses
- Oct - Nov 18 Fit For My Future Engagement
- Oct - Feb 19 Adult Safeguarding - telephone interviews
- Jan - Feb 19 Young Carers - You Said, We Listened
- Feb - April 2019 Health Visitor Survey - 445 responses
- Mar 2019 Campervan and Comments Tour, 408 comments
- Mar - Apr 2019 NHS Long Term Plan, 212 responses



Evaluation of Somerset Safeguarding Service: User feedback process

- Service user feedback was not being received in sufficient quantities.
- New method tested - telephone interviews.
- 7 recommendations made - all of which have been accepted by both the team and SSAB. These included:
 - § Information gathered being used system wide
 - § Key questions being asked throughout the process
 - § Review information available about staying safe in the future
- New way of hearing service user feedback has been adopted,
- Key Performance Indicators set around this, and quarterly reports will be provided to the SSAB.



Health Visiting Service Report

- 445 people completed the survey
- Two thirds of people were satisfied, or extremely satisfied
- Recommendations were:
 - Improved Communication with Families
 - Strong Links with Primary Care
 - People want continuity of care
 - People value drop in clinics/ groups and would like to see more
 - Improved feeding support
 - Where there are specific situations, the service processes need to adapt



Thank you for your time

If you have any further questions or
comments you can email
info@healthwatchsomerset.co.uk or call
01278 264405.



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Somerset Safeguarding Adults Board Draft Strategic Plan – 2019-22

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Cabinet Member: Cllr David Huxtable, Cabinet Member – Adult Social Services

Division and Local Member: All

1. Summary

- 1.1. The purpose of this report is to consult with the Somerset Health and Wellbeing Board in relation to the Somerset Safeguarding Adults Board's (SSAB) Strategic Plan for 2019/22.
- 1.2. The SSAB's role is to have an oversight of safeguarding arrangements within the County, not to deliver services or become involved in the day to day operations of individual organisations, including those of Somerset County Council.
- 1.3. This report is not intended to give an update on the work of the SSAB during 2018/19. A report detailing the SSAB's work over the last year will be presented to the Somerset Health and Wellbeing Board later in the year when it considers the SSAB Annual Report.

2. Issues for consideration / Recommendations

2.1. That the Somerset Health and Wellbeing Board:

1. **Notes the contents of this paper alongside the draft 2019-22 Strategic Plan**
2. **Comments on and discusses the proposed strategic priorities for 2019-22**
3. **Continues to promote adult safeguarding across the County Council and in commissioned services**

3. Background

- 3.1. The Somerset Safeguarding Adults Board (SSAB or "the Board") operates as an independently-chaired, multi-agency body under The Care Act 2014. It became statutory from April 2015. The main objective of the SSAB is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:
 - have needs for care and support; *and*
 - are experiencing, or at risk of, abuse, neglect or exploitation; *and*
 - are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.
- 3.2. The SSAB is required by The Care Act 2014 to produce and publish a strategic plan for each financial year. The plan must set out what the Board intends to do over the next year to help and protect adults at risk of abuse and neglect in

Somerset during that timeframe. In common with many other Safeguarding Adults Boards, the Board chose to develop a three-year plan in 2016 that was refreshed annually. We propose to take a similar approach for our next strategic plan that will cover the period from April 2019 to March 2022.

- 3.3.** By its very nature a strategic plan will be high-level and contain objectives that will be updated as work progresses. Our plan also does not reference specific groups of adults in recognition that, while the general level of risk may vary, safeguarding work is rarely group specific.
- 3.4.** Safeguarding is everybody's business, and the Board has a strategic role that is greater than the sum of the operational duties of the core partners.
- 3.5. The SSAB's Strategic Plan for 2019-22**

The development of this strategy has been informed by broad consultation with an expanded Board membership that now includes representatives of people who use services, carers and the third sector. We also included an article about its development in our December newsletter inviting feedback from our readers, and promoted this opportunity through social media. It has been informed by the feedback we received, multi-agency professionals, the findings to emerge from audits, learning to emerge from Safeguarding Adults Reviews both locally and nationally, and the analysis of comparative performance data.

We recognise that we can achieve more by working collectively in partnership and commit ourselves to the objectives contained within the draft plan. Our proposed overarching priorities for 2019-22 are:

- a) Listening and learning:
- Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
 - We use learning to enhance practice across the system in Somerset
 - We learn from when things go wrong, both in Somerset and elsewhere, and take appropriate action to reduce risk
- b) Enabling people to keep themselves safe:
- People are aware of what abuse is and how to keep themselves and those that they care for safe
 - People know what to do if they think that they are experiencing abuse or neglect
- c) Working together to safeguard people who can't keep themselves safe:
- Organisations, including the third sector, work together to ensure that multi-agency arrangements are effective, and that people who are unable to keep themselves safe are supported in the least invasive way
 - Policy and guidance reflects best practice and takes a positive approach to risk
 - There is effective working across local, regional and national partnerships on areas of mutual interest
 - The number of inappropriate referrals is reduced through people raising other types of concern in an appropriate way
- d) Making sure we do what we said we would do:
- Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability,

- respectful challenge and continuous learning
- The Board uses data appropriately to understand where risk exists within the system
- The Board can demonstrate progress through the regular monitoring of performance and a robust self-audit and peer challenge processes

3.6. Further information on the tasks that it is proposed will underpin these priorities can found in Appendix A. Some tasks, for example work emerging from the Mendip House Safeguarding Adults Review have been carried over from our existing plan where work remains ongoing. A small number of other tasks, for example those relating to the statutory processes of the Board, remain broadly similar to the 2018/19 Strategic Plan.

4. Consultations undertaken

4.1. As part of refreshing the Strategic Plan the SSAB has sought feedback from Healthwatch. In addition, it has sought feedback from the Board's expanded Board membership that now includes representatives of people who use services, carers and the third sector, and through inviting comment from readers of our newsletter and followers on social media.

4.2. Feedback was sought from the Scrutiny for Policies, Adults and Health Committee in March 2019. As a result of this feedback we have a change to the plan to include a specific reference to enabling people to keep themselves safe on-line.

5. Implications

5.1. Safeguarding activity by its nature is an inherently risky area and has the potential to bring a Council's reputation into discredit and the wider safeguarding system into question. The Strategic Plan, a legal requirement by the Care Act 2014, provides partner agencies and the public with assurances that adult safeguarding is being monitored and scrutinised in Somerset and the SSAB welcomes this opportunity for the Somerset Health and Wellbeing Board to comment on the draft 2019-22 plan.

6. Background papers

6.1. Appendix A – Draft SSAB Strategic Plan 2019-22

Note For sight of individual background papers please contact the report author

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1: Listening and learning

Desired outcomes:

- Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
- We use learning to enhance practice across the system in Somerset
- We learn from when things go wrong, both in Somerset and elsewhere, and take appropriate action to reduce risk

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
A	Use the views of, and learning from, people who have experienced safeguarding and their carers, both provided directly to the Board and through partner organisations, including the third sector, to inform the work of the Board	Board/ Exec Group	Ongoing	<ul style="list-style-type: none"> • Feedback from people who experience safeguarding and their carers, data and audit demonstrates a greater focus on outcomes • Feedback from people who experience safeguarding and their carers is proactively sought, acted upon and, where appropriate, monitored through the self-audit process
B	Develop, then monitor, quality assurance standards for learning and development	Learning and Development Subgroup	Standards developed during 2019/20	<ul style="list-style-type: none"> • Quality standards are developed, implemented and monitored through the self-audit process • Training reflects a 'think family' approach • Learning opportunity take up and evaluation
C	Share best practice to prevent, minimise and respond to harm.	Learning and Development Subgroup	Ongoing	<ul style="list-style-type: none"> • Best practice is identified and shared on a regular basis through the SSAB website, social media and newsletters • Monitoring the levels and types of safeguarding concerns for adults at risk

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
D	Deliver multi-agency Safeguarding Adults learning opportunities to raise the profile of adult safeguarding, address areas of practice improvement, share lessons learnt from Reviews, and offer workshops to local Safeguarding Leads.	Learning and Development Subgroup	Ongoing	<ul style="list-style-type: none"> Multiagency practitioner feedback demonstrates awareness of safeguarding issues, risks and commitment to develop own practice.
E	Commission, participate in and support Safeguarding Adults Reviews (SARs), ensuring learning from both local and national reviews is widely shared, including supporting the development of the National SAR Library.	Independent Chair / SAR Subgroup	Ongoing	<ul style="list-style-type: none"> Reports are published in full unless publication could be deemed to be detrimental to the person's wellbeing or the person or their family members who act/acted in the persons best interest asks for them not to be Implementation of local recommendations are monitored through the self-audit process Progress regarding national recommendations is reported to the Board Where the threshold for a SAR has not been met Learning Reviews are used to identify learning to be shared Practice Briefings are published for all local SARs and learning reviews

2: Enabling people to keep themselves safe

Desired outcomes:

- People are aware of what abuse is and how to keep themselves and those that they care for safe
- People know what to do if they think that they are experiencing abuse or neglect

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
A	Raise public awareness of: <ul style="list-style-type: none"> • the different types of abuse • how people can keep themselves and those that they care for safe, including on-line • what to do if they think that they are experiencing abuse or neglect, including how to refer themselves to the County Council for safeguarding help and support • what to do about other types of concern; for example, service quality 	Board/ Exec Group	Ongoing	<ul style="list-style-type: none"> • Public feedback demonstrates improved awareness of safeguarding issues • Targeted campaign reach and feedback • Increase in number of referrals made by the person who needs safeguarding themselves • Website analytics and feedback • Social media reach and feedback • Newsletter reach and feedback • Engagement with campaigns including: <ul style="list-style-type: none"> ○ World Elder Abuse Awareness Day ○ 'Stop Adult Abuse' awareness week ○ 16 days of action ○ Rogue trader's week ○ Safeguarding adults week • Continued promotion of the SSAB 'Thinking it, Report it' campaign
B	Through partner organisations, including the third sector, provide targeted information to specific groups/sectors that are identified as being at greater risk	Board/ Exec Group	Ongoing	
C	Plan promotional activities to coincide with local, regional and national campaigns	Business Manager	Ongoing	
D	Work together with Devon, Somerset and Torbay Trading Standards Service to raise awareness of financial abuse and scams	Business Manager	Ongoing	
E	Work together with the Somerset Community Safety Partnership and Avon & Somerset Constabulary to support work to raise public awareness of, and disrupt, County Lines activity	Board/ Exec Group	Ongoing	

3: Working together to safeguard people who can't keep themselves safe

Desired outcomes:

- Organisations, including the third sector, work together to ensure that multi-agency arrangements are effective, and that people who are unable to keep themselves safe are supported in the least invasive way
- Policy and guidance reflects best practice and takes a positive approach to risk
- There is effective working across local, regional and national partnerships on areas of mutual interest
- The number of inappropriate referrals is reduced through people raising other types of concern in an appropriate way

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
A	Work together to make sure adult safeguarding standards keep people safe and minimise risk of harm, with policies and guidance that supports adults at risk to live their lives as they wish, whilst their rights to freedom from harm are actively supported.	Policy and Procedures Subgroup	Ongoing	<ul style="list-style-type: none"> • Reduction in the number of inappropriate referrals • Any policy or guidance changes required are agreed and implemented • There is guidance in place to support application of the Mental Capacity Act and Deprivation of Liberty Safeguards / the proposed replacement Liberty Protection Safeguards • Appropriate mechanisms are in place to address deficits in multi-agency working, should they occur • There are effective arrangements in place for joint working that can be demonstrated through the monitoring of member organisation performance data and the self-audit process • The Board contributes to the development of regional and national policy
B	Enhance local understanding and application of the Mental Capacity Act and Deprivation of Liberty Safeguards (and the proposed replacement Liberty Protection Safeguards)	Mental Capacity Subgroup	Ongoing	
C	Work jointly with the other strategic Partnership Boards in Somerset to keep people safe from harm and improve their health and wellbeing in support of the prevention agenda, reducing duplication of effort and maximising effectiveness.	Independent Chair / Business Manager	Meet 2 x per year, work Ongoing	
D	Work jointly within the region, and through national networks, to both develop our local approaches to safeguarding adults and share good practice and learning with others.	Independent Chair / Business Manager	Quarterly	

4: Making sure we do what we said we would do

Desired outcomes:

- Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning
- The Board uses data appropriately to understand where risk exists within the system
- The Board can demonstrate progress through the regular monitoring of performance and a robust self-audit and peer challenge processes

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
A	Monitoring the implementation of best practice, standards, policies and actions emerging from Reviews (including, but not limited to, SARs, SCRs, DHRs and LeDeR) through an annual audit and peer challenge process	Independent chair / QA Subgroup	Q2/3 Annually	<ul style="list-style-type: none"> • Annual self-audit and peer challenge • Monitoring of implementation of recommendations emerging from Reviews
B	Implement and monitor a multi-agency quarterly performance monitoring process	QA Subgroup MCA Subgroup	Quarterly Quarterly	<ul style="list-style-type: none"> • Dashboard established and monitored quarterly • Monitoring of Advocacy take up • Monitoring of Deprivation of Liberty Safeguards referrals (and the proposed Liberty Protection Safeguards) • Appropriate monitoring arrangements are implemented for the proposed Liberty Protection Safeguards
C	Use data as part of an 'intelligent safeguarding' approach to understand where risks exist within the system and seeks assurance on the implementation of action(s) to address it	Board / Exec Group / QA Subgroup	Quarterly	<ul style="list-style-type: none"> • Data on patterns of referrals and types of abuse is used to inform the work of the Board • Areas of risk, for example the number of people placed by Somerset Commissioners outside of the County and when they were last reviewed, are reported to the Exec Group and Board

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
D	Monitor progress of the Mental Health Crisis Concordat to improve the experience of people in mental health crisis.	Board	Biannually	<ul style="list-style-type: none"> Levels of assurance are established Appropriate auditing and monitoring arrangements are implemented for any areas of low assurance
E	Seek assurance that young people experience a safe transition to adult services	Exec Group	Q3 2019	
F	Seek assurance that people with multiple vulnerabilities, including those who do not meet safeguarding thresholds, are enabled to keep themselves safe and, if they are unable to, organisations work together effectively to reduce risk	Exec Group	Q3 2019	
G	Seek assurance that there are appropriate arrangements in place for people who are a risk to others, but who may also require safeguarding themselves	Exec Group	Q3 2019	
H	Seek assurance regarding the assurance and monitoring arrangements that commissioners placing people from other parts of the UK in to Somerset have in place	Exec Group	Ongoing	<ul style="list-style-type: none"> Information gathered from services in to which people have been placed is used to establish levels of assurance and identify areas of concern to be raised nationally
I	Support Elected Members and Committee functions to better understand their roles and responsibilities in effectively scrutinising and monitoring the effectiveness of the Board in protecting adults at risk from abuse	Exec Group / Independent Chair	Ongoing	<ul style="list-style-type: none"> Elected Members of Somerset County Council and Members of NHS Somerset Clinical Commissioning Group have the information they need to effectively scrutinise the work of the Board

Somerset Health and Wellbeing Board

Report for 13th June 2019

Somerset Health and Wellbeing Board Annual Report 2018 - 19

Lead Officer: Trudi Grant Author: Louise Woolway

Contact Details: lwoolway@somerset.gov.uk

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Trudi Grant	28/5/19
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	28/5/19
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	06/05/19
Summary:	The paper presents the Annual Report of the Somerset Health and Wellbeing Board for the period April 2018 - March 2019		
Recommendations:	That the Health and Wellbeing Board <ul style="list-style-type: none"> • Accept and approve the annual report of the Board 		
Reasons for Recommendations:	This report summarises the work of the Health and Wellbeing Board (2018 – 19) against its statutory duties, its priority work programme and its influence and oversight		
Links to Somerset Health and Wellbeing Strategy:	The Board has a statutory responsibility for Somerset Health and Wellbeing Strategy		
Financial, Legal and HR Implications:	None identified		
Equalities Implications:	The Board has a duty to ensure that quality and diversity is addressed in its work		
Risk Assessment:	The Health and Wellbeing Board is statutory function of local authority		

1. Background

1.1. This paper presents progress of the Health and Wellbeing Board for the period 2018 - 19

1.2. The Health and Wellbeing Board has met its statutory duties:

- 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.

1.3. In addition to fulfilling its statutory duties the Somerset Health and Wellbeing Board undertakes to progress health improvement through a number of priority workstreams each year, as well as taking an oversight and influencing role across the whole health and wellbeing system.

During the year good progress was made on the six priority work streams

- *Prevention:* Signatories to the Prevention Charter have active prevention plans in place or prevention has been recognised in their corporate plans. The development of the new Mental Health Champions has also been an important area of work for this work stream. The Improving Lives in Somerset Strategy has developed a new and exciting approach to building healthy people and places in Somerset through a wider focus on environment, infrastructure, housing and the economy as well as on fostering health through education, employment, lifestyle choices and access to health and other services.
- *Joint commissioning strategy for health and care:* The Fit for My Future Strategy has been developed and consulted upon through a number of engagement events across the county.
- *Integrated and Sustainable Models of Care:* Cross system working has been facilitated by the BCF, and in particular the Improved Better Care Fund and one-off winter funding. Work on support for people at home has been expanded, as have the options and support within hospitals. All of this led to a managing of the winter demand differently and ensured less escalation and delays remaining below the 2.5% target despite a continuation of the increased demand. Importantly it also led to better outcomes for people with a focus on enablement and people being able to
- *Improved outcomes for children and young people:* The focus has been on a combination of drug and alcohol use, mental health problems and domestic violence. 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.

- *Stronger Communities*: A continued focus has been to work closely with the voluntary and community sector to take local action to strengthen local community action for health and wellbeing. This includes a focus on alignment with Primary Care Networks and neighbourhoods. The Board has supported the development and completion of the Somerset Housing Strategy
- *Multiple vulnerabilities and complex needs*: The Positive Lives framework focuses on the needs of people with multiple and complex needs as a result of homelessness, substance use, mental health issues or antisocial behaviours, including violence. A strong cross sector partnership supports innovative working relationships between organisations to find new solutions with and for these individuals. Creative Solutions has seen joint commissioning between public health and Adult Social Care with the procurement of an innovative housing solution for people who are homeless; providing wrap around support where people live to obtain and sustain a place to live.

The Board has maintained oversight of a number of strategies, ensuring alignment with the Joint Strategic Needs Assessment and Health and Wellbeing Strategy and providing an opportunity for the escalation of issues that can only be resolved through multi-agency collaboration or holding partners to account. The adoption of a joint working protocol has supported Chairs of Strategic Boards for Health and Wellbeing, Children and Adults Safeguarding, Community Safety, the Children's Trust and Corporate Parenting Boards to work together on issues of common interest.

2. Options considered and reasons for rejecting them

2.1. n/a

3. Consultations undertaken

3.1. The diverse voices, views and experiences of the people of Somerset are important in shaping the work of the Board; and the Board needs to communicate with a wide range of partners who are keen to know about the strategic direction for health and wellbeing in Somerset. This happens in a number of ways, and all of the Board members are active in supporting this dialogue through their networks.

4. Financial, Legal, HR and Risk Implications

4.1. n/a

5. Background papers

5.1. Appendix 1: Somerset Health and Wellbeing Board Annual Report 2018 - 2019

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Somerset Health and Wellbeing Board Annual Report 2018-19



Somerset Health and Wellbeing

MESSAGE FROM THE CHAIR

Improving Lives is the beating heart of the Somerset Health and Wellbeing Board and I am so proud of the hard work, dedication and real results that we have collectively achieved so far. I am also delighted that over this past year Somerset County Council has put Improving Lives as central to its business model.



Our residents, businesses and communities are key to this hard work – everything we do must resonate with all our citizens. And we must continue to have a relentless focus on those issues that drive real inequalities.

Our approach this year has been to put prevention at the heart of everything we do in Somerset. We have produced the new ten-year health and wellbeing strategy for Somerset “The Improving Lives in Somerset Strategy 2019-2028 which will see us focus on four priority areas:

Priority One: A county infrastructure that drives productivity, supports economic prosperity and sustainable public services

Priority Two: Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment

Priority Three: Fairer life chances and opportunity for all

Priority Four: Improved health and wellbeing and more people living healthy and independent lives for longer

As we all know, our communities and neighbourhoods play a vital role in supporting health and wellbeing and we have continued to have a strong focus on building healthy communities, particularly through work relating to neighbourhoods and through the refresh of the Somerset Housing Strategy 2019-2023.

We continue to support and have oversight of health and care plans being developed through the Fit For My Future programme. I’m delighted that there has been sustained improvement in the way people are able to leave hospital without unnecessary delays. Somerset’s performance in this key area is impressive and the county now ranks as one of the best in the region.

Our work with children in Somerset has also seen improvements delivered. I am pleased to report that we have continued to work closely with the Children’s Trust and to support the Children and Young People’s Plan for Somerset; in particular, we have prioritised work on addressing the impact of harmful adult behaviours on children as a result of substance misuse and mental health problems.

I am very pleased to say that the fantastic programme of work focussing on improving the emotional health and wellbeing of our children. led by our Public Health Team, has received national acclaim. The work has won the prestigious Sarah Stewart-Brown award for Mental Health Promotion, awarded by the Faculty of Public Health. This work will continue to be developed over the coming year.

I would like to take this opportunity to thank Board members and all those who work so hard in our organisations and our communities to improve the Health and Wellbeing of the people of Somerset



Cllr Christine Lawrence
Chair Health and Wellbeing Board 2017–201



Somerset Health and Wellbeing



INTRODUCTION

Health and Wellbeing Boards are an important feature of the reforms introduced by the Health and Social Care Act (2012). These Boards are constituted as formal committees of all upper tier local authorities and form part of the role that local authorities now have to improve the health of their population.

The Health and Wellbeing Board has the following four statutory duties:

- The Board must have a Health and Wellbeing Strategy for its population in place
- The Board must produce a Joint Strategic Needs Assessment (JSNA) to inform planning and commissioning
- The Board must produce a Pharmaceutical Needs Assessment (PNA) for the area
- The Board must oversee the Better Care Fund (BCF) and promote the integration of health, public health and social care where appropriate

In addition to fulfilling its statutory duties, the Somerset Health and Wellbeing Board undertakes to progress health improvement through a number of specific workstreams each year, as well as taking an oversight and influencing role across the whole health and wellbeing system.

The work of the Board for 2018/19 can be seen summarised on the plan on a page in Appendix 1.

This report sets out the progress made under each of the following Board functions:

- Fulfilment of Statutory Duties
- Health Improvement Workstreams
- System Oversight and Influence

Over the course of the year the Board has taken an in depth look at a number of issues. This activity both informs the Board and influences the strategic direction of the areas work under consideration. Topics this year have included a workshop on training on back to work, employment, health and wellbeing training for young people and adults in the places in which they live, delivered by Somerset Skills and Learning; Work & Health Programme and the Personal Support Package delivered by the Department for Work and Pensions. Consideration was also given to health and care integration, to equality and health and to the completion of the Improving Lives in Somerset Strategy.

COMMUNICATION AND ENGAGEMENT

The diverse voices, views and experiences of the people of Somerset are important in shaping the work of the Board; and the Board needs to communicate with a wide range of partners who are keen to know about the strategic direction for health and wellbeing in Somerset. This happens in a number of ways and all of the Board members are active in supporting this dialogue through their various networks.

Members of the public are able to attend the Board in person to make a short statement and the Board welcomes this representation.

Healthwatch is the statutory partner which represents the voice of patients and the public on the Board. In September the Board received the annual Healthwatch Report, which updated the Board on its activity which included a focus on reported on NHS 111 service, Somerset Safeguarding Service, health visiting and a large county tour using a camper van.

District Health and Wellbeing Networks and NHS Patient Forums continue to provide opportunities for more local engagement and, when required, consultation. Over the past year, engagement events have taken place to discuss the Fit For My Future Programme. Board partners have participated in the finalising the Somerset Housing Strategy following the consultation on the draft strategy, supporting one of the Board's key priorities around Health and Housing.



EQUALITY AND DIVERSITY

The unequal experiences of health services and of health outcomes by different groups are well documented and the Board is mindful of its duties in this respect. The Joint Strategic Needs Assessment describes these differences and the Board work programme reflects the specific needs and issues identified.

Older age and disability have continued to feature strongly in work considered by the Board this year and a strong emphasis has been placed on ensuring that Somerset health and care systems enable people to remain in good health and to be independent for as long as possible.

The Board works with the Children's Trust to ensure that the health needs of children and young people are addressed. This year the Board has received a paper on the 2016 – 2019 Children's Plan for Somerset. The Board also received the annual report of the Somerset Safeguarding Children's Board and the annual report of the Somerset Community Safety Partnership which had a particular focus on children vulnerable through violence and exploitation.

The Board is very mindful of the vital role that carers play and representatives from Carers' Voice and the Parent Carers' Forum have presented formal reports and have raised public questions.



AREAS FOR IMPROVEMENT

While the Health and Wellbeing Board has met all of its statutory responsibilities this year and has achieved some notable successes in relation to reducing the impact of smoking in pregnancy, reducing delayed transfers of care from hospital to home and ensuring that the new Somerset Housing Strategy addresses the impacts of housing on health, there remain a number areas where the Board has not managed to achieve as well as it would like.

In particular, progress on the Somerset Sustainability Transformation Plan (STP) has been slower than expected. However, 'Fit for My Future' programme has been launched and consulted upon through which the Clinical Commissioning Group (CCG) and Somerset County Council (SCC) will work closely with patients, staff and members of the public will be reviewing five key areas of clinical care:

- urgent and emergency care
- proactive care for frail and elderly people
- planned care such as hip replacements
- children and maternity care
- care for people living with mental health and learning disabilities

The Health and Wellbeing Board will continue to have a key role in supporting the *Fit for My Future* process and in ensuring that new approach to Health and Social Care addresses the promotion of good health, the prevention of ill health and the reduction of health inequality.

Finally, our Health Outcome data tells us that Somerset, along with the rest of the South West of England, continues to have a high level of hospital admissions for self-harm, particularly among young people. This is an issue of concern and will be an area of continued focus in partnership with the Children Trust Board.

SECTION 1 – FULFILMENT OF STAUTORY DUTIES

Somerset Health and Wellbeing Strategy

The Health and Wellbeing Board is responsible for ensuring that there is a strategy in place which sets out a shared vision for improving health and wellbeing and which also addresses issues of health inequality, and how this might be reduced.

The Somerset Health and Wellbeing Strategy 2013-2018 identified three themes to reflect what people and organisations said were the most important things that would improve health and wellbeing locally. Information and data collected through the Joint Strategic Needs Assessment was used to inform these priorities. This strategy has set the scene for the Health and Wellbeing Board to make the vision for health and wellbeing in Somerset a reality through its work programme.

Somerset Health and Wellbeing Strategy 2013-2018

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

Theme 2: Families and communities are thriving and resilient.

Theme 3: Somerset people are able to live independently.

As the current strategy draws to a close, a new strategy is in development. This work has been aligned to a *One Somerset Vision* which will create a greater alignment between the work of the Health and Wellbeing Board and the strategic direction of the Somerset Local Authorities.

Somerset Joint Strategic Needs Assessment (JSNA)

The Health and Wellbeing Board is responsible for the production of a Joint Strategic Needs Assessment which takes account of both analytics and also people's experiences and views. This information must be made widely available and commissioners, policy makers and health and care organisations are expected to take this information into account when planning and delivering services. The Joint Strategic Needs Assessment includes up to date information on health and care needs, as well as on the wider determinants of health such as housing and transport. The Somerset Joint Strategic Needs Assessment can be found on the Somerset Intelligence website www.somersetintelligence.org.uk/jsna.

In addition to the web-based information, a thematic report is produced annually on a topic selected by the Board. Previous thematic reports have focused on the needs of Vulnerable Young People and on Healthy Aging. To support the development of the new Health and Wellbeing Strategy, the Joint Strategic Needs Assessment for 2018 focused on providing information to support the Improving Lives Strategy 2019-28.

Somerset Pharmaceutical Needs Assessment (PNA)

A Pharmaceutical Needs Assessment must be produced every three years as a report *from* the Board to NHS England to support NHS England to make informed decisions in the 'market entry' process for pharmacies. The Board is required to state whether there are gaps in access to pharmacies or in the pharmaceutical services provided by dispensing GPs. NHS England is required to commission services to meet any identified gaps not met by commercial pharmacy services.

The Pharmaceutical Needs Assessment published in January 2018 did not find any gaps in Somerset pharmaceutical provision, and despite the growth in population and housing, does not predict that gaps will emerge before the Pharmaceutical Needs Assessment is revised in 2021.

The Better Care Fund (BCF) 2018/19

The Better Care Fund brings together health and social care funding to support the integration and delivery of health and social care. The fund is an opportunity for local areas to transform services and improve the lives of the people who are most in need. The Health and Wellbeing Board has an oversight and assurance role around health and care integration and must sign off the annual Better Care Fund plan.

Cross system working has been facilitated by the BCF, and in particular the Improved Better Care Fund and one-off winter funding. Work on support for people at home has been expanded, as have the options and support within hospitals. All of this led to a managing of the winter demand differently and ensured less escalation and delays remaining below the 2.5% target despite a continuation of the increased demand. Importantly it also led to better outcomes for people with a focus on enablement and people being able to return home quicker with the right support for the future.

Through the Better Care Fund four schemes were progressed during 2018/19. These were:

- Delayed transfers of care
- Admissions to residential and nursing care homes
- Reablement/ rehabilitation services
- Reduction in non-elective admissions

The total Better Care Fund for 2018/19 was £56,928,000. Performance is measured against a number of nationally set targets.

There has been continued improvement in the delayed transfer of care from hospital attributable to Adult Social Care, and the whole system delays against percentage bed base have been at their lowest since recording began. Strong leadership and joint working have enabled this; with Somerset consistently outperforming other systems in the South West and its trusts being ranked as the best in the region.

Performance indicates an improvement from 2018-19 with fewer people permanently placed in residential and nursing care. This is due to an increased emphasis on support provided at home and a realignment of this support from traditional bed-based models.

Somerset is also achieving good outcomes against a related target which is the proportion of older people (65+) who are still at home 91 days after discharge from hospital through good reablement/rehabilitation services. This has meant that older and more frail patients have been able to return home earlier and as such we would expect some to be readmitted, mostly with unrelated conditions. As often as possible we are achieving the balance between readmission rates and people's desire to be at home.

Reducing non-elective admissions has been harder for the Somerset system to achieve with a sustained increase in emergency admissions during 18-19. Records show the level of emergency activity (zero and non-zero Length of stay) was 6.4% above planned levels and on a year to date 4.67% above plan. This correlates with an increase in ambulance arrivals to A&E and A&E attendances. There are a range of schemes to mitigate urgent care demand and the A&E Delivery Board continues to look to further develop community schemes that will have a positive impact on reducing Emergency Admissions. This will continue to be a focus for 2019-20.

SECTION 2 – PRIORITY WORKSTREAMS 2018–19

Workstreams are one of the means by which the Board implements the Health and Wellbeing Strategy. Workstream priorities are agreed annually and progress is monitored through a performance score-card. This is considered bi-monthly by the Health and Wellbeing Board Executive Group and twice yearly by the full Board. Each Workstream has a nominated lead.

Workstream 1: To provide joint leadership for prevention across the county

Lead: Trudi Grant, Director of Public Health

Signatories to the Prevention Charter have active prevention plans in place or have these recognised in their corporate plans. Interesting and inspiring prevention stories are being collected, which illustrate the many different forms which effective prevention can take. This helps to demonstrate the impact of the leadership of the Board.

The Improving Lives in Somerset Strategy has developed a new and exciting approach to building healthy people and places in Somerset through a wider focus on environment, infrastructure, housing and the economy as well as on fostering health through education, employment, lifestyle choices and access to health and other services.

The development of the new Mental Health Champions has also been an important area of work for this work stream.

Workstream 2: Develop and drive a Joint Commissioning Strategy for future Health and Social Care Services working with Health at strategic and operational level.

Lead: Rosie Benneyworth, Somerset Clinical Commissioning Group

The Fit For My Future Strategy has been written and the strategic direction for the work been consulted upon with a number of engagement events across the county

Workstream 3: To drive the integration of health and social care using the Better Care Fund

Lead: Stephen Chandler, Director of Adult Social Care

Work continues to deliver the ambitions of the Better Care Fund; and the development of the Fit For My Future Strategy.

In line with the recommendations from OFSTED there has been a focus on improving partnership working for the health and care of children.

Workstream 4: To improve outcomes for Children and Young People through partnership working

Lead: Julian Wooster, Director Children's Services

The behaviours of adults can harm children; the focus here is on a combination of drug and alcohol use, mental health problems and domestic violence. 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.

This work supports the Somerset "Think Family" approach and the development of a single approach to multiple vulnerabilities, both now key themes for Somerset.

Workstream 5: To give system leadership to building stronger, resilient, healthy communities

Lead Teresa Harvey

Building stronger communities remains a key focus for the Board. This theme is about both people and the places they live in.

A continued focus has been to work closely with the voluntary and community sector to take local action to strengthen local community action for health and wellbeing. This includes a focus on alignment with Primary Care Networks and neighbourhoods, and developing the evidence base in relation to social prescribing.

A focus on progressing the priorities and ambitions of the Strategic Housing Framework and contributing to the completion of the new Somerset Housing Strategy have been key elements of the Boards work.

Workstream 6: To provide system leadership to address multiple vulnerabilities and complex needs

Lead: Tracy Aarons, Deputy Chief Executive Mendip District Council

The Positive Lives framework focuses on the needs of people with multiple and complex needs as a result of homelessness, substance use, mental health issues or antisocial behaviours, including violence. A strong cross sector partnership supports innovative working relationships between organisations to find new solutions with and for these individuals. Creative Solutions has seen joint commissioning between public health and Adult Social Care with the procurement of an innovative housing solution for people who are homeless; providing wrap around support where people live to obtain and sustain a place to live.

Section 3 – System Oversight and Influence

Strategic Oversight of Health and Wellbeing Strategies and Plans

The Board maintains oversight of a number of strategies, ensuring alignment with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. Oversight also provides an opportunity for the escalation of issues that can only be resolved through multi-agency collaboration or holding partners to account.

Building on the Somerset Sustainability and Transformation Plan (STP), work has continued on *Fit for the Future*, a new health and care commissioning strategy for Somerset. The Board has an active role in the oversight of the work both of the STP and the new *Fit for the Future* strategy. In addition to receiving formal papers and reports, the Board has undertaken a number of in-depth development sessions with the purpose of informing the strategy and plan.

The Board recognises the vital role that family and friends play as carers and has received representations from carers and carers' representatives throughout the year. This has included the formal report from Carers' Voice on the progress of the Carers' Strategy for Somerset.

Mental health remains a key area for oversight and the Health and Wellbeing Board Chair and the Chair of Children's Scrutiny are now Mental Health Champions for Adults and Children's respectively. Health and Wellbeing Board member organisations have all signed up to be *Dementia Friendly* and are actively involved in delivering the Somerset Dementia Strategy. In addition to diagnosis and clinical services, the Board is particularly interested in creating environments which support people to live well with dementia.

The Board received the annual report on the Somerset Autism Strategy, and members have taken a keen interest in the development of clinical services and in work to support greater awareness and autism sensitive services and environments.

The Health and Wellbeing Board works closely with the Children's Trust and receives annual reports from the Children's Trust and the Safeguarding Children Board. The Director of Children's Services and the Cabinet member for Children are statutory members of the Board, and under their guidance the Board has supported work in developing the Children's Improvement Plan.

The annual report from the Somerset Community Safety Partnership focussed on issues on vulnerability, exploitation and preventing violence.

The adoption of a joint working protocol continues to support Chairs of Strategic Boards for Health and Wellbeing, Children and Adults Safeguarding, Community Safety, the Children's Trust and Corporate Parenting Boards to work together on issues of common interest.

Health Protection Forum

The Director of Public Health (DPH) has an assurance role in relation to health protection within Somerset. This duty is discharged on behalf of the DPH by the Health Protection Forum. Health protection work seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards. The DPH presents an annual report to the Health and Wellbeing Board.

Progress has been made on each of the four key priorities which were identified for 2018/19.

Communicable Diseases: Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system. This included supporting Public Health England to finalise the Incident and Outbreak Response Framework for the South West.

Environmental hazards: Ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported and prioritised. This included projects to review and improve water quality in vulnerable institutions; adoption of the Somerset Air Quality Strategy; and raising awareness of the impact of health from housing standards to address significant hazards such as legionella.

Infection prevention and control: Ensure infection prevention and control priorities address local need and reflect national ambition. Recognising areas for improvement identified during 2018 and the context surrounding infection prevention and control. This included initiatives to improve community infection prevention and control amongst vulnerable populations, specifically intravenous drug users and the homeless; raising awareness of the national strategy to address antimicrobial resistance and support / develop local initiatives as appropriate; and support the CCG to reduce the burden of disease associated with Gram Negative Blood Stream Infections

Resilience: Ensure local and regional emergency response arrangements are in place to protect the health of the population. Working closely with local and regional forums. This included maintaining a system wide understanding of priorities and challenges within the emergency planning, resilience and response community and ensure that lessons identified in major incidents (such as Salisbury / Amesbury) are embedded in local system response; supporting activity and coordination between local groups and regional forums; and considering the role of communities in reducing the impact of winter pressures on primary and emergency / urgent care.

Screening and immunisation: Ensure screening and immunisation programmes meet national standards and where work is required to increase uptake, reflect local priorities to achieve national standards. In support of the existing screening and immunisation programme in Somerset actions included undertaking a health equity

audit on uptake of one specific screening programme to be determined; securing access to uptake data on screening and immunisation programmes at lower geographical levels in order to identify where remedial action is required to improve overall coverage, as this has fallen across all immunisation programmes during 2017/18; and improving uptake of the seasonal flu vaccination for those working directly with vulnerable service users

Annual Report of the Director of Public Health 2018

The DPH is required to produce an annual report, with total freedom over its contents. This provides an opportunity for the DPH to raise any matters of concern, or to describe the broader context of health and wellbeing than may be covered by particular projects.

In 2018 the report analysed available data to help understand the higher, than the regional rates for the South West of self-harm in Somerset. It found that the picture is highly complex, with only hospital admissions easily measurable. Such admissions are typically the result of paracetamol overdoses by young women rather than self-cutting (as self-harm is often discussed). The report concludes that the most effective interventions are to promote and support the mental health and emotional wellbeing of all young people, but especially girls, rather than provide specialist services. This makes mental health a matter for all, not just the NHS.

The emotional health and wellbeing of our children, led by our Public Health Team, has received national acclaim. The work has won the prestigious Sarah Stewart-Brown award for Mental Health Promotion, awarded by the Faculty of Public Health.

WHAT NEXT FOR 2019-2020

Somerset Clinical Commissioning Group (CCG) and Somerset County Council (SCC) have completed the first consultation for 'Fit for my Future'. The "Fit for my Future" programme will continue look at the care patients and residents need, where and how it is best provided and how people can expect health and social care provision to look over a long-term timeframe. The Health and Wellbeing Board will have a key role in the development of new approaches to Health and Social Care in Somerset ensuring that future strategy and its resultant actions has a strong focus on improving health and wellbeing and on the prevention of ill health and the reduction of health inequality. Working closely with patients, staff and members of the public the Clinical Commissioning Group (CCG) and Somerset County Council (SCC) will be reviewing five key areas of clinical care:

- urgent and emergency care
- proactive care for frail and elderly people
- planned care such as hip replacements
- children and maternity care
- care for people living with mental health and learning disabilities

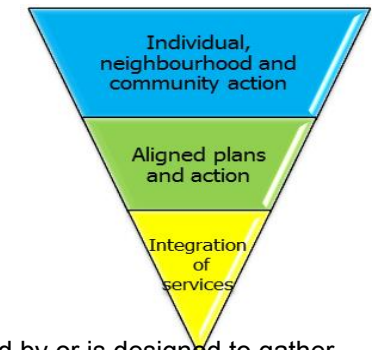
During the coming year the Health and Wellbeing Board will be finalising the ten-year outcomes and measures for the new Improving Lives Strategy. This will then guide the work of the Board to optimise the work across the system to achieve the outcomes for Somerset residents.

2019 – 2020 promises to be a busy and exciting year and the Health and Wellbeing Board looks forward to working with all of its partners to create a Healthy Somerset.





People live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high quality and efficient public services when they need them



Statutory duties and functions

- Somerset Health and Wellbeing Strategy
- Annual Joint Strategic Needs Assessment

- Somerset Pharmaceutical Needs Assessment
- Health and Social Care Integration including the Better Care Fund

Priority Workstreams 2018-19

Priority workstreams are informed by the Joint Strategic Needs Assessment and selected as an area of activity to which the Health and Wellbeing Board can bring added value. Priorities and Action is supported by or is designed to gather reliable evidence of effectiveness.

Page 79	Workstream 1: To drive system leadership to improve the health and wellbeing of the population	Workstream 2: To develop and drive a Joint Commissioning Strategy for future Health and Social Care Services working with Health at strategic and operational level	Workstream 3: To drive the integration of health and social care using the Better Care Fund	Workstream 4: To improve outcomes for Children and Young People through partnership working	Workstream 5: To give system leadership to building stronger, resilient, healthy communities	Workstream 6: To provide system leadership to address multiple vulnerabilities and complex needs
	Officer Lead: Trudi Grant Board Member Champion: Cllr Christine Lawrence	Officer Lead: Rosie Benneyworth Board Member Champion: Cllr David Huxtable	Officer Lead: Stephen Chandler Board Member Champion:	Officer Lead: Julian Wooster Board Member Champion:	Officer Lead: Teresa Harvey Board Member Champions: Cllr Gill Slocombe and Cllr Sylvia Seal	Officer Lead: Tracy Aarons Board Member Champion: Cllr Nigel Woollcombe-Adams
	Actions: <ul style="list-style-type: none"> • To develop and produce a Health and Wellbeing Vision and Strategy for the next 10 years • To embed a population health and preventative approach into the emerging integrated care system for Somerset • To influence the Fit for My Future Strategy 	Actions: <ul style="list-style-type: none"> • To develop and implement the Vision for the Future – a Health and Care Strategy for Somerset. 	Actions: <ul style="list-style-type: none"> • To deliver the Better Care Fund Ambitions 	Actions: <ul style="list-style-type: none"> • Embed strong links between schools and local communities – including Team Around the School process. • Engage the CYP partnership in the development of a Family Support Service offer for Somerset. • Embed the Think Family Strategy • Embed joint working between schools and early help services to establish a more cohesive pathway that meets the needs of children with SEND and vulnerable groups, and ensures they are supported within the community • Ensure that children’s initial health assessments are timely and that they emotional and mental health needs of care leavers and children looked after are recognised and addressed. • Improve outcomes for children experiencing neglect • Strengthen the existing Workforce Development Board to develop a whole system multi-agency approach to working together especially with health, police, education and district councils. • To provide oversight of SEND 	Actions: <ul style="list-style-type: none"> • In partnership, to work closely with the voluntary and community sector to take local action to strengthen local community action for health and wellbeing. • To progress the priorities and ambitions of the Strategic Housing Framework in Somerset. 	Actions: <ul style="list-style-type: none"> • To improve outcomes for people with complex needs who are insecurely housed • To use the Boards influence to support the work to promote the Positive Lives Strategy for Somerset. • To improve health outcomes for people who have been in contact with the criminal justice system.

Oversight and Influence - To ensure all HWB members are well sighted on issues impacting on the health and wellbeing of Somerset and supporting the protection of vulnerable people and implementation of a safeguarding environment the board or its sub-groups will receive reports, at least annually on or from the following:

The Director of Public Health Annual Report	The Health Protection annual assurance report	The Somerset Strategic Housing Framework	Joint strategies and plans relevant to the health and wellbeing of children and adults	Healthwatch Reports	Annual Reports from Safeguarding Adult and Children Boards	Reports, at least annual from other strategic partnerships.
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Themes for Board Development Workshops 2018 – 19

- New models of Health and Care
- Welfare Reforms
- Skills and Learning for Health and Wellbeing
- Somerset Health and Wellbeing Strategy

Somerset Health and Wellbeing Board Members 2018-19

Cllr Christine Lawrence (Chair), Somerset County Council
Cllr Frances Nicholson (Vice Chair), Somerset County Council
Cllr David Huxtable, Somerset County Council
Cllr Linda Vjeh, Somerset County Council
Cllr Amanda Broom, Somerset County Council
Cllr Sylvia Seal, South Somerset District Council
Cllr Gill Slocombe, Sedgemoor District Council
Cllr Jane Warmington, Taunton Deane Borough Council
Cllr Keith Turner, West Somerset District Council
Cllr Nigel Woolcombe- Adams, Mendip District Council
Judith Goodchild, Health Watch
Trudi Grant, Director of Public Health
Stephen Chandler, Director Adult Social Care
Julian Wooster, Director Children's Services
Dr Ed Ford, Chair, Somerset CCG
David Slack, Managing Director, Somerset CCG (to July 2017)
Lou Evans, Non-Executive Director, Vice Chair, Somerset CCG (to July 2017)
Nick Robinson, Chief Officer, Somerset CCG (from September 2017)
Dr Rosie Benneyworth, Director Strategic Services Clinical Transformation
Somerset CCG (from January 2018)
Mark Cooke, NHS England

<http://www.somerset.gov.uk/health-and-wellbeing/somerset-health-and-wellbeing-board/>

Somerset Health and Wellbeing Board May 2018



Somerset Health and Wellbeing

Somerset Health and Wellbeing Board

13th June 2019

Health and Wellbeing 2018/19 Outturn Performance Report

Lead Officer: Trudi Grant, Director of Public Health

Author: Amy Shepherd, Corporate Performance Manager

Contact Details: aashepherd@somerset.gov.uk 01823 359225

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Trudi Grant Director of Public Health	3 rd June 2019
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	3 rd June 2019
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	3 rd June 2019
Summary:	This report provides an overview of 2018-19 performance in relation to the Health and Wellbeing (HWB) Board Priority Workstreams and duties and requirements.		
Recommendations:	That the Health and Wellbeing Board: <ul style="list-style-type: none"> • Consider and comment on the 2018/19 outturn Performance Information available in Appendix A 		
Reasons for Recommendations:	<p>The Priority Workstreams outlined in the Plan on a Page are the key means of delivering the HWB / Improving Lives Strategy. It is important that the Board understands what progress is being made in relation to the Priority Workstreams and in turn in the delivery of the HWB / Improving Lives Strategy whilst also ensuring that the Board's duties and requirements are being met.</p> <p>The HWB Board Scorecard provides a performance update in relation to each of the Priority Workstreams and the Board's Duties and Requirements.</p>		
Links to Somerset Improving Lives Strategy:	Links to delivery of all areas of the Improving Lives Strategy		
Financial, Legal and HR Implications:	There are no direct financial implications arising from this report. However, in reviewing performance reports, if performance is not at the expected or desired level then resources may need to be reviewed by appropriate organisations to enable improved performance.		

Equalities Implications:	If addressing performance issues requires changes in the way services are delivered, these must be supported by an appropriate impact assessment which will need to be duly considered by decision makers in line with statutory responsibilities before any changes are implemented.
Risk Assessment:	Performance should be monitored regularly to manage any potential risk of workstream actions not being achieved. There are no identified risks from the successful delivery of the priority workstreams.

1. Background

- 1.1. The HWB Strategy for Somerset (2013-2018) and the Improving Lives Strategy (2019-2028) both set out a shared vision for health and wellbeing across the County with the new Strategy focussing on improving the lives of Somerset residents.

Alongside the HWB Strategy, a HWB Board Plan on a Page was developed on an annual basis setting out the Boards Statutory Duties and functions, Priority Workstreams, what the Board must have oversight and influence of and the themes for Board Development Workshops.

During 2018/19 six priority workstreams were in existence, through which delivery of the Strategy was enabled, these were:

- Workstream 1: Drive system leadership to improve the health and wellbeing of the population.
- Workstream 2: Develop and drive a Joint Commissioning Strategy for future Health and Social Care Services working with Health at strategic and operational level.
- Workstream 3: Drive the integration of health and social care using the Better Care Fund.
- Workstream 4: Improve outcomes for Children and Young People through partnership working.
- Workstream 5: Give system leadership to building stronger, resilient, healthy communities.
- Workstream 6: Provide system leadership to address multiple vulnerabilities and complex needs.

Each of the priority workstreams has a designated Lead Manager(s).

2 Outturn 2018/19 Performance Information

- 2.1 At the beginning of 2018/19, 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.

On a bi-monthly basis throughout 2018/19 performance information in relation to the agreed actions and metrics for each of the priority workstreams was collected from Lead Managers and reported to the HWB Executive Officers Group. This information was also presented to the HWB Board on a twice-yearly basis; the most recent was an interim performance report on 15th November 2018.

- 2.2** Performance information has been gathered from Lead Managers at year-end on 31st March 2019 to provide the outturn position in relation to each of the workstreams. This performance information is summarised in the HWB Scorecard, available at **Appendix A**. The HWB Board is asked to consider and note the performance information.

An overview of the Boards achievement of its duties and requirements is also included in the scorecard.

Overview of Performance

The table below summarises performance:

	RAG Status				Direction of Travel			
	Red	Amber	Green	N/A (Not started)	Up	Down	Stable	N/A (New)
Workstream Actions	2	6	9	1	0	0	17	1
Local Measures and Milestones	2	9	30	11	5	2	29	16
Totals	4	15	39	12	5	2	46	17
As Percentage	6%	21%	56%	17%	7%	3%	66%	24%

56% of statuses for workstream actions and local measures and milestones are rated green and are therefore on track to being achieved.

73% of workstream actions and local measures and milestones are improving or maintaining stable levels of performance.

Commentary providing an explanation in relation to those actions and local measures and milestones with a Red or Amber status has been provided by the respective Workstream Lead and is available in the Headlines / Exception Reporting box of the HWB Board Scorecard.

3. 2019/20 Improving Lives Strategy - Priority Workstreams

A review is currently taking place of the performance reporting arrangements for 2019/20 to reflect the new Improving Lives Strategy.

4. Options considered and reasons for rejecting them

- 4.1** N/A

5. Consultations undertaken

- 5.1** Meetings were held at the beginning of the year with Lead Managers relating to each of the workstreams to establish the set of metrics.
- 5.2** Performance reports are presented at each Health and Wellbeing Executive Meeting where officers both review performance and the actions and metrics included for each workstream.
- 5.3** Appropriate data sets including The Public Health Outcomes Framework and National Health Outcomes Framework have been referenced in identifying proposed indicators.

6. Financial, Legal, HR and Risk Implications

- 6.1** If addressing performance issues requires changes in the way services are delivered, these must be supported by an appropriate impact assessment which will need to be duly considered by decision makers in line with statutory responsibilities before any changes are implemented.

7 Background papers

- 7.1** Health and Wellbeing Strategy for Somerset
Somerset Improving Lives Strategy
HWBB Plan on a Page 2018/19

Somerset Health and Wellbeing Board Scorecard

The Vision for health and wellbeing in Somerset is: 'People Living 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'

Reporting Period: 2018/19 Outturn Performance Report

Health and Wellbeing Board Duties / Requirements			Headlines / Exception Report		
Statutory Duties and Functions:	Reports received:	Public Engagement:	Workstream 1: One action 'To embed a population health and preventative approach into the emerging integrated care system for Somerset' has an Amber RAG status and three metrics also have an Amber RAG status including 'All Health and Wellbeing Board member organisations to identify a Mental Health Champion' - all organisations are committed to this, however recent internal transformation has delayed progress. 'All Fit for My Future proposals address Health and Wellbeing and Inequalities' - Proposals are still in development and not yet in the public domain. Feedback to date suggests that most, if not all, business cases do address prevention and 'Population health approach has been included in Commissioning of Early Help Services' - work is on-going on this area of work.		
Undertake a Joint Strategic Needs Assessment	G Director of Public Health Annual Report 2017/18	G Annual Health and Wellbeing Conference	Workstream 2: A performance update was not received in respect of this workstream. HWBB receive regular updates on this piece of work. Is there value in also including a workstream in the performance report?		
Undertake a pharmaceutical needs assessment	G Somerset Children's Trust - Children and Young People's Plan 2016-19	G	Workstream 3: Cross system working has been facilitated by the BCF and in particular the Improved Better Care Fund and one off winter funding. Work on support for people at home has been expanded, as have the options and support within hospital. All of this led to a managing of the winter demand differently and ensured less escalation and delays remaining below the 2.5% target despite a continuation of the increased demand.		
Develop a joint Health and Wellbeing Strategy for the County	G Somerset Safeguarding Children Board - Annual Report 2017/18	G	Workstream 4: This report contains Quarter 3 information, Quarter 4 not yet provided. Action 'Embed strong links between school and local communities - including Team Around the School (TAS) process' has an amber RAG status - Team Around the School revised service level agreements (SLAs) were sent out to all (Primary and Secondary via the community learning partnerships SASH and SAPTO) in November 2018. TAS training sessions were delivered to ensure reporting requirements are well understood. 78 school staff were trained, and work is underway to coach schools in developing their TAS model.		
To encourage integrated working between health, social care and public health including oversight of the Better Care Fund	G Somerset Safeguarding Adults Board - Annual Report 2017/18	G Involvement and encouragement with Healthwatch Somerset	Workstream 5: All RAG statuses for actions and measures have a green status.		
	G Safer Somerset Partnership 2017/18	G	Workstream 6: One action 'To improve health outcomes for people who have been in contact with the criminal justice system' has an Amber RAG status. Provision of data is awaited to focus the area of support most effectively. One metric 'Engage with health services to develop effective routes for ex-offenders' also has an Amber RAG status - engagement with health services has slipped due to a delay in the provision of data from criminal justice partners to evidence the areas identified by these partners when mapping health pathway weaknesses. Once this has been provided this action will move forward under the work linked with Positive Lives and Second Step.		
Joint Commissioning is in place for SEND	G Joint Strategic Needs Assessment 2018	G			
	G Health Protection Forum Report 2017/18	G			
	G Healthwatch Somerset Updates	G HWB Website			

Priority Workstreams

Workstream 1: To drive system leadership to improve the health and wellbeing of the population	Workstream 2: To develop and drive a Joint Commissioning Strategy for future Health and Social Care Services	Workstream 3: To drive the integration of health and social care using the Better Care Fund	Workstream 4: To improve outcomes for Children and Young People through partnership working	Workstream 5: To give system leadership to building stronger, resilient, healthy communities	Workstream 6: To provide system leadership to address multiple vulnerabilities and complex needs
Lead Manager: Trudi Grant	Lead Manager: Maria Heard	Lead Manager: Stephen Chandler	Lead Manager: Julian Wooster	Lead Manager: Teresa Harvey	Lead Manager: Tracy Aarons
Actions	Actions	Actions	Actions	Actions	Actions
To develop and produce a Health and Wellbeing Vision and Strategy for the next 10 years	To develop and implement the Vision for the Future - a Health and Care Strategy for Somerset	To deliver the Better Care Fund Ambitions	Embed strong links between schools and local communities - including Team Around the School process Engage the CYP partnership in the development of a Family Support Service offer for Somerset Collation and initial implementation of CYP Mental Health Improvement Plan Embed the Think Family Strategy Embed joint working between schools and early help services to establish a more cohesive pathway that meets the needs of children with SEND and vulnerable groups, and ensures they are supported within the community	In partnership, to work closely with the voluntary and community sector to take local action to strengthen local community action for health and wellbeing	To improve outcomes for people with complex needs who are insecurely housed To use the Boards influence to support the work to promote positive lives for children and adults in Somerset
To embed a population health and preventative approach into the emerging integrated care system for Somerset.			Ensure that children's initial health assessments are timely and that the emotional and mental health needs of care leavers and children looked after are recognised and addressed Improve outcomes for children experiencing neglect by: (a) developing and implementing multi-agency neglect toolkit as part of SSCB neglect strategy (b) take part in regional neglect peer challenge to identify partnership strengths and areas for development	To progress the priorities and ambitions of the Strategic Housing Framework in Somerset	To improve health outcomes for people who have been in contact with the criminal justice system
To influence the Fit for My Future Strategy			Strengthen the existing Workforce Development Board to develop a whole system multi-agency approach to working together especially with health, police, education and district councils		
Local Measures:	Local Measures:	Local Measures:	Local Measures:	Local Measures:	Local Measures:
All Health and Wellbeing Board member organisations have a prevention plan in place (with the exception of Healthwatch and NHS England)	Delivery of the Case for Change Develop Strategic Options Develop pre-consultation business case	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Number of schools participating in the Team Around the School Programme Number of referrals to the Team Around the School 5 mandated 0-4 years checks	Action 1: Working with the Voluntary and Community Sector: Establish a Somerset Fund Actively engage with the VCSE through the Strategic Forum and website to ensure that initiatives are shaped and co-produced together. Establish a Stronger Communities for Somerset Steering Group and progress agreed actions.	Action 1 and 2: Deliver the Positive Lives Strategy To describe a new set of outcomes to deliver creative solutions commission To identify an appropriate delivery mechanism New Creative Solutions Service in place To ensure that the mental and physical health of people with complex needs is addressed in Workstream 2
Health and Wellbeing Strategy 'Improving Lives Strategy' out for consultation		Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Percentage of children not reaching the expected level for development at 2.5 years	Establish a Stronger Communities for Somerset Steering Group	To ensure that the mental and physical health of people with complex needs is addressed in Workstream 2
Health and Wellbeing Strategy 'Improving Lives Strategy' sign off		Delayed transfers of care from hospital attributable to Adult Social Care per calendar day	Referral to assessment times for CAMHS routine referrals	Prevention Work: Focused publicity campaigns focused on the 'One You' App to raise awareness through local media, press, voluntary organisations and District Councils	Percentage of positive lives residents who are registered with a GP
All Health and Wellbeing Board member organisations to identify a Mental Health Champion		Somerset wide monthly Delayed Transfers of care against percentage bed base	Referral to treatment times for CAMHS routine referrals	Proportion of Disabled Facilities Grant Spend and Prevention Spend	Action 3: Arrange a workshop with key stakeholders to map health pathways for offenders Engage with health services to develop effective routes for ex-offenders
All Fit for My Future proposals address Health and Wellbeing and Inequalities		Total non-elective admissions (General and Acute, all ages, per 100,000 population)	Referral to treatment times for CAMHS urgent referrals	Each District Council to implement the action plan from their loneliness conference	
Population health approach has been included in Commissioning of Early Help Services			Referral to treatment times for CAMHS emergency referrals	Health and Wellbeing Board Partners have adopted dementia friendly status	
			Embed the Think Family Approach into operating protocols and policies	To ensure that work in this workstream is reflected and included in the emerging Health and Care Strategy and new Health and Wellbeing Strategy	
			The proportion of improved Behaviour and Vulnerability Profile Scores	Action 2: Carry out research and consultation to enable development of housing strategy Draft Housing Strategy developed and consulted upon Housing Strategy finalised following consultation response Development of Multi-Agency Delivery Plan and associated monitoring arrangements	
			Percentage of cases by referral reasons (risk factors on BVPT)		
			SEND children that have or have had an Early Help Assessment		
			Number of Education and Health Care Plan (EHCP) requests		
			80% of IHAs are completed on time		
			90% of IHAs are completed on time		
			95% of IHAs are completed on time		
			Increased percentage of EHAs where neglect is a factor and where the EHA ends with improved outcomes for the child		
			Families receive good quality multi-agency help to support parents or carers in changing behaviour so risks to children are reduced		
National Measures	National Measures	National Measures	National Measures	National Measures	National Measures
None	None	NHSOF 3.2 Emergency re-admissions within 30 days of discharge from hospital %	None	PHOF 1.17 Fuel Poverty	None

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Health and Wellbeing Board Work Programme – June 2019

Agenda item	Meeting Date	Details and Lead Officer
Health and Wellbeing Board Meeting (11am start)	13 June 2019 (revised date)	Dev session: Improving Lives
Healthwatch Report		Emily Taylor
Health and Care Integration		Maria Heard & Ian Triplow
End of Year Performance Report and Improving Lives Performance Framework		Amy Shepherd
Annual Report of the HWBB		Louise Woolway
Somerset Safeguarding Adults Board (SSAB)		Stephen Miles + Independent Chair (request for this item to be late on agenda)
HWBB Constitution Revision		Trudi Grant, Louise Woolway and Julia Jones
Health and Wellbeing Board Meeting (11am start)	11 July 2019	Dev session: Stronger Communities and neighbourhood model
Sexual Health Update		Alison Bell & Michelle Hawkes
Better Care Fund		Tim Baverstock, Stephen Chandler
JSNA 2019		Pip Tucker
Gypsy and Traveller Update		Tom Rutland

Health and Wellbeing Board Work Programme – June 2019

Health and Wellbeing Board Meeting (11am start)	26 September 2019	Dev Session: Housing and health
Better Care Fund		Tim Baverstock, Stephen Chandler
Health and Wellbeing Board Meeting (11am start)	14 November 2019	
Better Care Fund		Tim Baverstock, Stephen Chandler

To add: Prevention Concordat for Mental Health and Prevention Framework for Somerset?