

Somerset Health and Wellbeing Board

Thursday 26 September 2019

11.00 am Taunton Library Meeting Room,
Taunton Library, Paul Street, Taunton,
TA1 3XZ



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 Vijeh, Somerset County Council
Councillor Ros Wyke, Mendip District Council
Councillor Jeny Snell, South Somerset District Council
Councillor Chris Booth, Somerset West and Taunton Council
Councillor Janet Keen, Sedgemoor District Council
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
Alex Murray, Somerset Clinical Commissioning Group

Issued By Scott Wooldridge, Governance and Democratic Services - 18 September 2019

For further information about the meeting, please contact Democratic Services on 01823 359500 – democraticservices@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 26 September 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 11 July 2019** (Pages 7 - 12)

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 **Sustainability and Transformation Plan - Presentation**

To receive a presentation.

6 **Better Care Fund** (Pages 13 - 18)

7 **Health Protection Forum - Update** (Pages 19 - 30)

To receive a presentation.

8 **Safer Somerset Partnership Report** (Pages 31 - 38)

To receive the report.

9 **Somerset Health and Wellbeing Board Forward Plan** (Pages 39 - 40)

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

10 **Any other urgent items of business**

The Chair may raise any items of urgent business.

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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 (Friday 20 September) - (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. **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 11 July 2019 at 11.00 am

Present: Cllr C Lawrence (Chair), Cllr F Nicholson (Vice-Chair), Ed Ford (Vice-Chair), Cllr A Broom, Cllr D Huxtable, Cllr L Vijeh, Cllr Wyke, Cllr Snell, Cllr Booth, Cllr Keen, Judith Goodchild, S Chandler, T Grant, J Wooster and Murray

Other Members present:

Apologies for absence: David Freeman, Mark Cooke and Mike Prior

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

There were no declarations of interest.

394 **Minutes from the meeting held on 13 June 2019** - Agenda Item 3

The minutes of the meeting of 13 June were confirmed as accurate.

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

There were no public questions.

396 **HWBB Constitution Revision** - Agenda Item 5

This item had been discussed in part at the previous meeting and the draft constitution was shared. This agenda item was to discuss and agree the final details of the Constitution of the Somerset Health and Wellbeing Board.

Under the Social Care Act 2012 the County Council must establish a health and Wellbeing Board and the constitution covers the operation of that Board. The constitution was last revised in 2014 and the arrival of new members is a good opportunity to review and if necessary revise the constitution.

The Board discussed the proposed amendments and there were some clarifications suggested: -

- That the Better Care Fund was discussed at the Board every six months and not every meeting as suggested in the draft constitution,
- That the name of the post rather than the current postholder should be used for proposed members of the Board.
- That the new body resulting from the combining of the Safeguarding Board and the Children's Trust be added when the name was known,
- That a generic e-mail for democratic services rather than a named individual be included.

The Somerset Health and Wellbeing Board endorsed: -

- **The proposed changes to the Health and Wellbeing Board Constitution as indicated in the document marked Annex A –**

designed to promote better practice and improve effectiveness of the board.

- **Noted the any proposed changes to its constitution and structure and membership will require consultation and approval by Constitution and Standards Committee.**

397 Fit For My Future - Mental Health Update - Agenda Item 6

The Board received a report setting out the context and imperatives for refining and enhancing Somerset's mental health model. The report contained details of rapid improvement programmes currently being launched subject to the successful recruitment of staff, funded through the Mental Health Investment Standard. The rapid improvement programmes are central to the Fit for my Future, the joint Somerset CCG and Somerset County Council health and care strategy and support the ambition of the Somerset Health and Wellbeing Board to improve the lives of people in Somerset and in particular to increase healthy life expectancy, taking account of quality as well reduce inequality in life, length of life, life expectancy between communities through greater improvements in more disadvantaged communities.

The proposed model is affordable and sustainable, evidence based but need the right staff in place to deliver the programme. The local drivers for the need to develop a long term plan are: -

- Increase demand
- Increasing complexity
- Increase in emergencies (non-elective)
- Increasing rate of suicide
- Workforce and recruitment shortage of psychiatrists.

Somerset mental health is currently underfunded in comparison to other areas. In Somerset the spend on mental health is £10.6 million less than other similar counties. This reduced spend does not mean that Somerset has fewer people with mental health challenges.

The Board were concerned that this was a shocking comparison and they wanted to know what impact this had on the residents of Somerset. They were concerned that the explanation could be that the threshold for accessing the service was set too high. It could also be that the focus has been for too long on addressing those who are severely unwell rather than focusing on supporting people at the earliest opportunity to prevent their mental health deteriorating to the level of crisis.

The Board were assured that there has already been some action taken to address this imbalance. In November last year Somerset made some proposals to improve capacity to support all ages (including dementia)

398 JSNA 2019 - Agenda Item 7

The Board received a report setting out the Joint Strategic Needs Assessment (JSNA) proposed priorities to support the 'Improving Lives in Somerset' strategy through the proposals for joining up data to improve services and providing timely opportunities for prevention. This year, the Somerset JSNA

looked at a pervasive 'need' within health, care and wellbeing, rather than the needs of a population group. It examined the need for better quality information particularly about individuals, and at data integration to support health and care professionals – and communities, too – in order to make better decisions.

The report set out the case for Integrating data as an obvious 'good thing' in principle, and hugely complicated in practice. It concluded that there is no single, simple solution. Excellent examples exist already in Somerset –the innovative use of data in Brave AI. However, many problems remain, with children's data often held in silos, and even more distant from adult data. While the integration of health and adult social care is progressing well, the same cannot be said for the wider determinants of health and the voluntary sector, which will be vital to future health strategy.

In particular, the JSNA for 2019 is concerned with how to join data from different organizations to understand the complexity of individuals' needs, whilst adhering to the safeguards legally established in information governance. In legislation, the General Data Protection Regulations (GDPR) of 2018 make a legal case for the appropriate sharing of information where it can assist public bodies to undertake their statutory duties.

This JSNA coincides with the development of a Somerset-wide Business Intelligence (BI) strategy, which addresses similar issues, focusing on specific improvements to be made in understanding individual health need. Evidence that is used to support local decision making takes many forms. Some is qualitative, such as patient or customer satisfaction. Much quantitative information held within organizations is on available resources, such as finance or staffing, and as such is very much 'owned' by the organizations concerned. All such data contribute to the efficient provision of services.

It is shown in the JSNA that whilst technically difficult, with appropriate integration software (and the necessary time, money and effort) different administrative systems can be integrated to produce, for instance, shared dashboards. The legal barriers are more complicated, but as a basic principle if joining datasets produces real public benefits then it can be achieved (and effort should not be wasted on data integration that does not produce such benefits).

The Board discussed the report and the following areas were covered: -

- The Health and Wellbeing Board could be the appropriate body to provide the reassurance required for Information Governance needed to underpin this proposed data sharing. All members need to agree to this and to support data sharing (within the guidelines) in all activities and areas of responsibility.
- A good starting point for this joined up data is violent crime – there is a need look at frequent attendance at A&E departments and the incidents of criminal activity.
- An example of where this data could inform activities would be to investigate any correlation between increased attendance at A&E and a shortage of GP appointments.
- Sharing information on ambulance and A&E data in Cornwall has led to a reduction on the demand for ambulances and this sharing of information is due to roll out to include Somerset in the near future.

The Somerset Health and Wellbeing Board: -

- **approved the JSNA**
- **Agreed to investigate further the role the Board could play in overseeing information governance**

399 Sexual Health Update - Agenda Item 8

The Board had a report which provided an overview of the key developments and challenges in sexual health and highlights some of the impacts in relation to Somerset. Improving sexual health outcomes contribute to a number of priorities in the County Plan and the Health and Wellbeing Strategy particularly in relation to making Somerset a healthier place, helping people to help themselves, targeting resources where they are most needed and reducing inequalities.

There have been good improvements in sexual health both nationally and in Somerset but there are concerning underlying trends that are in turn impacting on population health and sexual health service demand, specifically:

- the rising rates of some sexually transmitted infections,
- the increasing demand on sexual health services,
- access to long acting reversible contraception to reduce unintended pregnancies.

The Board reviewed the information provided in the report and considered the following priorities:

- supporting people to look after their own sexual and reproductive health
- collaboration across the system on sexual health promotion and prevention initiatives,
- an integrated approach to ensuring access to contraceptive and sexual health information and services so that specialist sexual health services can focus on meeting the needs of those with the poorest sexual health and complex need,
- supporting people with HIV to manage their own health whilst ensuring access to support services when needed.

The Board discussed the report and the following areas were discussed: -

- They were interested to know why Somerset appeared to have few cases of HIV infection, yet a higher than national average of late diagnosis. It was concluded that this may be because the numbers of infections are low and therefore testing and detection are not routine.
- The increase demand for Somerset Wide Integrated Sexual Health Service (SWISH) and the fact that there is no additional funding has resulted in a need to review the Targeted Prevention Service part of SHISH service. To support this challenge Somerset will be trialling HIV, syphilis and gonorrhoea on-line testing (home sampling). Early indications are that there is a good level of uptake from high risk groups.
- The different rate of contraceptive use in more deprived areas and the increase in terminations of pregnancy in West Somerset and Mendip.

The Board was interested to hear that there will be a short film from Age UK highlighting the need for all age groups to take responsibility for their sexual health and that taking risks can have difficult consequences whatever your age.

The Somerset Health and Wellbeing Board: -

- **Agreed to remind people to take responsibility for their own sexual health.**
- **Welcomed the move to more on-line testing as a way to encourage testing for young people.**

400 Better Care Fund overview update - Agenda Item 9

The Somerset Health and Wellbeing Board agreed to defer this to the next meeting as there was insufficient time to give this matter the detailed discussion and assessment it needed.

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

The forward plan was approved.

402 Any other urgent items of business - Agenda Item 11

There were no other items of business.

(The meeting ended at 1.05 pm)

CHAIR

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Somerset Health and Wellbeing Board

26 September 2019

The Better Care Fund 2019/2020

Lead Officer: Mel Lock, Director of Adult Social Care

Authors: Andy Hill, Somerset CCG, Tim Baverstock, Somerset County Council

Contact Details: Andrew.hill6@nhs.net or TDBaverstock@somerset.gov.uk

Cabinet Member: David Huxtable

Division and Local Member: All

1 Summary

- 1.1 The Better Care Fund (BCF) was established by the UK Government in 2014/15. Its principal intention has been to foster the integration of health and care services and in doing so help people better manage their health and wellbeing and live as independently as possible in their own homes and communities.
- 1.2 At a commissioner level, the BCF promotes the legal duty of both CCG's and Local Authorities to promote integration and to enter into pooled budget arrangements where this will lead to a more effective use of public monies, improve health and care outcomes or reduce inequalities.
- 1.3 At present, the BCF is subject to a national review and this year, 2019/20 is expected to be the final year of the scheme in its current format. Whether the BCF remains or is subject to significant changes is unknown at this stage.
- 1.4 The paper sets out:
 - the key requirements of the BCF and the nationally prescribed funds for Somerset for 2019/20
 - the proposed allocation of funds and key elements of the 2019/20 plan as set out in Annex 1.
- 1.5 The actual BCF submission comes in the form of a complex Excel spreadsheet with many inter-related sections. Copies of the actual submission are available to Health and Wellbeing Members.
- 1.6 The paper seeks the Board's approval for the proposed Somerset BCF for 2019/20 which is due for submission on 27 September 2019.

2 The 2019/20 BCF

- 2.1 The 2019/20 BCF is not subject to any significant or material changes from the previous years' scheme. It includes the following elements which must be managed as a pooled budget and covered by a Section 75 Agreement:

Element	2018/19 £'000s	Allocation 2019/20 £'000s
Minimum NHS (CCG) Contribution – non specific	36,524	25,909
Minimum NHS (CCG) contribution - Social Care specific		12,719
Grant Allocation for Adult Social Care (iBCF)	16,360	20,188
Disabled Facilities Grant	4,045	4,365
Winter Pressures Funding (managed adjacently last year)	-	2,498
Total	56,929	65,679

2.2 As per all previous years, the majority of the total fund is not received as additional monies to either the CCG or Local Authority and is instead a prescribed figure to be assigned to the fund from core allocations.

2.3 In total the 2019/20 fund represents an increase of £8.75m from 2018/19 of which, £2.497m is the Winter Pressures funding that was held outside of the Better Care Fund in 2018/19, £0.320m is the Disables Facilities Grant increase and £2.104m the increase to the Minimum NHS contribution, of which £1.451m is not funding backed. The majority of the increase is within the grant allocation for Adult Social Care at £3.828m.

3 The impact of our previous (2014/15 to 2018/19) BCF in Somerset

3.1 Although the construct and requirements of the BCF are relatively complex and the national planning timetable is not synchronised with other planning cycles, the management of the scheme in Somerset has been successful. The BCF has for example:

- Brought about a direct and significant improvement in Delayed Transfers of Care from hospital across the Somerset system and Somerset has performing extremely well against this metric when compared to other areas in the South West. To put this into perspective Somerset's delays have fallen by over 75% in the last two years and the Home First scheme has helped over 5,000 people.
- It has encouraged new and innovative ways of working and support to be provided, for example the expansion of community/village agent resource to include community hospitals and mental health support
- It has helped introduce and integrate new strategic partners for example Community Agents and housing occupational therapists and these have shown how the provision of community based support is often essential in helping people go home safely and promptly from hospital
- Piloting new forms of technology that support people to stay at or return to their home.
- New models of Dementia care and support, combining 24 hour support with phased support in people's own home
- It has helped foster new joint working arrangements between health and social care professionals for example in West Somerset as part of the Living Better Scheme or Social Care workers working as part of large Multi-disciplinary meetings at Frome Medical practice

- It has helped stabilise a number of services during what has been and continue to be very challenging times.
- It has fostered greater integrated working between the local authority and NHS partners.

3.2 It is important to build on these successes when delivering the 2019/20 plan.

4 National requirements for 2019/20

4.1 According to the national guidance, all BCF schemes must:

- Be jointly developed and agreed by the CCG and Local Authority and approved by the Health and Wellbeing Board
- A Section 75 Agreement must be drawn up and submitted in relation to the pooled funds by 15 December 2019
- Ensure the NHS minimum contribution is protected and the mandated proportion is specifically used to maintain social care. This should continue to support for example: carers breaks, reablement and Care Act implementation
- Ring-fence a portion of the CCG minimum to invest in out of hospital services
- Use part of the fund to manage transfers for care at the interface between health and social care that reduce delayed transfers of care (DToC).
- Services and schemes helping to reduce DToC must relate to the High Impact Change Model for Managing Transfers of Care (be focused on: Early discharge planning, Systems to monitor patient flow, Multi-disciplinary/Multi-agency discharge teams, Home first / discharge to assess, Seven-day services, Trusted assessors, Focus on choice, Enhancing health in care homes).
- Include centrally-set expectations for reducing or maintaining rates of DToC during 2019-20
- All BCF plans must include ambitions for each of the four-national metrics.

National Metrics

4.2 The four national metrics tracked as part of the BCF are the same as previous years:

1. **Non-elective (unplanned) admissions:** to hospital (people of any age): Trajectories are the same as those set out in CCG Annual Operating Plans.
2. **Delayed Transfers of Care:** per day (daily delays) from hospital (people aged 18+)
3. **Residential placements:** This is defined as the long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+). Population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

- | |
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| <p>4. Reablement: The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</p> |
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5 Focus of the 2019/20 scheme

- 5.1 The key focus for the 2019/20 is to build on the successes from the previous scheme, ensure the schemes continue to help stabilise core services and introduce innovation and improvement wherever possible to do so. Annex 1 provides a detailed list of the proposed schemes for the 2019/20 plan.
- 5.2 Examples of new items includes:
- The imminent launch of a trusted assessor scheme to help our care home residents and providers ensure that care is joined up between hospital and home.
 - Support for people leaving hospital to quickly have in place tenancy agreements to enable them to live in extra care housing
 - Social worker in the ambulance control centre and Accident and Emergency Departments to help avoid unnecessary conveyances and admissions to hospital

6 Recommendation

- 6.1 The Health and Wellbeing Board is asked to consider this paper as the basis for the Somerset BCF submission for 2019/20.
- 6.2 In light of the national requirement for a new Section 75 Agreement to be drawn up in respect of the BCF, it is proposed that the Somerset Joint Commissioning Board be re-established. This would provide a forum in which the detail and complexity of the BCF framework and its reporting requirements could be reviewed in detail on behalf of the Health and Wellbeing Board, as is set out in the current Section 75 Agreement. It is proposed that a member or members of the Health and Wellbeing Board become members of the JCB.
- 6.3 In light of the broader integration agenda, the JCB could have:
- Responsibility for drawing up the detail of future BCF plans
 - Oversight of other jointly commissioned services and schemes (for adults and children)
 - A duty to consider other areas of service or support which would be a benefit to people, services or the wider system if jointly commissioned and draw up option appraisals in respect of these
 - A role in overseeing the development of joint commissioning competencies, teamship and culture change across NHS and Social Care commissioners

Andy Hill, Associate Director of Integrated Care
Tim Baverstock, Strategic Manager - Commissioning

Annex 1: Key elements of the Somerset 2019/20 Better Care Fund

No.	Element / Source	£'000			Brief description	
		DFG	NHS Contribution	iBCF		Winter Monies
1	Home adaptations	4,365			Disability Facilities Grant, managed by District Councils	
2	Person-centred care (Community services)		11,909		Maintaining and stabilising core community services	
3	Person-centred Care (Acute services)		8,121		Maintaining and stabilising core acute based services	
4	Rehabilitation and other social care schemes		8,045		Includes: Maintaining Adult social Care Delivery, Care Home Support Team, additional social worker resource	
5	New models of integrated person-centred care		3,317		NHS Test and Learn Schemes Includes: Complex care teams, Health Coaches, Health Connectors, Village Agents, Health and Wellbeing Advisors, West Somerset Living Better	
6	Community bed based care (short stays, hospital avoidance)		1,982		Nursing home pressures, nursing home fees and interim beds	
7	Care Act Additional responsibilities		1,350		Care Act Additional duties - inc.information and support for people who self fund	
8	Community Equipment Service		1,200		Additional capacity for Community Equipment Service	
9	Joint Carers Service (NHS Contribution)		204			
10	Maintaining and protecting Adult Social Care			10,183	Funding to protect front line services (additional social workers, additional packages or care)	
11	Maintaining Learning Disability Services			7,751	Support for increasing number of people with learning disabilities who are living longer	
12	Home First (Delayed Transfers of Care)		2,500	1,854	919	Includes: Additional Home First Home Care (Pathway 1, range of providers), Additional Night cover. Additional one to one care (Pathway 3 - additional staff in nursing and residential homes), Home First GP time, additional same day delivery and additional equipment including technology (e.g. sensors)
13	Market Support			400	Financial support for the Registered Care Provider Association (RCPA) To pump prime new initiatives. Support fee levels. Supporting provider training and staffing incentives	

No.	Element / Source	£'000				Brief description
		DFG	NHS Contribution	iBCF	Winter Monies	
14	Live in, Residential and home dementia Support				492	New model of Dementia care to support people to remain at home: Enables same staff to provide care for people either in a residential home, at home or temporarily overnight.
15	7 day working and Out of Hours				330	7 day working and out of hours cover by Occupational Therapists, Physiotherapists and Social Workers
16	Additional social work (admission avoidance) - (NEW in 19/20)				244	Social worker in the ambulance control centre and Accident and Emergency Departments
17	Beds for immobile people not needing clinical care				238	Beds in residential or nursing homes for immobile people who do not require 24 hr clinical care e.g people with extensive plaster casts following fractures. Referred to as 'Plaster Beds'
18	Hospital Community Agents				120	Dedicated Community Agent time in acute and community hospitals supporting prompt/early discharge home
19	Trusted Assessors - (NEW in 19/20)				80	Staff able to assess a person's suitability to return home or go directly into a residential home.
20	Rapid Access to Extra Care Housing - (NEW in 19/20)				75	Support to establish tenancies to enable people to move directly into extra care housing
	Total	4,365	38,628	20,188	2,498	Grand total 65,678

Expected total in BCF planning guidance	4,365	38,628	20,188	2,498	Grand total 65,678
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Health Protection Forum Update

Alison Bell

26th September 2019

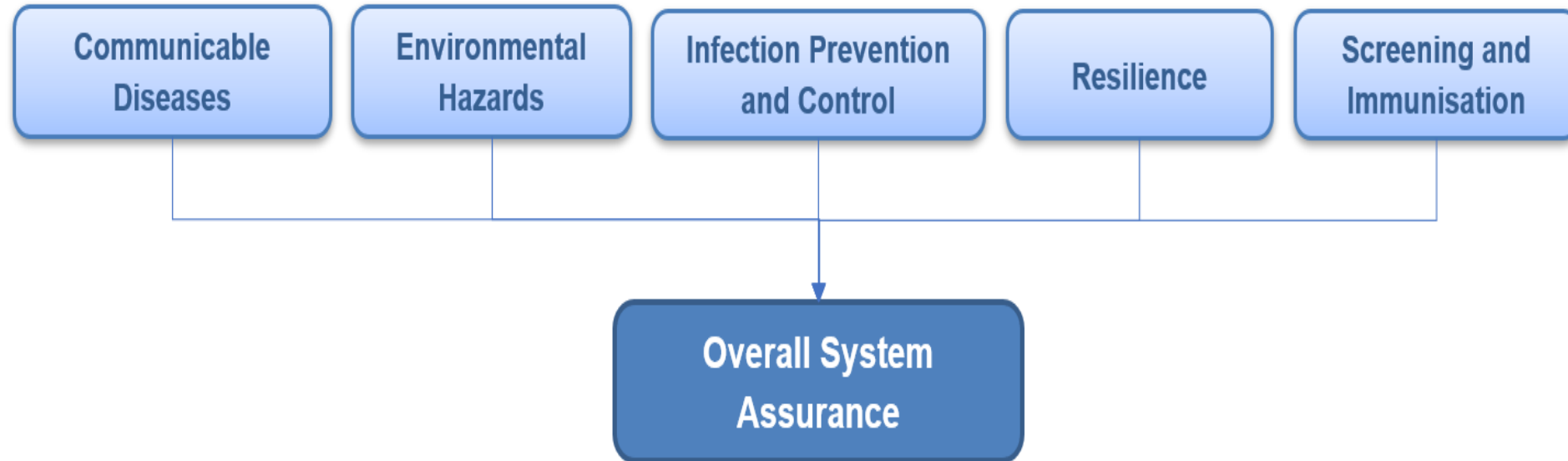
Agenda item 7

Health Protection Forum





Health Protection Priorities





Priority 1: Communicable Diseases

Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system

What we have done:

- Revised and updated **Memorandum of Understanding**
- Somerset CCG progressing work to include operational arrangements for communicable disease outbreaks.





Priority 2: Environmental Hazards

Ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported and prioritised.

What we have done:

- **Water Quality** – Project to identify and replace lead piping and fittings in Somerset Schools and Nurseries. Planning for the next 5 years.

35 Schools = Zero lead exceedances





Priority 2: Environmental Hazards

- **Air Quality** - In February 2019, Somerset County Council declared a climate emergency. There is a significant overlap between air quality and climate change, air quality will be incorporated into the climate change plan.





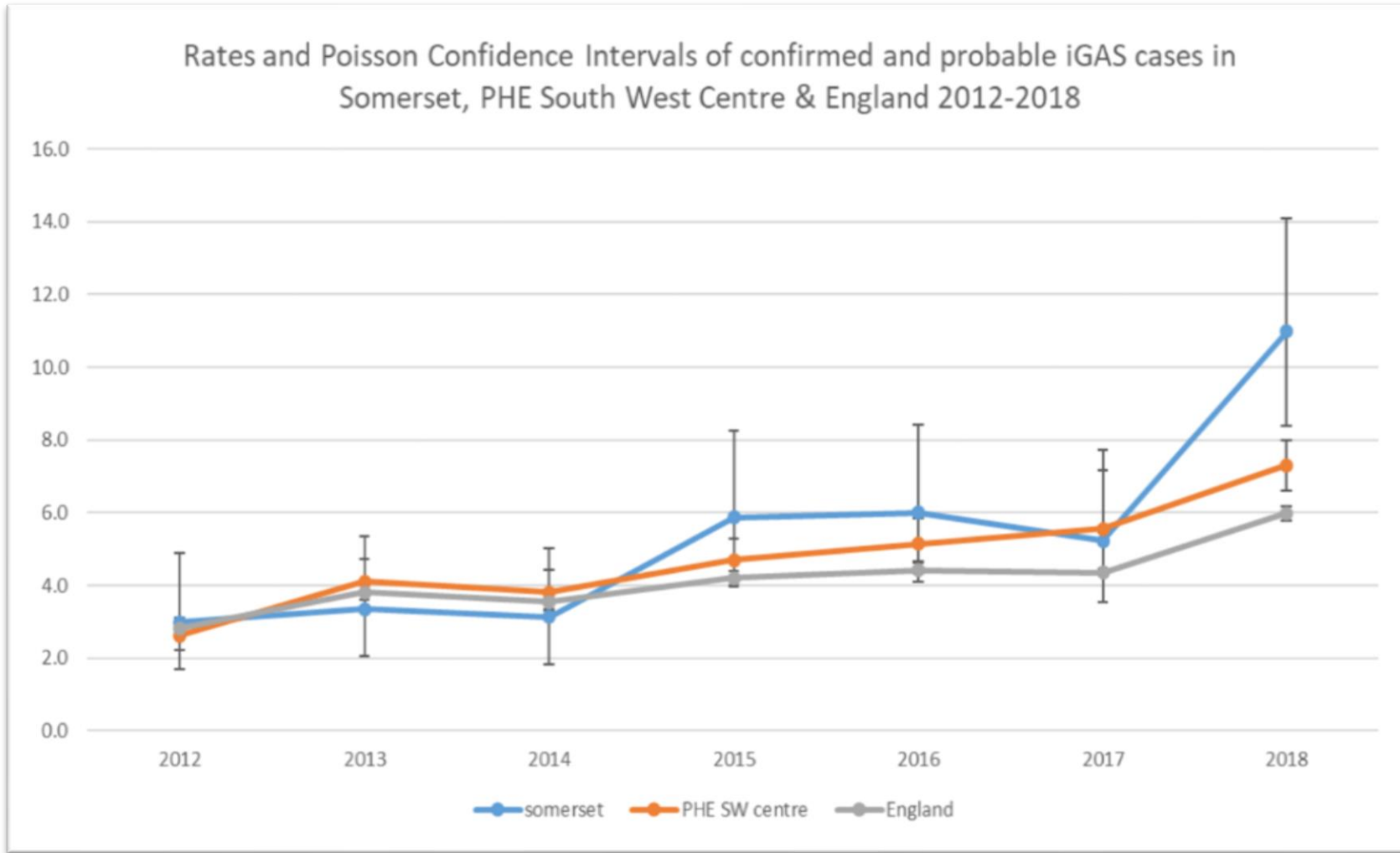
Priority 3: Infection Prevention and Control

Ensure infection prevention and control priorities address local need and reflect national ambition.

What we have done:

- Somerset experiencing higher levels of **Invasive Group A Streptococcal (IGAS)** infections







Priority 4: Resilience

Ensure local and regional emergency response arrangements are in place to protect the health of the population.

What we have done:

- Winter pressures – best defences
- Stay Warm and Well
- Flu vaccination





Priority 5: Screening and Immunisations

Ensure screening and immunisation programmes meet national standards and where work is required to increase uptake, reflect local priorities to achieve national standards.

What we have done:

- **Health Equity Audit** – Breast Cancer screening and uptake
- **Flu Vaccination Planning**
 - Internal Staff Offer
 - Frontline Health and Social Care Staff
 - At risk populations



Conclusion



Are you satisfied with the progress we are making?

How can you help?

- Raise awareness of the flu vaccination and encourage people to access this, especially if they are in an at risk group
- If you are a leader within an organisation ask what your organisation's performance is for the staff flu vaccination – we aim for greater than 70%

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Safer Somerset Partnership Annual Report

Lead Officer: Lou Woolway, Consultant in Public Health

Author: Lucy Macready, Public health Specialist

Contact Details: 01823 359146

<p>Summary:</p>	<p>The Safer Somerset Partnership was developed in 2011/12 as a single county wide partnership for delivering duties under the Crime and Disorder Act (1998). This report summarises key activities and achievements since the last report to the Health and Wellbeing Board; November 2018.</p> <p>The Partnership's priorities stated in Our Plan, a joint community safety plan with the Avon and Somerset Police and Crime Commissioner, include tackling domestic and sexual abuse, identifying and disrupting the exploitation of vulnerable people and meeting statutory duties. The Plan can be found on this link: https://www.avonandsomersetplan.co.uk/wp-content/uploads/2018/03/avon-and-somerset-police-local-crime-plan-somerset.pdf</p> <p>This report will summarise key achievements, and will focus on a new project, the development of a Somerset wide Violence Reduction Unit.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> 1. The Somerset Health and Wellbeing Board is asked to acknowledge and endorse the work of the Safer Somerset Partnership over the reporting period; 2. To be effective and make best use of available resource, the Safer Somerset Partnership asks the Board to support and collaborate with opportunities that have arisen with additional short term funding. 3. The Board is requested to help facilitate improved data sharing as described in 6.3
<p>Reasons for recommendations:</p>	<p>The Safer Somerset Partnership has agreed to work with the Health and Wellbeing Board to help delivery the Improving Lives Strategy. It is therefore, important that the Board is familiar with the Partnership's work, and is supportive of the work</p>

	programme.								
Links to The Improving Lives Strategy	Please tick the Improving Lives priorities influenced by the delivery of this work								
	<table border="1"> <tr> <td>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td></td> </tr> <tr> <td>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td>X</td> </tr> <tr> <td>Fairer life chances and opportunity for all</td> <td></td> </tr> <tr> <td>Improved health and wellbeing and more people living healthy and independent lives for longer</td> <td></td> </tr> </table>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services		Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	X	Fairer life chances and opportunity for all		Improved health and wellbeing and more people living healthy and independent lives for longer	
	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services								
	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	X							
	Fairer life chances and opportunity for all								
Improved health and wellbeing and more people living healthy and independent lives for longer									
<p>The Safer Somerset Partnership is pivotal in delivering the Improving Lives strategy and is working with the Board to ensure that the planned outcomes are correct.</p> <p>Research suggests that a main factor in preventing crime, is to strengthen community resilience and create increased awareness in communities about their safety. A key activity in the planned Violence Reduction unit will be to find innovative ways to increase resilience in communities.</p> <p>The resource forthcoming with the Violence Reduction Unit offers a unique opportunity to make a real difference in Somerset.</p>									
Financial, Legal, HR, Social value and partnership Implications:	There are no direct financial implications for Somerset County Council arising from this report. Community Safety projects are funded by the Avon and Somerset Police and Crime Commissioner and the Home Office.								
Equalities Implications:	Equalities implications are considered as part of the activities undertaken by the Partnership, however, there were no equalities implications arising from the recommendations of this report.								
Risk Assessment:	There are no direct risks related to this report, but individual risks have been identified within the various work streams undertaken as part of the Partnerships activities.								

1. Background

- 1.1 Developed in 2011/12, The Safer Somerset Partnership is a key Strategic board, aiming to ensure Somerset residents are safe, and feel safe both when at home and out and about in their local community.
- 1.2 The purpose of the Partnership is to
 - provide strategic direction, leadership and improve the effectiveness of the delivery of Community Safety in Somerset
 - Make effective links to other strategic Partnerships, ensuring there is a strong voice for Somerset's priorities and interests on other relevant partnerships and work streams
 - Ensure that the statutory responsibilities of the Partnership are addressed effectively, including the duty to undertake and publish Domestic Homicide Reviews.
 - Help Deliver the Improving Lives Strategy for Somerset
- 1.3 Terms of Reference and an illustration of the Structure of the Partnership, including its constituting sub groups can be found in Background Paper A and B.

2. **Strategy and Priorities**

- 2.1 In 2017, the Partnership launched 'Our Plan: 2017-21', the first community safety plan that is jointly produced with the Police and Crime Commissioner for Avon and Somerset. A copy of the Plan can be accessed on the link below:

<https://www.avonandsomersetplan.co.uk/wp-content/uploads/2018/03/avon-and-somerset-police-local-crime-plan-somerset.pdf>

- 2.2 Table 0.1 below is an illustration of the Safer Somerset Partnership scorecard used to monitor the Partnership's performance against each priority area and project to which the Partnership has allocated grant funding made available from the Police sand Crime Commissioner. It should be noted that a range of measures and data sits behind this scorecard and is available on request. Table 0.1 presents a very stable picture for the Safer Somerset Partnership with all priorities and project on track. These measures are revised each year.


 Community Safety Scorecard		2018/19	Quarter 4
Priorities		Positive lives	
1: Protect people from the Harm of Domestic and Sexual Abuse	G	Community bed capacity	G
2: Identify and Prevent the Exploitation of Vulnerable People	G	Community bed move-on	G
3: Identify and Support those with Inequalities and vulnerabilities, which can lead to poorer health outcomes and increased risk taking behaviours	G	Specialist interventions	G
4: Meet our Statutory Duties [Reducing Reoffending and Domestic Homicide Reviews]	G	Wrap around support and skill development	G
Child Sexual Exploitation (CSE) Prevention		Permanent accommodation - achieved	
Screening	G	One Team Coordinator project	
Tier 2 Resources Review	G	Evaluation framework	G
At risk' vulnerable young people	G	Data and Performance	G
Healthy relationship interventions	G	Governance	G
One-to-One work with medium risk young people	G	Early Help	G
Intensive interventions	G	Links with other multi-agency teams	G
Shape Mendip		Project SHE	
Formal One Team development	G	Improve safety	G
One Team Co-ordinator	G	Improve access and engagement	G
		Reduce arrests/re-arrests	G
		Reduce remands/short custodial sentences	G
		Reduce re offending	G
		Children and Family Outcomes	G

Table 0.1

3. Key Achievements and projects

3.1 Violence Reduction Unit (VRU)

3.1.1 In March 2019, the Chancellor announced a £100m Serious Violence Fund for use during the 19/20 financial year to tackle serious violence. £35m from the Fund has been assigned to establish, or build on existing, Violence Reduction Units ('VRUs'). After a successful bidding process, £362,225 has been allocated to Somerset.

3.1.2 VRU activity enabled by the funding must support a multi-agency, 'public health' approach to preventing and tackling serious violence. VRU activity should focus on early intervention, whether that is with respect to its core function in leading and coordinating the local response to serious violence or with regard to the funding of specific interventions.

3.1.3 There are 2 products the VRU must produce

- A problem profile, identifying the drivers of serious violence acting in the local area and taking steps to identify the cohorts of people most affected; and;
- A response strategy, describing the multi-agency response being delivered by the VRU, its members and other partners that will tackle the drivers identified in the problem profile and work to reduce serious violence in the specified local area. The response strategy should set out how the action being taken by the VRU will enhance and complement existing local arrangements responding to serious violence.

3.1.4 In addition, local police colleagues have secured other funds to compliment this work, which will enable to recruitment of 4 Police Community Support Officers who

will be attached to Pupil Referral Units, working to divert some of our most vulnerable young people from violence and other harms.

3.1.5 On writing this report, the VRU's activities are in the planning, both in terms of the Unit's composition and activity. However, the model drawn up in the bid process gives an indication of how the VRU will operate and its deliverables. This can be found in background paper C. This bid was produced in collaboration between Somerset County Council Public Health, Police and the Clinical Commissioning Group, the three key partners as stipulated by the Home Office.

3.2 Missing and Vulnerable to Exploitation (MAVE)

3.2.1 After scoping existing pathways for children and adults who are at risk of exploitation, the Partnership agreed to oversee the implementation of Missing and Vulnerable to Exploitation (MAVE) meetings across the County. This will be strengthened in aligning this work with the Violence Reduction Unit. The aim of a MAVE is:

- To provide tactical and operational management oversight and support across the county partnership to children, young people and vulnerable adults identified as being actively exploited or at high risk of exploitation.
- To ensure a multi-agency approach, including through missing episodes and complex situations where previous partnership activity has not been successful.
- To ensure appropriate information sharing to support future activities aimed at reduction of harm and disruption of perpetrators with prosecutions pursued where possible.
- To ensure effective information flow with existing specialist provision, i.e. TOPAZ [multi agency team that work to investigate cases of Child Sexual Exploitation and support victims] and PREVENT [strand of the national Counter Terrorism Strategy designed to stop vulnerable people being radicalised]
- To ensure a join-up of all age services to reduce the potential for vulnerable children and adults 'falling through the gap' in existing provision.

3.2.2 MAVE meetings are currently being rolled out, following a successful pilot meeting in Mendip. The Safer Somerset Partnership will be considering progress at its next meeting in October 2019, but early indications look positive.

3.3 Shine a Light Week (Taunton Rough Sleepers)

3.3.1 With the leadership of the One Team Coordinator, funded by the Safer Somerset Partnership, between the 3th and 8th December 2018 a multi-agency approach was taken to provide an overnight facility for the rough-sleeper cohort within Taunton to enhance existing provision, gain better understanding the health and social needs of the cohort and developing effective working relationships between operational partners. Highlights from the week include:

- Attendance ranged each night between 7 and 19
- 10 health checks were conducted
- 4 direct referrals were made to the Adult Social Care representative working in partnership with the Dual Diagnosis worker linked to the team.

- 3.3.2 The project was the first of its kind and an excellent example of partnership working, resulting in sustained improvement including:
- Work began to offer some provision for the cohort on a sustained basis including a night time café.
 - Canon Street Church will open overnight Monday to Thursday.
 - Creation of a much wider network across the workforce locally which has resulted in improved communication and collaboration.

4. Improving Lives Priorities and Outcomes

- 4.1 The Safer Somerset Partnership is pivotal in delivering the Improving Lives strategy and is working with the Board to ensure that the planned outcomes are correct. Currently the measures the Partnership have out forward are:
- Increase the proportion of people who state they feel safe (day and night) in their community
 - Decrease in violent crime with and without injury
 - Total crimes reported per 1,000 population
- 4.2 Research suggests that a main factor in preventing crime, is to strengthen community resilience and create increased awareness in communities about their safety. Somerset is a safe place to live, this is evidenced in our total crime figures. but in some communities, the perception of risk and feeling of being unsafe outweighs this fact. A key activity in the planned Violence Reduction unit will be to find innovative ways to increase resilience in communities. This initiative created opportunities help deliver on this measure.
- 4.3 Work to tackle violence, is a priority nationally and locally. The resource forthcoming with the Violence Reduction Unit offers a unique opportunity to make a real difference in Somerset whilst finding ways to find sustained positive change beyond the life of the project.

5. Consultations undertaken

- 5.1 In the last year there have been no specific consultation undertaken by the Partnership except for stakeholder engagement regarding the Violence Reduction Unit in August 2019.

6. Request of the Board and Board members

- 6.1 The Board is asked to acknowledge and endorse the work of the Safer Somerset Partnership over the reporting period.
- 6.2 After several years of limited or reduced dedicated resource for community safety, the Safer Somerset Partnership is subject to a number of opportunities to build capacity to act on priority areas of work, and take action, particularly with regards to early intervention and prevention of crime and disorder in Somerset. To be effective and make best use of available resource, the Partnership needs support and collaboration with the Health and Wellbeing Board which in turn will serve to help us in the endeavour to improve lives.

- 6.3 Part of the Violence Reduction Unit activity will be to improve the way that data is shared, including the way hospital share data about violent crime. This forms part of a larger piece of work to improve how data is shared across agencies locally and the Partnership would like assurance from the Health and Wellbeing Board that it is fully committed to unblocking this ongoing challenge.

7. Background papers

A – Safer Somerset Partnership Terms of Reference

B- Safer Somerset Partnership Structure

C – Violence Reduction Unit Model

8. Report Sign-Off

8.1 Report authors responsible for ensuring they have email confirmation

8.2 In complete reports will not be accepted

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	09/09/19
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	09/09/19
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	09/09/19

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Health and Wellbeing Board Work Programme – September 2019

Agenda item	Meeting Date	Details and Lead Officer
Health and Wellbeing Board Meeting (11am start)	14 November 2019	Dev session: CCG governing board and HWBB board
HealthWatch update		
SEND update		Annette Perrington
Safeguarding Adults		Stephen Miles/Richard Compton
Positive Mental Health Strategy		Louise Finnis
Fit For My Future update		Alex Murray/Maria Heard
Performance report		James Hadley
Health and Wellbeing Board Meeting (11am start)	16 January 2020	Dev:
Safeguarding Children Annual Report		Caroline Dowson
CYPP 2019-22		Fiona Phur
Director of Public Health Report		Trudi Grant
Better Care Fund		Tim Baverstock/Stephen Chandler
Fit For My Future update		Alex Murray/Maria Heard

Health and Wellbeing Board Work Programme – September 2019

Health and Wellbeing Board Meeting (11am start)	19 March 2020	Dev:
Fit For My Future update		Alex Murray/Maria Heard

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