## Somerset County Council

## **County Council**

- 19 February 2020

## Annual Report of the Cabinet Member for Public Health and Wellbeing

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Wellbeing

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#### 1. INTRODUCTION

- 1.1 Our year began with the complex and ultimately highly successful move of health visitors and school nurses into the Council from Somerset Partnership. Around 200 staff transferred and settled in with almost immediate benefits being realised, particularly around the Young Parent Model approach and the ability to provide more engagement with families to step up information and guidance surrounding other key public health messages and campaigns.
- 1.2 The year continued with prestigious awards, with nationally recognised high performance in key areas and ambitious and exciting programmes that are already showing signs of success and contributing to the aim of Improving Lives across Somerset.
- 1.3 We are particularly proud of national recognition for our work in mental health with a high-profile accolade the Sarah Stewart Brown Award presented to our Public Mental Health Team. And we have been equally successful with our funding bids, gaining significant sums to develop ideas and good practice across the county the most recent being a joint application that secured £13m over three years to develop mental health services.
- 1.4 Our performance has exceeded expectations in key areas which are highlighted in the main report, but it is worth pulling out some work that is particularly important and successful.
- 1.5 Breastfeeding: The numbers of mums beginning to breastfeed their babies has steadily increased from 41% two years ago to 53% now, a trend we want to continue.
- 1.6 Young people face challenges like never before so it was highly impressive to see

- the numbers and enthusiasm taking part in summer camps to improve wellbeing. Seeing one measure optimism for the future increase from 9% to 71% tells an extraordinary story more camps are now planned.
- 1.7 This report regularly provides updates into pregnant mums encouraged to give up smoking it is remarkable that since the Mums2Be programme started, more than 2000 additional babies have been born smokefree in Somerset.
- 1.8 And while our performance is high, our ambition is higher. This report details where we want to set the bar for targets and where we believe we are able to go even further. A particular area of interest is in the area of breastfeeding where the service and the whole county is now progressing to "gold" status.

  And the challenges will keep coming. Somerset like all counties has a growing number of people, particularly young people, who are overweight or obese. It is important that we continue to work hard to help individuals make healthy life-choices and that we provide encouragement and support when appropriate.
- 1.9 One initiative, volunteer health walks, has been particularly successful with close to 13,000 people taking part in the first six months of operation. We will be ambitious and will push for this number to significantly increase in the future.
- 1.10 Finally, in this section, the range of services provided under Public Health and Wellbeing is not often always fully understood so we highlight the work teams have provided to help Syrian refugees. We are on target to meet our pledge to resettle 36 families across the county and it is pleasing to report that 60% of resettled adults have found employment a tribute to both the public health teams but also Somerset's generous businesses and communities.

## 2. IMPROVING THE HEALTH OF CHILDREN AND YOUNG PEOPLE

## **Health Visiting and School Nursing (Public Health Nursing)**

- 2.1.1 The Public Health Nursing Service (PHNS) became part of the Council on the 1<sup>st</sup> April 2019, joining with the existing public health team. As part of the move to the Council, approximately 200 staff were transferred from Somerset Partnership NHS Foundation Trust.
- 2.1.2 The work of the PNHS is underpinned by the evidence and best practice guidance, which is provided in the Healthy Child Programme (HCP). This is a public health programme for children, young people and their families which focuses on early intervention and prevention. It offers a programme of screening testing, immunisations, developmental reviews, and information and guidance on parenting and healthy choices. Delivery of these five mandated contacts has been a focus since transfer, ensuring early assessment and identification of need.
- 2.1.3 There are some key areas of service development that have significantly benefited from integration with the wider public health team at the Council:

- An antenatal parenting programme, based on the Young Parent Model and piloted in Yeovil and Wincanton, is being jointly offered with maternity services
- Delivery of the National Child Measurement Programme, to include delivery of key public health messages including healthy eating and physical activity
- Joint working with the Institute of Health Visiting to support the government's plans to refresh the health visiting model for England
- 2.1.4 One of our Health Visitors also had a case study of the Horizon Group published in the Institute of Health Visiting January 2020. The Horizon Group supports parents to understand more about their own mental health and the relationship they have with their baby and significant others. The aim for parents who attended the group was to create a safe space for them to feel listened to, accepted and supported by professionals and peers.
- 2.1.5 The PHNS is planning further service transformation to develop a seamless service for children, young people and their families to focus on early assessment, intervention and prevention, with the support of health and social care providers.

### **Breastfeeding**

- 2.1.6 The Baby-Friendly Initiative is transforming healthcare for babies, their mothers and families in the UK, as part of a wider global partnership between the World Health Organisation (WHO) and Unicef. The Public Health Team has supported the Health Visiting Service to achieve re-accreditation for the Baby-Friendly Award Level 3, which means that the service has demonstrated the highest standard of quality provision to all families across Somerset.
- 2.1.7 The service and the Council are now progressing towards gold status. The Achieving Sustainability standards and the Gold Award is designed to help embed high quality care for the long term and requires an organisational culture that protects the Baby Friendly standards.
- 2.1.8 Public Health has worked collaboratively with partners to develop a Lactation Support Pathway, delivering a tiered support model for infant feeding in the community. The aim is to provide accessible and timely support to all families to promote and help maintain breastfeeding, and to raise the awareness of positive and safe infant feeding practices which support attachment and wellbeing and contribute to every baby having the best start in life. This work has been led by health visiting and maternity services.
- 2.1.9 Public Health has grant-funded a Somerset-wide sling library to deliver an extended provision to young parents and parents experiencing greater need. There is a range of evidence concluding that the use of slings contributes to close and loving relationships, bonds and attachment parenting. The addition of skin to

- skin and closeness creates oxytocin in both mother and baby, which supports a positive milk supply, all of which can aid breastfeeding initiation and has been found to increase the longevity of exclusive breastfeeding.
- 2.1.10 The Positive About Breastfeeding scheme has continued to sign up organisations and premises, with the Somerset Clinical Commissioning Group (CCG) and Maternity Voice Partnership joining the scheme and actively promoting sign-up to others. There has been a rise in GP practices signing up, with 11 practices joining the scheme, taking the sign-up numbers to more than 300 across Somerset.
- 2.1.11 Devon County Council has launched Devon Positive about Breastfeeding, sharing the Somerset branding and scheme standards. Co-ordinated efforts in the use of social marketing and social media were included in the launch across Somerset and Devon, aiming to deliver a strong impact across both areas.
- 2.1.12 Breastfeeding initiation rates in Somerset, based on GP practice caseloads, are currently 83% and rates at 6-8 weeks are currently 53% for those who are either totally or partially breastfed. The yearly average for 2018-19 was 50% compared with 2016-17 which averaged 41%.

## **Health and Wellbeing in Schools**

- 2.1.13 There are 86 schools now engaged in the Somerset Wellbeing Framework, with 14 having received Pillars of Wellbeing Awards for Developing a Sense of Belonging in their school.
- 2.1.14 Somerset staff working with children and young people have been successfully trained in Youth Mental Health First Aid (112), Mental Health bitesize workshops for supporting children and young people in school on the following topics: Self-Injury, Bereavement and Loss and Eating Disorders (415).
- 2.1.15 A particular success this year has been the first Body Positivity Project, commissioned from LIFEbeat, working with 313 young people across four secondary schools. As part of the project, LIFEbeat also worked with a group of seven young people from Robert Blake Science College. These young people shared their thoughts on body image and what influences body positivity; the participants also became Body Positive Champions and have undertaken activities such as leading assemblies for their school. From this work, resources have been developed for schools, including a short film and a campaign on Body Positivity; these will be launched across Somerset in spring 2020.
- 2.1.16 In August 2019, the Council hosted its first LIFEbeat youth camp at Kilve Court residential centre in Somerset, through West Somerset Opportunity Area funding from the Department of Education. The LIFEBeat Camp was attended by 51 young people (aged 13-18 years) and three Peer Mentors. The group was supported by a team of 29 staff members, 16 of whom volunteered their time for the camp. The

- camp offered a range of creative and outdoor activities designed to enable young people to develop their wellbeing.
- 2.1.17 Young people assessed their wellbeing pre-and-post camp using the Warwick Edinburgh Scale. The majority of wellbeing areas saw an increase of at least 30% at the end of the camp. The following items showed the most significant improvement:

"I've been feeling optimistic about the future." increased from 29% to 71%

"I've been feeling useful." increased from 30% to 76%

"I've been feeling optimistic about the future." increased from 9% to 71%

2.1.18 Due to the success of the first camp, a further two camps have been scheduled at Kilve Court and will take place during August 2020.

## Relationship, Sex and Health Education (RHSE) Teacher Training

2.1.19 Between March and June 2019 Public Health commissioned a four-day Schools PSHE and Wellbeing Training Programme. Forty-one delegates participated in the programme. The training was designed to complement the recently launched Somerset Wellbeing Framework for schools, around three pillars: *Belonging, Relationships and Healthy Lifestyles*, as well as incorporating the recent Relationships Sex and Health Education (RSHE) guidance. Overall the training was rated 4.3 out of 5 by course delegates.

#### 3. IMPROVING THE HEALTH OF THE WHOLE POPULATION

## **Smoking**

- 3.1.1 Smoking remains the single greatest cause of preventable premature death as a driver of health inequalities. As the evidence shows, peer support is of key importance to people stopping smoking and staying stopped. We have therefore moved to an inform, enable and support group-based model of providing support. Telephone support is also available for those who meet certain criteria and are unable to attend a group.
- 3.1.2 Mums2Be Smokefree, our local programme of work to reduce smoking in pregnancy, saw 417 women. Of those, 181 quit successfully (43.4%). For the last four years, smoking in pregnancy rates nationally have essentially flatlined at 10.6%. In that time period, the rate in Somerset has fallen from 13.5% to 11.7%, narrowing the gap by 1.8 percentage points. In 2018/19, 181 mums successfully stopped smoking by using the Mums2Be programme. Since the start of the programme, there have been in the region of 2,100 additional babies born smokefree in Somerset.

## **NHS Health Checks Programme**

- 3.1.3 NHS Health Checks is a national programme that provides people aged 40 to 74 with a cardiovascular risk assessment and lifestyle advice to help them stay healthy for longer. The service was recommissioned in April 2015 and is in its fifth year, having delivered over 41,000 health checks as of December 2019. Health Checks are offered at participating GP practices (34% of all checks delivered) and pharmacies (37% of all checks delivered), as well as a range of community locations (29% of all checks delivered), such as libraries and leisure centres. The service continues to work with a wide range of organisations including Somerset businesses, NHS, district and local authority sites and to schools and colleges to deliver the NHS Health Check at people's place of work.
- 3.1.4 In 2018/19 of the 9,800 checks delivered during the year, 1,671 people were identified as obese; 2,629 were identified as inactive; 2,496 people had raised blood pressure readings; 95 people were referred to their GP for raised blood glucose readings (a key indicator for diabetes) and 558 people were referred to their GP for high risk of Cardiovascular Disease (heart attack, stroke, diabetes, kidney disease and vascular dementia). Fifty-three health checks were terminated early (43 due to very high blood pressure) due to need for urgent referral to their GP or A&E. We are continuing to work on a more joined-up approach to cardiovascular disease prevention with the CCG.

## **Healthy Eating, Physical Activity and Weight Management**

- 3.1.5 Overweight, obesity and physical inactivity continue to be significant challenges to Somerset's health and a major cause of those illnesses that place a burden on services. The most recent data shows that 67.4% of adults in Somerset are overweight or obese (2017/18 data). 22.3% of 4-5 year olds and 31.5% of 10-11 year olds have excess weight (2018/19 data).
- 3.1.6 One of our developments this year has been with the Volunteer Health Walks Programme. The scheme aims to provide opportunities for people who are not currently physically active to participate in guided short walks. In April 2019 Somerset left the national programme and opted to run this scheme locally. Since this time, we have seen a huge increase in participants with 12,784 people being involved in the first six months and this number continues to grow.

#### Man V Fat

3.1.7 This year we have continued to support the successful Man v Fat programme in Somerset. We now have Man v Fat football leagues in Taunton, Bridgwater and Yeovil. These are exclusively for men who have a Body Mass Index over 30 (categorised as obese) and they offer a number of innovative weight loss elements alongside the football including 24/7 online support, bespoke MAN v FAT Football resources, peer support and free physical activity for men. Each week

men come to play football but the team's league position is determined by the pounds they lose as well as the points they win. As with previous initiatives, Somerset County Council provided some funding for the programmes to be established and they now run independently with contributions from participants. In the first year of the Yeovil programme average weight loss amongst completers was 8.18kg (1 stone 4 pounds).

#### **Mental Health**

- 3.1.8 In 2018, SCC became the first authority in the country to formally agree to have two elected members as Mental Health Champions, one for adults and one for children; these roles have been taken up by Councillors Christine Lawrence and Leigh Redman. This initiative is promoted through the Local Government Mental Health Challenge. During the year, the champions have focused on supporting young people's events such the Fresher's Fairs Time to Change Stall and involvement in the SCC Working Well Scheme for employees.
- 3.1.9 A key area of work continues to be children and young people's mental health. This year saw our efforts to promote emotional health and wellbeing amongst children and young people being acknowledged through winning the coveted Sarah Stewart Brown Award for Public Mental Health. This was made possible through the collective effort of many team members working closely together.
- 3.1.10 In collaboration with the CCG, Public Health has invested in the Somerset Mental Health Hub. This is a voluntary sector-led collaboration to help build the sector and improve representation on strategic and policy groups to promote and improve mental health. The initiative has already provided significant improvements in the links between organisations and will continue to help develop the sector's voice in policy making.
- 3.1.11 In October, Public Health England launched *Every Mind Matters*, the first national NHS mental health campaign for over 18-year olds. This new digital tool is now widely available across Somerset and used as a self-help tool or by professionals as a step one intervention in dealing with depression, anxiety, low mood and poor sleep.
- 3.1.12 Training remains a priority to ensure people have the knowledge, skills and confidence to promote mental health as well as prevent mental illness. Mental Health First Aid two-day courses continues to be both popular and effective training. Fifteen MHFA courses were delivered over the period April 2018 to February 2020. Over 350 people have been trained and post course evaluation shows us that the learning is embedded in practice.
- 3.1.13 A new national course entitled Connect 5 was launched in early 2018 and the first

"train the trainers course" was delivered in January 2020, with fifteen new trainers coming onboard. Connect 5 is a training programme for people who want to help clients and service users improve their mental health and wellbeing. It is very much about developing practical ways to work with mental health in everyday practice.

- 3.1.14 We continue to have a strong focus on suicide prevention, through audit and action. Sadly, as nationally, Somerset has seen an increase in both numbers and rates this year and we continue to monitor this closely to see if there is an increasing trend.
- 3.1.15 In the spirit of partnership working, the CCG now chair the Somerset Suicide Prevention Partnership Board. Key actions this year include; Somerset Partnership Foundation Trust committing to a Zero Suicide Plan; ensuring there is support for those bereaved by suicide; promoting positive metal health, with a focus on men and boys, and delivering the Applied Suicide Intervention Training Programme, alongside supporting targeted actions by the Farming Community Network and The Samaritans. A new Suicides in Public Places group has been set up and suicide prevention champions are being supported to help raise awareness.
- 3.1.16 We have partnered with NHS colleagues to successfully bid for an additional £13 million of funding over the next three years to transform adult mental health services, bringing them closer to communities and to provide quicker and easier access to services and support. Public Health funded the Mental Health Hub to help strengthen the VCSE mental health sector. Through the activities of the Hub, a group of organisations have worked together to form the VCSE alliance. This alliance has won £1 million a year for three years, which will integrate support provided by the voluntary sector with services for mental and physical health and social care within local communities across the county. This piece of work has national recognition.

# Reducing Inequalities and Improving the Health of Vulnerable People Building Stronger Communities

- 3.1.17 An important part of improving health and wellbeing in Somerset is the development of vibrant communities which seek to connect people together and provide support to the most vulnerable residents. With partners, we have been developing a comprehensive programme to join up all we do to support local communities. This work will continue to develop during 2020, linking closely with the new models of care being developed through the Fit for My Future programme. This work has included:
  - Development of the voluntary and community sector
  - Development of a number of community-funding streams

- Members Improving Lives Fund
- CYP improving Lives Fund
- Somerset Fund

## **Members Improving Lives Fund**

- 3.1.18 The Members Improving Lives Grant Scheme launched on 1<sup>st</sup> September 2019 and closed on 31<sup>st</sup> January 2020. £2,000 was available to each County Councillor to put forward up to four grant proposals. The focus of the scheme was to empower communities and groups to take responsibility for local action, help people to become better integrated in their own communities and to reduce pressure on local services.
- 3.1.19 The Members Improving Lives Grant Fund has provided funding to support grass roots activities and initiatives, including:
  - Support for youth groups, scouts, baby and toddler group activities and equipment
  - Enhancing and updating children's playground equipment and outdoor spaces, including sensory gardens and community woodland
  - Men's sheds
  - Community transport and holiday hunger initiatives
  - Initiatives to help bring communities together and address loneliness and isolation, for example, older people's groups including support for dementia and carers groups, as well as choirs and regular coffee mornings / talking cafes

#### **Somerset Fund**

3.1.20 Interest in the Somerset Fund continues to grow amongst businesses and has seen more than £26,000 awarded to grass roots charities in Somerset. 2019 also saw the introduction of the Members Improving Lives Grants initiative, as outlined above, which has assisted further in providing funding to help strengthen and develop grass roots community initiatives.

## **Voluntary and Community Sector**

3.1.21 The Somerset Voluntary Sector Forum, website and social media continue to provide an effective mechanism in helping to strengthen dialogue with the sector. We have also recently launched a follow-up to the Somerset State of the Sector Survey to further improve our awareness of challenges and priority areas. We have increased the number of organisations participating in the survey from around 120 in first year to 160, with results due in March 2020.

3.1.22 Volunteering promotes social connections and is good for our communities. Through our central volunteer team, we have been working hard to join up the SCC's approach to volunteering, which was recognised in a recent Safer Recruitment audit by South West Audit Partnership. We now have a central website to access the SCCs volunteer opportunities. Volunteering among SCC staff has nearly tripled from 34 in 2018 to 103 as of January 2020. Since the volunteering service came back in house" to SCC we have had 385 volunteer enquiries.

## Supporting the health of people with a Learning Disability

- 3.1.23 People with a learning disability can experience poorer health and wellbeing. This year, we have continued to contribute to the NHS England Learning Disability Mortality Review Programme to consider ways of supporting people more effectively, including reasonable adjustments to enable equality of access to health and care.
- 3.1.24 The latest national Learning from Deaths Review (LeDeR) report still highlights inequalities, and that people with a learning disability are still dying considerably earlier than the general population. In collaboration with colleagues in Adults and Health, we have continued to support a number of Peer Support Groups Our Voice Somerset helping to give people a voice, these have grown in number and enable people to bring their concerns to a forum the Learning Disability Partnership Board to have meaningful conversations around topics with relevant people. Through the Our Voice groups, people with a learning disability are able to support each other and work together to help make Somerset a place where people with a learning disability can live active, independent and fulfilling lives.

#### **Syrian Resettlement Programme**

- 3.1.25 The public health team has continued to lead the co-ordination of the Syrian Vulnerable Persons Resettlement Programme across Somerset. The Resettlement Programme has continued to go from strength to strength whilst remaining within the Home Office funding envelope.
- 3.1.26 We are on target to meet our initial pledge to resettle 36 families across Somerset. A particular success of the programme in Somerset is our achievement in supporting people into employment with 60% of resettled adults being employed.

#### 4. PROTECTING THE HEALTH OF THE POPULATION

4.1 The Director of Public Health has a statutory duty to ensure there are appropriate and tested arrangements in place to protect the population's health from chemical, biological and environmental risks.

#### **Health Protection**

- 4.1.1 During 2019/20, the Public Health Team responded to 195 incidents and outbreaks ranging from chemical incidents to disease outbreaks. Somerset response arrangements were tested, with a higher than normal number of invasive Group A Streptococcal (iGAS) infections within community and care home settings. To tackle the higher number of iGAS infections within the community, a Somerset iGAS action plan was developed with partners across the system committed to identifying and progressing actions to ultimately reduce the incidence of iGAS in Somerset.
- 4.1.2 Nationally, the UK lost its measles elimination status which is linked to the declining coverage rates for the Measles Mumps and Rubella (MMR) vaccination (especially the second dose). At the beginning of this year the second dose of MMR coverage was 91.3% in Somerset, compared with 86.7% in England. As measles is highly infectious, this is of real concern nationally and locally.

## **Screening & Immunisations**

- 4.1.3 Coverage of all 10 screening programmes remains favourable compared with England averages, but inequality in uptake exists, which we investigated by undertaking a health equity audit on participation in the breast cancer screening programme in 2019. Uptake of screening decreases with increasing levels of deprivation, for instance, the more deprived the practice population the lower the uptake. There is lower uptake in practices with a higher percentage of BME patients. There is lower uptake in urban populations (70.18%) than in rural populations (73.42%).
- 4.1.4 Immunisation coverage is declining across all vaccines; rates in Somerset are generally better than England rates, but are not optimal. This requires more focus. We will be placing increased resources on reducing the prevalence and impact of infectious diseases.
- 4.1.5 Key success has been a lack of measles outbreaks in Somerset this year. Unlike the rest of the South West region, we have experienced considerably fewer measles cases; this may be in part due to targeted communication work with at risk groups which has been undertaken locally.

#### **Sexual Health**

4.1.6 A number of sexually transmitted infections (STIs) have seen an increase in Somerset in line with national trends, with growing numbers of people being diagnosed with HIV, syphilis and gonorrhoea. Whilst the greatest impact of STIs remains amongst young people under the age of 25 and men who have sex with men, the recent increases have also impacted on older heterosexuals, especially

- those with multiple sexual partners.
- 4.1.7 The Somerset-Wide Integrated Sexual Health Service (SWISH) are seeing a continued increase in the number of people accessing their service with 17,770 attendances in 2018/19. To help manage this, the service has introduced online access to STI self-testing kits which are successful in identifying STIs. SWISH services are providing targeted prevention including outreach to those with a higher risk of contracting an STI and are supporting 30 individuals with very high-risk sexual behaviour as part of the national clinical PrEP trial aimed at reducing HIV transmission.
- 4.1.8 Public Health is leading a project with partners, including the CCG and Primary Care Networks (PCNs), to develop women's reproductive health hubs which will be piloted in a number of PCNs in 2020. Initially these will establish inter-practice referrals in general practice increasing women's access to long-acting reversible contraception (LARC), supported by SWISH who are providing training to GPs and practice nurses.
- 4.1.9 Public Health have also built on their successful sexual health training programme with the introduction of training for those working with adults with learning disabilities on relationships and sexual health. These pilot training sessions will be evaluated and reviewed with the hope that they will become a regular part of the team's training offer.

#### **Drugs and Alcohol**

- 4.1.10 Somerset services are currently one of the highest performing in the country at supporting people through treatment and into recovery. This is vitally important work, as around half of those in treatment have parental responsibilities and we need to protect children from the lifelong harm from exposure to adult substance use.
- 4.1.11 In Somerset we are fortunate to have an excellent Peer Mentor programme within which ex-service users volunteer their time to support others. Several of our Peer Mentors have gone on into employment as a result of being involved in the programme and some very moving stories about recovery were presented at the Peer Mentor Celebration event.
- 4.1.12 Following a competitive procurement process the new Somerset Drug and Alcohol Service contract began in April 2019. The service has a stronger focus on children and young people and an even greater focus on working with partners to achieve positive outcomes.

## **Community Safety**

- 4.1.13 This year, alongside partners, we have been successful in being awarded funding from the Home Office of £362,225 to set up a Violence Reduction Unit. Its focus is on a multi-agency public health approach to:
  - Target our most vulnerable adults, young people and families who are at risk of exploitation and/or involvement in serious violence.
  - Tackle the root causes of violence to prevent young people from getting involved in the first place
  - Focus on early intervention, education and awareness
- 4.1.14 The unit has delivered all of its compulsory work; carried out a Needs Assessment to obtain a sound evidence-base, written a strategy for the next 21 months, and funded a number of interventions which, this year, were focused on raising awareness and education of violent crime and its consequences amongst our youth population.
- 4.1.15 Since its inception, the Unit has carried out over 90 positive engagements with local partners and our communities, which has resulted from improved use of data and intelligence and referrals from practitioners. It is envisaged that this work will continue for the next 12 months and the priorities will include:
  - Early intervention to prevent violence, with a focus on children aged 10-17 years
  - Advocate and influence systems improvement for repeat and prolific offenders
  - Tackle weapon possession offences amongst youth cohort
  - Tackle key risk factors and advocate for systems change in relation to cumulative risk

### **Domestic Abuse**

4.1.16 The multi-agency Somerset Domestic Abuse Board has a key role in quality assurance across the whole domestic abuse system. An estimated 57,000 adult Somerset residents (aged 16-59) have experienced some form of domestic abuse. An estimated 17,300 people in Somerset will have experienced some form of abuse within past year. 832 people engaged in support from the Somerset Integrated Domestic Abuse Service because they and their families have been at high risk of harm from domestic abuse.

- 4.1.17 The current SIDAS contract expires in 2020 and commissioners have completed a competitive tendering process with the new provider The You Trust delivering the new service from 1<sup>st</sup> April 2020.
- 4.1.18 Throughout this year, we have run the Pathfinder Project, which has enabled the development of domestic abuse pathways within both acute trusts and Somerset Partnership. The national funding for this comes to an end on 31<sup>st</sup> March 2020, but funding has been secured to help further embed this work. This includes the creation of a network of "domestic abuse link workers" in the acute health settings/Somerset Partnership.

## **County Lines**

4.1.19 County Lines and Dangerous Drugs gangs continue to pose a significant threat to vulnerable adults and children, upon whom they rely to conduct and/or facilitate the criminality. A common feature is 'cuckooing' residents - using their homes to run their business. Exposure to gang exploitation has the potential to generate emotional and physical harm. Agencies in Somerset continue to work together to tackle and prevent this crime and to protect young people from exploitation. As from April 2020, a new County Lines Strategy will be in place to ensure there is a whole-systems approach to tackling all aspects of this activity.

#### 5. BACKGROUND PAPERS

5.1 Joint Strategic Needs Assessment http://www.somersetintelligence.org.uk/jsna/