

# Somerset Health and Wellbeing Board

Thursday 24 May 2018

11.00 am Luttrell Room - County Hall,  
Taunton



To: The Members of the Somerset Health and Wellbeing Board

Councillor Christine Lawrence, Somerset County Council (Chairman)  
Councillor Frances Nicholson, Somerset County Council (Vice-Chair)  
Councillor David Huxtable, Somerset County Council  
Councillor Linda Vijeh, Somerset County Council  
Councillor Amanda Broom, Somerset County Council  
Councillor Sylvia Seal, South Somerset District Council  
Councillor Gill Slocombe, Sedgemoor District Council  
Councillor Jane Warmington, Taunton Deane Borough Council  
Councillor Keith Turner, West Somerset District Council  
Councillor Nigel Woolcombe-Adams, Mendip District Council  
Nick Robinson, Clinical Commissioning Group  
Dr Ed Ford, Clinical Commissioning Group (Vice-Chair)  
Rosie Benneyworth, Clinical Commissioning Group  
Mr Mark Cooke, NHS England  
Judith Goodchild, HealthWatch  
Stephen Chandler, Somerset County Council  
Trudi Grant, Somerset County Council  
Julian Wooster, Somerset County Council

Issued By Scott Wooldridge, Strategic Manager - Governance and Risk - 16 May 2018

For further information about the meeting, please contact Lindsey Tawse on 01823 355059 or [ltawse@somerset.gov.uk](mailto:ltawse@somerset.gov.uk) or Jamie Jackson on 01823 359040 or [jajackson@somerset.gov.uk](mailto:jajackson@somerset.gov.uk)

Guidance about procedures at the meeting follows the printed agenda.

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

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

[www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers)



**RNID typetalk**

# AGENDA

Item Somerset Health and Wellbeing Board - 11.00 am Thursday 24 May 2018

**\* Public Guidance notes contained in agenda annexe \***

- 1 **Apologies for absence**  
To receive Board Members' apologies
- 2 **Declarations of Interest**
- 3 **Minutes from the meeting held on** (Pages 7 - 12)  
The Board is asked to confirm the minutes are accurate.
- 4 **Public Question Time**  
The Chairman will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting.
- 5 **Somerset Healthwatch Annual Report** (Pages 13 - 16)  
To receive the report.
- 6 **Joint Strategic Needs Assessment (JSNA) 2018** (Pages 17 - 58)  
To receive the report.
- 7 **Improving Lives Strategy 2019-2028** (Pages 59 - 72)  
To receive the report.
- 8 **Health & Care Integration and New Models of Care**  
To receive a verbal update.
- 9 **Better Care Fund Year End Report 2017/18** (Pages 73 - 82)  
To receive the report.
- 10 **HWBB Performance Report 2017/18 & Priority Work programme 2018/19**  
(Pages 83 - 90)  
To receive the report.
- 11 **HWBB Annual Report 2017/18** (Pages 91 - 116)  
To receive the report.
- 12 **Ofsted Inspection Update ( to include SEND Inspection)**

Item Somerset Health and Wellbeing Board - 11.00 am Thursday 24 May 2018

To receive a verbal update.

13 **Somerset Health and Wellbeing Board Forward Plan** (Pages 117 - 118)

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

14 **Any other urgent items of business**

The Chairman may raise any items of urgent business.

This page is intentionally left blank

# Agenda Annexe

## Guidance notes for the meeting

### 1. **Inspection of Papers**

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact Lindsey Tawse on Tel: 01823 355059 or 357628 or Email: [ltawse@somerset.gov.uk](mailto:ltawse@somerset.gov.uk). They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers)

### 2. **Minutes of the Meeting**

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Board will be asked to approve as a correct record at its next meeting. In the meantime, information about each meeting can be obtained from Lindsey Tawse on Tel: (01823) 355059 or email [ltawse@somerset.gov.uk](mailto:ltawse@somerset.gov.uk)

### 3. **Public Question Time**

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

At the Chairman's invitation you may ask questions and/or make statements or comments about any matter on the Board's agenda – providing you have given the required notice. You may also present a petition on any matter within the Board's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chairman. You may not take direct part in the debate. The Chairman will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chairman may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

### 4. **Exclusion of Press & Public**

If when considering an item on the Agenda, the Board may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

## 5. **Committee Rooms & Council Chamber and hearing aid users**

To assist hearing aid users the following Committee meeting rooms have infra-red audio transmission systems (Luttrell room, Wyndham room, Hobhouse room). To use this facility we need to provide a small personal receiver that will work with a hearing aid set to the T position. Please request a personal receiver from the Board's Administrator and return it at the end of the meeting.

## 6. **Recording of Meetings**

The Council supports the principles of openness and transparency, it allows filming, recording and taking photographs at its meetings that are open to the public providing it is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone who wishing to film part or all of the proceedings. No filming or recording will take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Council's Monitoring Officer (Julian Gale on 01823 359047) so that the Chairman of the meeting can inform those present.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council's Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

## SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room - County Hall, Taunton, on Thursday 19 April 2018 at 10.00 am

**Present:** Cllr C Lawrence (Chairman), Cllr F Nicholson (Vice-Chair), Cllr D Huxtable, Cllr L Vijeh, Cllr S Seal, Cllr J Warrington, Cllr K Turner, Dr Ed Ford (Vice-Chair), Judith Goodchild and Trudi Grant

**Other Members present:** Cllr S Coles, Cllr T Munt and Cllr L Redman

**Apologies for absence:** Cllr A Broom, Cllr G Slocombe, Cllr Wool, Nick Robinson, Rosie Benneyworth, Mark Cooke, Stephen Chandler and Julian Wooster

### 309 **Declarations of Interest** - Agenda Item 2

There were no declarations of interest.

It was agreed that the Chair would write to Members of the Health & Wellbeing Board to emphasise the importance of regular attendance.

### 310 **Minutes from the meeting held on 18 January 2018** - Agenda Item 3

The minutes of the meeting on 18 January 2018 were accepted as being accurate by the Board.

### 311 **Public Question Time** - Agenda Item 4

Ruth Hobbs, Somerset Parent Carer Forum, asked a public question with regard to Item 5.

Speech and communication difficulties are a underlying need for people with Autism. I CAN the children's communication charity, and the Royal College of Speech and Language Therapist (RCSLT) have recently published the report Bercow 10 Years on. This clearly outlines the importance of communication in the lives of children and Young people. The report highlights the importance of early identification and intervention. The report contains multiple recommendations from work streams which come under the remit of the health and wellbeing's oversight. It further makes recommendations for the published Joint Health and Wellbeing Strategies.

How will the board oversee the work streams to ensure the recommendations are implemented locally?

A brief verbal response was received and a full written response will be provided.

### 312 **Somerset Autism Strategy** - Agenda Item 5

The Board received a report which provided an update on the Somerset Autism Strategy.

The Somerset Autism Strategy was launched in November 2015 and is due to be updated in 2018. The strategy sets out the commitment of Somerset County Council (SCC) and Somerset NHS Clinical Commissioning Group (SCCG) to improve the quality of life for people with autism and their families and carers in Somerset.

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

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

A detailed overview of the progress within each work stream was provided within the annual report and debated by the Board.

Further discussion included:

- Clarification that it is the role of District Council officers to assist people with registering on the Home Finder Somerset system and to offer specific housing support.
- Clarification around the Tenant Accreditation Scheme.
- The importance of ensuring any learning from the previous Strategy informs the new Strategy.
- Concern was expressed that two of the priority areas have no Chair in place.
- Board members questioned the level of consultation and were reassured that a lengthy consultation was carried out before the start of the Strategy and that engagement would continue throughout. People with autism are included in all four sub groups.

**The Somerset Health and Wellbeing Board considered the annual progress report and the supporting forward actions and agreed to:**

- **Liaise with District Councils to consider housing need and provision in more detail at a future meeting.**

### 313 **Mental Health Champions** - Agenda Item 6

The Board received a report outlining the plans to implement the Mental Health Challenge pledge that was signed by SCC following a unanimous resolution of Somerset County Council at Full Council on 29 November 2017, and which gave delegated authority to the Board on behalf of the Council to appoint two County Council members as Mental Health Champions.



The Mental Health Challenge is an initiative developed and supported by The Centre for Mental Health, The Mental Health Foundation, The Mental Health Providers Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds. It recognises that Local authorities have a key role in improving mental health in their communities, and asks authorities to commit to promoting mental health across their business and appointing mental health champions from serving councillors, and in return will provide support and networking for authorities and councillors.

The intention of the Mental Health Champions (MHC) is to play a key role in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health.

Further discussion included:

- Clarification that the appointment is for 12 months.
- Some District Councils have already appointed a Mental Health Champion and others plan to in the future.
- It is important to connect with outside bodies such as Mind and The Samaritans.
- All Members still have a role to play in mental health, not just the MHC's.
- The CCG already has a mental health lead in place. Work is on-going to make this support more robust and it was suggested to invite this officer to the next meeting with a mental health update.

**The Somerset Health and Wellbeing Board agreed to:**

- **Acknowledge the value of The Mental Health Challenge and recognise that local authorities have a key role in improving mental health in their communities.**
- **Ask District Councils to consider adopting a Mental Health Champion when appropriate.**
- **That the Somerset Health and Wellbeing Board, in accordance with the authority delegated to it by the County Council by unanimous decision on 29 November 2017, appoints the Chair of the Health and Wellbeing Board as the Mental Health Champion for adults, and the Chair of the Scrutiny for Policies Children and Families Committee to become Mental Health Champions for children and young people for the term of twelve months, when the scheme will be reviewed.**

314 **Somerset Safeguarding Adults Board Draft Strategic Plan 2018\_19 - Agenda Item 7**

The Board received a report outlining the Somerset Safeguarding Adults Board (SSAB) refreshed Strategic Plan for 2018/19.

The SSAB is required by The Care Act 2014 to produce and publish a strategic plan for each financial year. The report must set out what the Board intends to do over the next year to help and protect adults at risk of abuse and neglect in Somerset during that timeframe. In common with many other Safeguarding Adults Boards, the Board has chosen to develop a three-year plan that is

refreshed annually. The 2018/19 financial year will be the final refresh of this Strategic Plan ahead of a new plan being developed for 2019/20.

The development of the strategy has been informed by broad consultation and reflects the agreed priorities of all members of the SSAB. It has been informed by feedback from members of the public, multi-agency professionals, the findings to emerge from audits, the learning to emerge from Safeguarding Adults Reviews, and the analysis of comparative performance data.

The Strategy recognises that more can be achieved by working collectively in partnership and its overarching priorities remain:

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

Further discussion included:

- The questionnaire received a low response rate and the SSAB plans to look at how to improve engagement ahead of the new plan.
- The importance of a consistent advocacy service.
- The importance of information sharing, particularly for adults with multiple vulnerabilities but who fall below the threshold of eligibility for services.
- Members raised the need for more rigour around assessing the performance of the Strategy. It was suggested that the use of targets could help to scrutinise if the Strategy is working. Members were reassured that the SSAB has a performance dashboard and the Quality Assurance sub group monitors performance and feeds back to the SSAB. This will be included in the Annual report.

The Strategy will be finalised in summer 2018 and will be due to come back to the HWBB in autumn 2018.

**The Somerset Health and Wellbeing Board agreed to:**

- **Note the contents of the paper alongside the draft 2018/19 Strategic Plan**
- **Continue to promote adult safeguarding across the County Council and in commissioned services**
- **Request that consideration be given to including a method of measuring performance in implementing the Plan.**

The Board received a report and presentation explaining the Home First pilot and the outlining the progress and early learning from the scheme.

Home First is a key component of Somerset's delivery of the High Impact Changes and the Improved Better Care Fund (iBCF) conditions. The ethos of the service is to stop damaging deterioration in health from unnecessary lengths of stay in hospital and provide support to regain and keep independence, in people's own home. Assessing people outside of hospital is beneficial for the person and health and social care outcomes.

The Board were provided with details about all three pathways available via the service and were informed that 1000 people have been assessed since September, which is more than anticipated.

Successes of the scheme include: an increase in independence score; reduction in delayed transfers of care; reduction in length of stay; reduction of social care expenditure; reduction in permanent care placements and a reduction in acute readmission within 90 days.

The report also reflected upon early learning points and this included: a reliance on bed based models of care; challenges around therapy capacity in the community; challenges around GP engagement and variable decision making. Details of the further work planned to improve the scheme were shared with Board Members.

Further discussion included:

- There is a need for a clinical, cultural change in hospitals. Nursing homes seem to be producing better results than community hospitals. Culture has a big impact on this.
- The NHS is still a bed-based service and more staff need to be re-deployed to work in the community.
- A cultural change is also needed with regard to community services. People need better awareness to have more confidence in community services.
- A social model is needed to address mental health needs rather than a medical model.
- The scheme has been very successful but more focus is needed on preventing people from entering hospital in the first place.
- There can be issues around end of life escalation plans not being followed.
- It was agreed to circulate the updated presentation to Board members.

**The Health and Wellbeing Board agreed to endorse the approach to the Home First discharge model and to support its continuation and exploring a health and social care funding solution for 2018/19.**

316 **Ofsted Inspection of Children's Services - Agenda Item 9**

It was agreed to defer this item to the next meeting on 24 May 2018.

317 **Somerset Health and Wellbeing Board Forward Plan** - Agenda Item 10

**The Board considered the work programme and agreed to add the following items:**

- Ofsted Inspection of Children's Services (May)
- Care Leavers update (May)
- Empower Update (July)
- Health & Care Strategy
- SSAB Annual Report (Autumn)

318 **Any other urgent items of business** - Agenda Item 11

There were no other items of business.

**(The meeting ended at 12.50 pm)**

**CHAIRMAN**

Somerset Health and Wellbeing Board

24 May 2018

Healthwatch Somerset Annual Report

Lead Officer & Author: Emily Taylor, Manager, Healthwatch Somerset  
 Contact Details: Emily.taylor@healthwatchsomerset.co.uk

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Office (Director Level)	Christina Gray	02.05.18
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	09.05.18
<b>Summary:</b>	From 1 <sup>st</sup> October Evolving Communities took over the Healthwatch Somerset Contract. The first 6 months have been focused on contract mobilisation. From 1 <sup>st</sup> April Healthwatch Somerset has agreed Priorities for the 2018/19 workplan.		
<b>Recommendations:</b>	That the Health and Wellbeing Board: <ul style="list-style-type: none"> <li>• <b>Considers and comments on the progress of Somerset Healthwatch to date and the agreed priorities for the 2018/19 workplan.</b></li> </ul>		
<b>Reasons for Recommendations:</b>	To make the Health and Wellbeing Board aware of the progress of the new Healthwatch Somerset contract and to share the 2018/2019 Priority areas for consideration.		
<b>Links to Somerset Health and Wellbeing Strategy:</b>	Healthwatch is a statutory member of the Health and Wellbeing Board and committed to supporting the delivery the Health and Wellbeing Strategy through its work.		
<b>Financial, Legal and HR Implications:</b>	None		
<b>Equalities Implications:</b>	None		
<b>Risk Assessment:</b>	None		

**1. Introduction**

- 1.1. The contract for Healthwatch Somerset started on 1 October 2017. It is delivered by Evolving Communities CIC (formerly Healthwatch Wiltshire CIC).

Healthwatch Somerset is based in an office at Woodlands House, Woodlands Business Park, Bristol Road, Bridgwater TA6 4FJ. The first 6 months of the contract has focussed on contract mobilisation. This has involved securing a Somerset office, recruiting and inducting staff and appointing the interim board. Engagement activities started taking place from January 2018.

## **1.2. Staffing**

Emily Taylor, Manager (30 hours)

Karen Ball, Marketing, Information and Signposting Officer (30 hours)

Jacque Franks, Engagement Officer (18 hours)

Julie Draper, Volunteer Officer (30 hours)

Karen and Jacque were previously employed by the Care Forum. Emily started in post on 12<sup>th</sup> February and Julie started in post on 9<sup>th</sup> April.

## **1.3. Governance**

The appointed Interim Board was established on 19 February 2018 and the members are:

Judith Goodchild	Interim Chair
David Boyland	Interim Board Member
Cliff Puddy	Interim Board Member
Bob Champion	Interim Board Member
Mike Hodson	Interim Board Member
Rachel Mason	Interim Board Member

Meetings have taken place on 19<sup>th</sup> February 26<sup>th</sup> March and 30<sup>th</sup> April.

## **2. Communication, Website and Public Engagement**

### **2.1 Communication**

- We have reached over 118,000 people through social media in the last 12 months. We have Facebook, Twitter and Instagram accounts set up.
- We have a monthly ebulletin that reach 190 people each month. The aim of these e-bulletins is to give a monthly round-up of news with opportunities for readers to click through to the Healthwatch Somerset website.

Working with a consultancy, we aim for one story a month to share externally through various channels including the local media to increase awareness about the work of Healthwatch Somerset.

### **2.2 Website**

- [www.healthwatchsomerset.co.uk](http://www.healthwatchsomerset.co.uk).
- We have created a new strapline and a new set of messaging for Healthwatch Somerset which is being placed on various channels including Healthwatch Somerset's website. New banners have been created to illustrate real people from the local area involved in engagement activities, so when a person visits the website they can see at a glance what the organisation is about and hopefully identify with the headlines and photos.
- The public can give feedback on health and social care experiences through the website.
- Over 8,700 people have looked for information on our website since 1<sup>st</sup> October 2017.

Our website hosts our volunteer portal.

## 2.3 Public Engagement

The following public engagement has taken place since 1<sup>st</sup> October. Public engagement has been limited whilst the contract has been mobilised. A programme of community engagement across Somerset in being planned to start from 1<sup>st</sup> June.

Date	Venue
8 January	Shepton Mallet
9 January	Frome
23 January	Yeovil
29 January	Minehead Library
6 March	Chard Library
12 March	Wellington Library
11 April	Victoria Park Community Centre, Bridgwater
16 April	Cheese & Grain, Frome
26 April	Community Connect Event for Village Agents at Cheddon Fitzpaine Memorial Hall

## 3. Volunteer Programme

3.1. Volunteers are vital to our service model for Healthwatch Somerset. Our aim is for Healthwatch Somerset to be known and recognised as providing a high quality and inclusive volunteering programme for local people to get involved. Activity has included:

- Publishing information about volunteering with Healthwatch Somerset online: <https://healthwatchsomerset.co.uk/volunteering/>;
- Inviting previous volunteers to apply with us and complete necessary paperwork for matching with roles;
- Initiating a mini-volunteering recruitment campaign.
- Staff members have met with individuals who would like to volunteer to get to know them better.

18 volunteers are now on our records with 14 of them attending a volunteer induction event on 20 February and 4 attending an induction on 17 April. 125 volunteering hours have been given to HWS between 1<sup>st</sup> October 2017 and 31<sup>st</sup> March 2018. The HWS work programme plan to grown volunteer numbers to 55.

## 4. Attendance at Key Meetings

4.1. The below table shows the meetings that Healthwatch Somerset will be represented at going forward.

Representation
Somerset Health and Wellbeing Board
Somerset Health and Wellbeing Board Executive Group
Bristol, North Somerset, Somerset and South Gloucestershire Quality Surveillance Group (BNSSSG QSG)
Somerset Clinical Commissioning Group Governing Body
Joint Strategic Needs Assessment Technical Working Group
Carers' Voice Solution Focused Workshops
Patient Participation Group Chairs Meeting (PPG)

Somerset Engagement Advisory Group (SEAG)
Somerset Pharmaceutical Needs Assessment Steering Group
Somerset Primary Care Joint Committee
Somerset Safeguarding Adult Board
South West Citizens Assembly
Voluntary Community and Social Enterprise (VCSE) Strategic Forum
Somerset Scrutiny for Policies, Adults and Health Committee
Somerset Partnership NHS Foundation Trust Patient and Public Involvement Group
Learning Disability Partnership Board Meetings
Yeovil District Hospital Patient Experience Group Meeting
Musgrove Park Hospital Patient Experience Group Meeting

## 5. 2018/19 Priorities

Over the next year we aim to be independent but well connected. We will form positive relationships with other organisations, grow our sphere of influence and ensure that the public voice is heard across the County. When setting priorities, the Interim Board considered the following information:

- A Legacy Report that details outcomes from project work undertaken under the last two years of the previous contract.
- Information regarding (possible) future engagement activities using local knowledge
- Information regarding key providers in Somerset
- Budget
- Volunteer availability
- Information from key stakeholders
- Current issues

### 5.1. Our priority areas for the coming year will be:

- The temporary closure of inpatient wards at Chard, Dene Barton and Shepton Mallet Community Hospitals by Somerset Partnership NHS Trust. Our focus will be on ensuring that the wards reopen and that public consultation takes place ahead of any planned closures in Winter 2018.
- Vocare - The 111 service was rated as 'requiring improvement'. We would like to hear from the public about their views of the service.
- Devon Doctors will take over the running of the Out of Hours services from April 2018 after it was previously rated at inadequate by the Care Quality Commission. We will be monitoring the service over the coming year.
- Out of County Placements for those with Learning Difficulties (LD). Somerset is known to be a 'net importer' of those with LD into residential facilities in the county. Concerns have been raised by Somerset Local Authority about the lack of oversight by placing authorities and we will work with key stakeholders to ensure that this improves.
- The South West Ambulance Trust service has been identified by the Care Quality Commission as needing to make improvements to its service. We will monitor the level of service received in Somerset over the coming year.
- Health Visitor transfer to Somerset County Council from Somerset Partnership NHS Trust. We will speak to local people about their experiences with the Health Visitor service and ensure that any concerns are flagged ahead of the move.



Somerset Health and Wellbeing Board  
 Joint Strategic Needs Assessment (JSNA)  
 24 May 2018

**Joint Strategic Needs Assessment (JSNA) 2018/Health and Wellbeing strategy**

Lead Officer: Trudi Grant, Director of Public Health

Author: Pip Tucker, Public Health Specialist

Contact Details: 01823 359 449

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	14 <sup>th</sup> May 2018
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	14 <sup>th</sup> May 2018
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	7 <sup>th</sup> May 2018
<b>Summary:</b>	The JSNA for 2018 summarizes the findings of JSNAs produced during the current Health and Wellbeing Strategy and so provides an outline evidence base for the new <i>Improving Lives – Somerset’s Health and Wellbeing Strategy</i> .		
<b>Recommendations:</b>	<ul style="list-style-type: none"> <li>• That the Somerset Health and Wellbeing Board <b>agrees</b> the publication of the summary JSNA to support consultation on <i>Improving Lives</i>.</li> <li>• That the Somerset Health and Wellbeing Board <b>agrees</b> the sub-county geographical units for the production of locality-based JSNA summaries.</li> </ul>		
<b>Links to Somerset Health and Wellbeing Strategy</b>	The JSNA summary for 2018 reflects the structure of the consultation draft of <i>Improving Lives – Somerset’s Health and Wellbeing Strategy</i> , and the evidence presented summarizes why the priorities have been chosen. The sub-county geographical units will allow analysis of need and resources at a level to promote partnership work and commissioning in localities.		
<b>Financial, Legal and HR Implications:</b>	None.		
<b>Equalities Implications:</b>	The JSNA and Health and Wellbeing Strategy <i>Improving Lives</i> pay due regard to protected groups to identify health and social inequalities within the Somerset population.		
<b>Risk Assessment:</b>	Any failure by commissioners to fully take into account the results of JSNAs when taking commissioning decisions across agencies is very likely to have detrimental impacts on service improvement and delivery and the reduction of inequalities.		

**1. Background**

- 1.1. Somerset’s JSNA and Somerset Intelligence webpages are regularly edited and kept up to date to support commissioning and policy making in the county. The web pages have been thoroughly reviewed to ensure that they include the latest

evidence for the *Improving Lives* strategy consultation period. The website makes up the large majority of JSNA material.

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

**1.3** The JSNA seeks to inform *Improving Lives – Somerset's Health and Wellbeing Strategy* under four headings:

- A productive, prosperous and sustainable County infrastructure
- Safe, vibrant and well-balanced communities
- Fairer life chances and opportunity for all
- Improved health and wellbeing and independent lives

**1.4** Members of the Board have expressed a desire to develop further their joint work and commissioning in a place-based way. The proposed sub-county geographies provide a manageable, relatively consistent and relatively self-contained set of localities at which local need and opportunities for cooperation can be assessed and planned; the resulting patterns of locality *delivery* will take account of the analysis, but not necessarily follow the same boundaries. The approach is currently being tested, for West Somerset, in the Somerset Academy – bringing together commissioners from public and voluntary sector in the county.

## **2. Consultations undertaken**

**2.1** Feedback on the JSNA is continually sought and we will take account of any comments received as part of the *Improving Lives* consultation.

**2.2** This draft report has been produced after extensive consultation with and through the JSNA Technical Working Group, and particularly from the workshop held with 45 representatives of 20 organizations at Cheddon Fitzpaine in December 2017. This workshop included considerable consultation on the proposed geographical boundaries, which were updated in consequence.

## **3. Implications**

**3.1.** The Department of Health (DH) guidance suggests that commissioning plans of CCGs, NHS England and local authorities will be expected to be informed by relevant JSNAs and the health and wellbeing strategy. Where plans are not in line, the organisations could potentially be asked to explain why. The policy intention as cited by the DH is that *“local services which impact upon health and wellbeing will be based on evidence of local health and wellbeing needs and assets, including the views of the community; meaning that services and the way in which they are provided meet local needs.”*

#### **4. Background papers**

**4.1** Appendix A - Draft JSNA summary, 'Background to Improving Lives 2019-29'.

**4.2** Appendix B - Proposed sub-county planning boundaries for locality JSNA summaries and explanation.

This page is intentionally left blank

# Joint Strategic Needs Assessment 2018:

## Appendix A

### Background to *Improving Lives 2019-28*

#### What this is...

Somerset's Health and Wellbeing Board recognises that to take actions that genuinely improve people's lives there needs to be a complete understanding of the factors that influence their health and wellbeing. Every Health and Wellbeing Board is required to report on the health, care and wellbeing needs of the population in its area, called a Joint Strategic Needs Assessment (JSNA). For Somerset, this is made up of annual themed reports backed up by a website (<http://www.somersetintelligence.org.uk/jsna/>). The JSNA contains information about all the influences on people's health and wellbeing; this includes 'wider determinants' such as transport, housing, environment and the economy. The Improving Lives Strategy (2019-2028) describes the four priority areas the Somerset Health and Wellbeing Board agrees will make the biggest difference to improving the lives of the population. This summary describes why these priorities are important and describes why the board believe these will be the key areas to focus on.

#### and what it isn't.

This short summary cannot cover all the health and wellbeing needs, and wider determinants that exist in Somerset. It only shows those aspects that have emerged as priorities when the JSNA has been discussed. Similarly very local concerns, such as single GP practices or individual bus services, are not included.

## What makes a good priority?

The Board felt that priority areas should be:

Improves wellbeing without disadvantaging specific groups	The Board want to improve lives for all, and will focus on reducing inequality
Distinctly Somerset	An issue that matters particularly to the county and should be addressed in the county
Challenging but deliverable	Something to stretch the performance of the Board and its members
Fits the collective powers of the Health and Wellbeing Board	A cross-cutting issue that is best delivered by the Board working as a partnership
The right size	An issue that affects a good proportion of the people and families in the county, and has a time-scale that is part of the ten year strategy

The Board has used these criteria to study the evidence from published sources and has extensively engaged stakeholders. The Board welcomes contributions from everyone on whether these are the right priorities, and how the strategy will help and Improve Lives in Somerset over the next ten years.

# JSNA on a page

## healthy, safe and independent

7.7% of adults on GP registers are recorded for depression

The last 16 years of life are typically spent in ill health; dementia is set to double

'Home first' has seen 35% fewer delayed hospital discharges

70% adults volunteer at least once a year

58% of internet connexions are >10mps

33,500 people aged over 65 live on their own

## strong and productive local economy

Unemployment (3.9%) is consistently lower than England

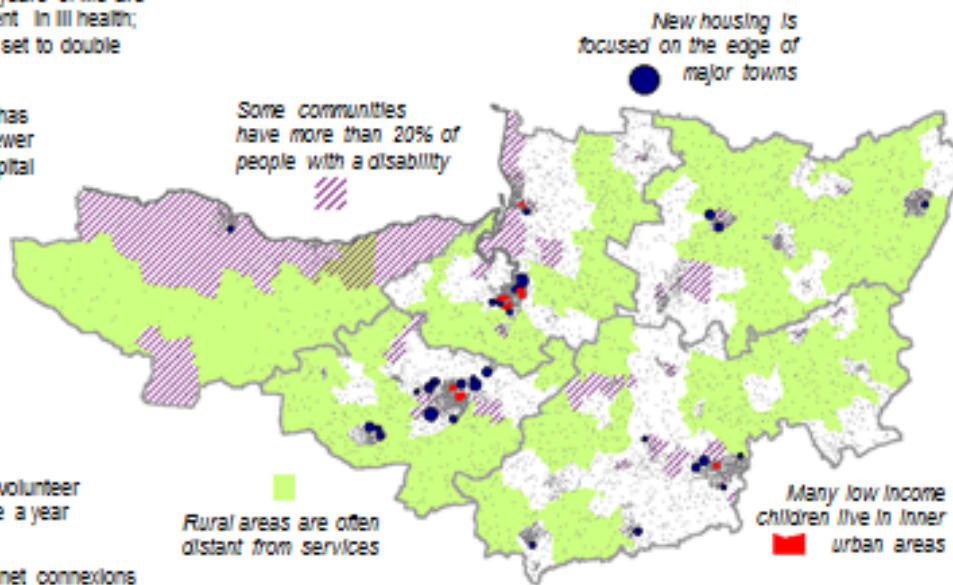
Somerset's productivity gap with the UK is about 13%

Somerset average income is £20,636 p.a compared to £23,350 nationally

91% of schools are good or better

Breastfeeding rates are 19% lower in deprived communities

421 households were accepted as homeless in 2016/17



# Improving Lives

## strong, vibrant, balanced communities

## fairer life chances

## Key indicators

Healthy life expectancy 2014-16 (years)	Men	64.8
	Women	68.4
Gap in healthy life expectancy between most and least deprived neighbourhoods (years)	Men	8.9
	Women	8.0

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

<http://www.somersetintelligence.org.uk/economy-and-jobs.html>

### **Why does it matter?**

The economy is one of the most important 'wider determinants of health', and can support health in a number of ways. It is a complex relationship with the economy contributing to good health and conversely good health contributing to the economy.

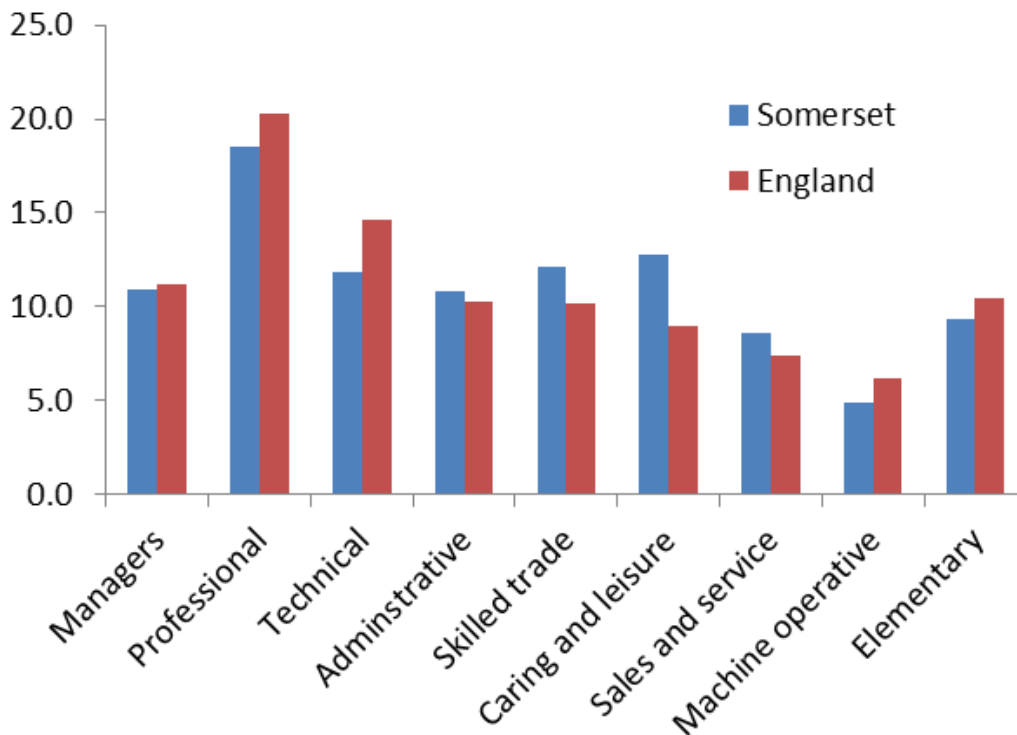
Most obviously, perhaps, a strong economy is needed to pay for services. Less obviously, good work is good for our health. As well as giving us income, which pays for decent housing and good food, and the security essential for mental health and wellbeing, work can provide a sense of purpose and is, for many adults, the source of much social contact. Work is usually very beneficial so long as it is not exploitative, with excessive hours, unsafe conditions or stress beyond a healthy level – and in these circumstances can be positively harmful.

### **Productivity**

Productivity underlies prosperity. It is a measure of how much value is produced on average by each person in an area, so a productive economy will usually have a high proportion of people working full time in well-paid, skilled jobs using modern equipment

In 2017, 30% of employees in Somerset were employed part-time, compared to the England average of 24%. Whilst this may well suit the individuals concerned, they are necessarily less well-paid than their full-time equivalents. Figure 1 shows a similar pattern of employment in the types of job available in the county: Somerset has a lower proportion of workers in managerial, professional and technical jobs, and higher proportions in trade, leisure and sales jobs. These reflect the number of jobs in caring for Somerset's generally older population and tourism sectors, and are likely to be part-time and to be lower paid. It is no surprise, then, that the average income in Somerset is £20,636 per year, compared to a national average of over £23,350 per year.





**Figure 1: Types of Employment**

### **Productivity in Somerset**

Raising productivity is key to raising incomes for workers, the quality of jobs and revenues to pay for public services. The sluggish growth in UK productivity since the recession is a national cause for concern, and Somerset’s workers produce, on average, 13% less ‘value’ than the national average. Somerset is at a ‘natural’ disadvantage because of its elderly population structure, meaning that however effectively those of working age (from 16 to the qualification age for the state pension do their jobs, they make up a smaller proportion of the total than in many other areas of the country. This working age group also generally makes less use of health and care services than younger and older people. By 2039 the proportion of Somerset’s population of working age (16-64) will fall by 8%. Economic drivers of productivity include investment in workforce skills and equipment, and competition between firms. Productivity is also closely related to infrastructure, so that firms are able work better with good transport links and, of course, digital connectivity.

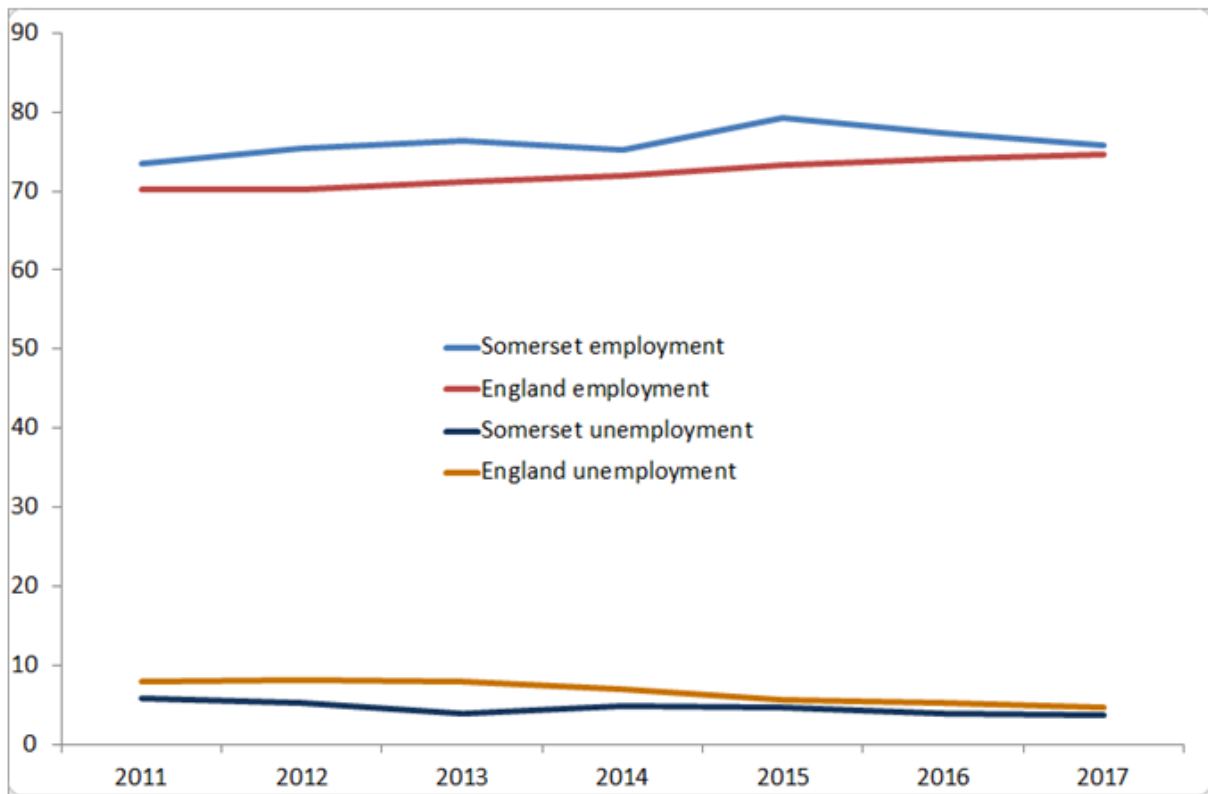
### **Employment and unemployment**

Given the health benefits of work, *Improving Lives* cannot overlook the importance of moving people from being out of work to being in employment. Economists tend to focus on the working age population, and indeed the 2017 JSNA on *Ageing Well* found that the rates of economic activity – people either in work or looking for work -

fell from about 70% for those aged 50-64 to about 10% for those aged over 65. This dramatic drop can be a 'cliff-edge' for individuals with powerful financial, social and health ill-effects. The 'young elderly' are an asset for the county, and the Board was told of the value of *'still using the skills, knowledge and experience you've gained working into your retirement'*. A focus on current employment should not distract from the value of older people's work – including voluntary work.

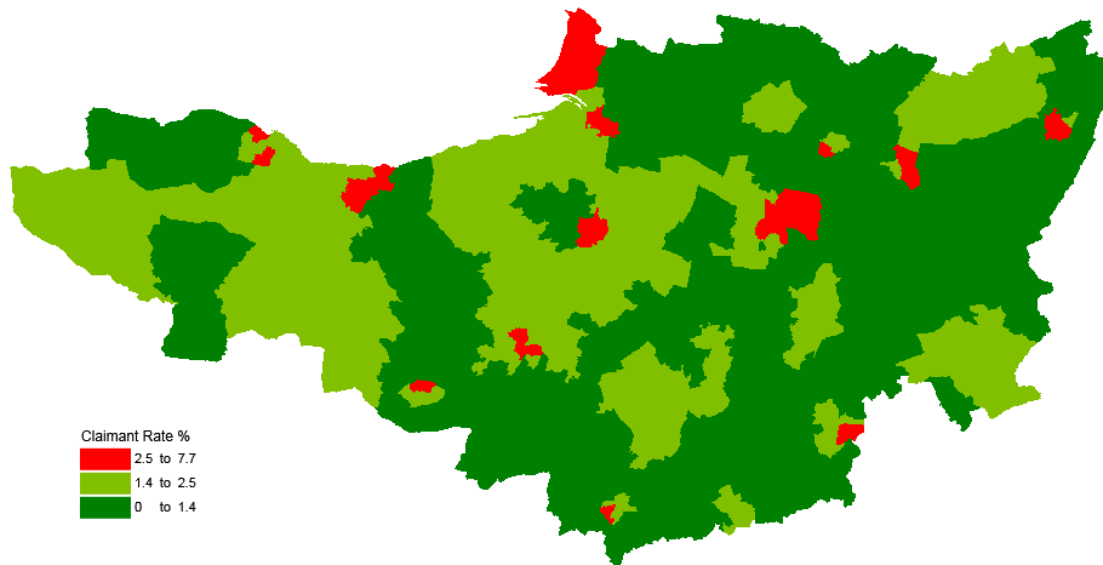
There are already many positive aspects to the Somerset labour market. The proportion of people unemployed and looking for work has been consistently lower than the England average for many years, and the proportion of the workforce who are in work has also been consistently higher (these normally go together, but as people may be out of work 'voluntarily' to look after families or study this isn't always the case).

Figure 2 shows how employment has been rising and unemployment falling since 2011. This is clearly good for the individuals concerned and for Somerset as a whole. It does, though, pose a challenge as many people who are now seeking work are difficult to employ – for many reasons (63% of those receiving jobseekers allowance have been doing so for more than six months), and many of the economically inactive are content to be studying, looking after homes and children or retired early. Continued growth in the economy, including the public sector, may be held back by difficulties recruiting staff, especially if international migration is reduced in line with government policy.



**Figure 2: Employment and Unemployment**

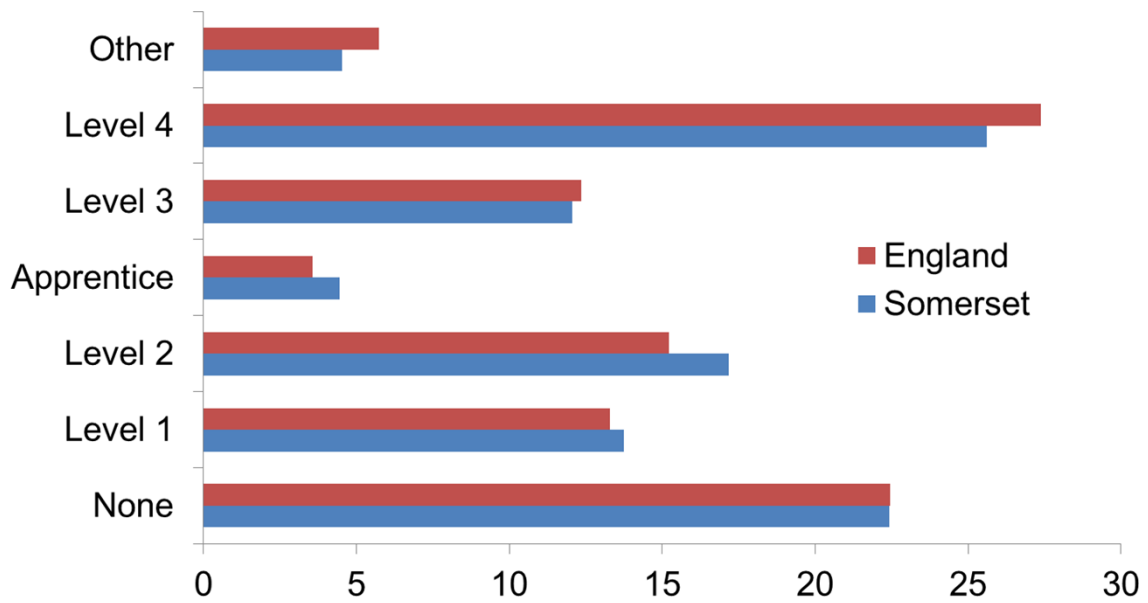
Unemployment in Somerset is very low. It is often thought that ‘full’ employment for a labour market area includes one or two percent unemployed, as people move between jobs or first enter the labour market. Figure 3 shows that for many wards in Somerset unemployment is below 1.5%, and is only above 2.5% in a few communities, mainly in larger urban areas. These contrasts emphasize the need to take into account localities’ differences in implementing the strategy. These figures are based on people claiming unemployment-benefits; they do not reflect the overall level of unemployment based on surveys that can be reported at a county level, and the recent introduction of Universal Credit means they cannot be compared with figures based on earlier benefits.



**Figure 3: Claimant Count Unemployment by Ward January 2018**

## Skills

Productive and rewarding jobs tend to be those with the highest skills. It will help the Somerset economy to become more productive if it can draw on a skilled workforce. As Figure 4 shows, the county workforce has a skills mix broadly similar to England. There is about the same proportion of people with no qualifications, but rather more people with level 1 (GCSE D-G), 2 (GCSE A-C) and apprentice qualifications and fewer at level 3 (A level) and 4 (NVQ 4). Jobs available to these people are likely to be less well paid and less productive than those needing higher skills. It may make it harder to attract employers who need highly skilled workers to the county.



**Figure 4: Skills of the Somerset workforce**

**Summary**

Somerset’s economy has many people working, and few looking for work. The jobs, though, generally require lower skills than nationally, and are more poorly paid. Raising productivity offers the opportunity to increase wages and job satisfaction, and produce more money for services. Improving productivity requires good infrastructure, a skilled workforce and other factors such as the quality of the environment and schools that can help attract businesses to the county.

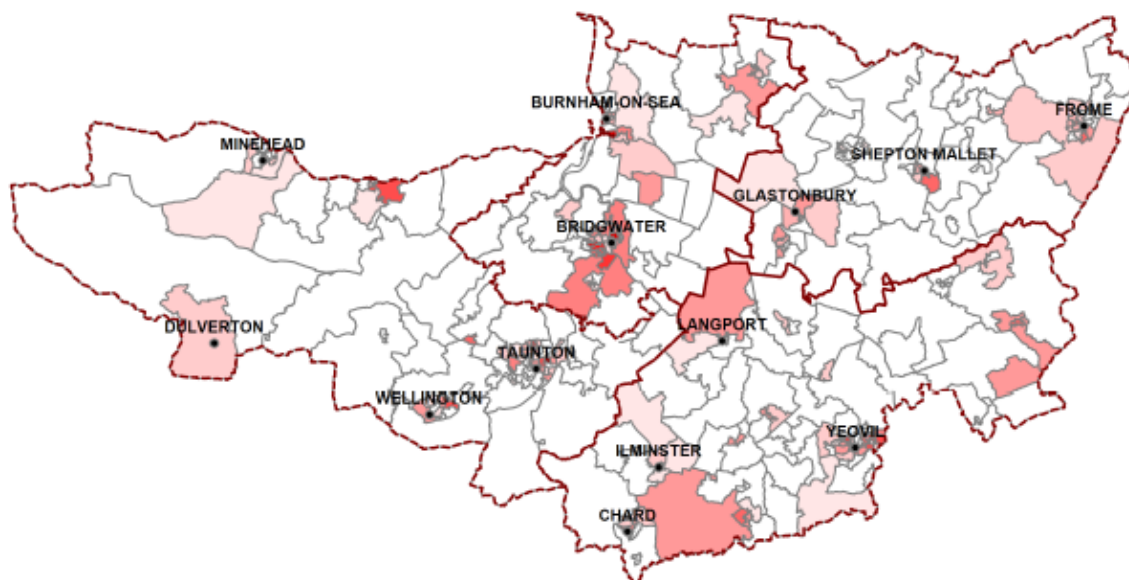
## Priority 2: Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment

<http://www.somersetintelligence.org.uk/jsna/#WiderDeterminants>

### Why does it matter?

For most people, living in a safe and attractive community adds hugely to personal wellbeing, and opportunities to exercise and meet other people improve mental and physical health. Family, friends and communities build the foundations of good health through positive relationships and networks, community cohesion, opportunities for social participation and shared ownership and empowerment. Somerset ranges from some of the sparsest populated parts of England to large towns close to trunk roads and motorways, and the *Improving Lives* strategy, through the JSNA, demonstrates an understanding of these different communities' needs. The strategy is taking a 'place-based' approach and is framing communities as groups of people living within the geographical area. Other types of communities, such as online communities, cannot be ignored and play an important part in the lives of many of Somerset's residents.

### Community Safety



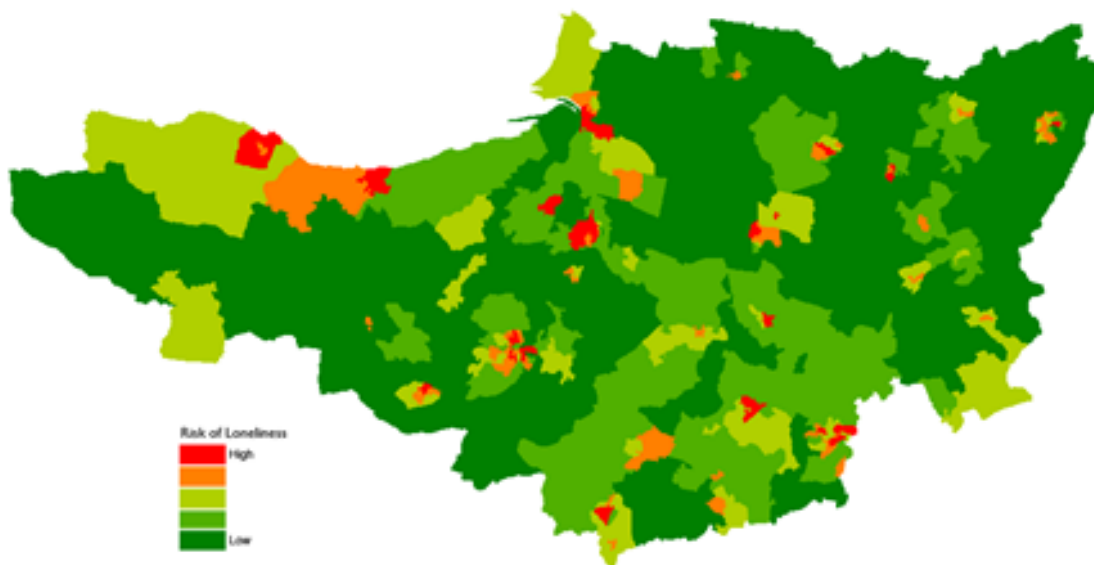
**Figure 5: Incidence of Domestic Violence**

Feeling safe is a fundamental human need, for most people, most of the time, Somerset is a safer place to live, with a total crime rate lower than for England.

However, the risk of crime is very different for different people, at different times and in different places. Some people may be afraid of crime even when the risk is negligible. Figure 5 shows how the *recorded* incidence of one crime - domestic violence - varies across the county, with a higher rate apparent in towns and especially the more deprived urban areas. Domestic violence and abuse affects whole families and has a harmful influence on children's lives. However it is very difficult to identify and is under-reported, so these patterns may not reflect the actual distribution. Higher rates in some areas might also reflect that services and communities are working effectively to support victims.

### Social Contact and Loneliness

Being lonely has been found to have the same adverse impact on health as smoking 15 cigarettes a day. Loneliness can affect people at all ages and in all circumstances, and whilst old age or rural isolation are undoubtedly contributors Figure 6 shows how the cumulative risk, based on factors such as living alone, low income and transport, is highest in the more deprived communities. Groups such as widowed, older homeowners living alone and unmarried, middle-aged people (with long term conditions) and younger, 'rootless' renters have a high risk of loneliness.

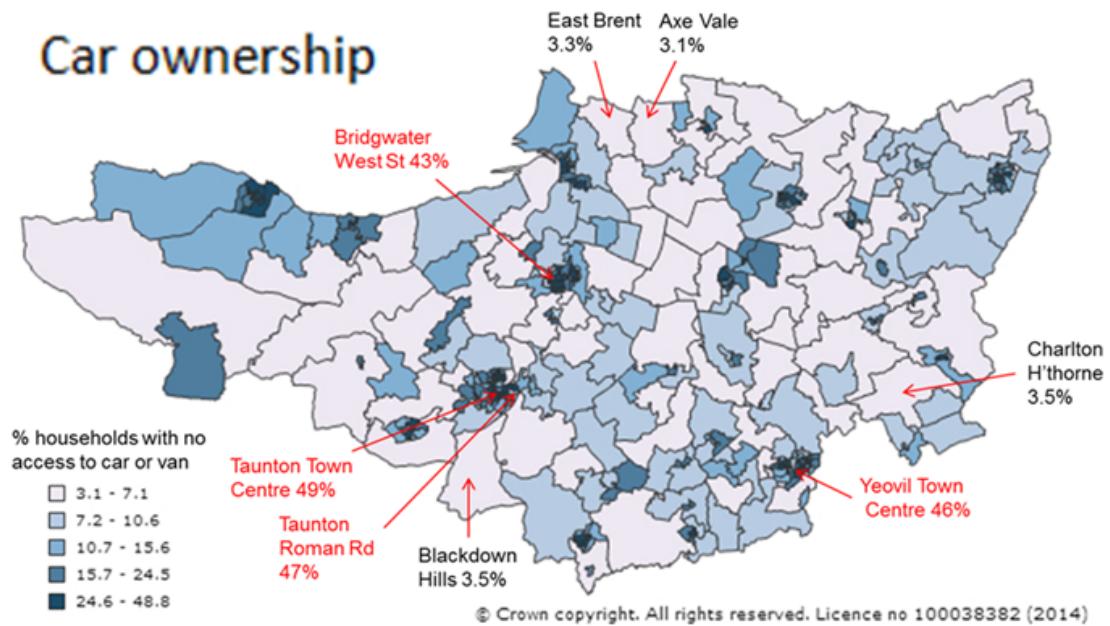


**Figure 6: Risk of Loneliness**

### Rurality

Much of Somerset's distinctiveness comes from its rurality, with 48% of the population living in areas described as 'rural' by the Office for National Statistics. Many people who live in rural areas do so by choice: they accept the distance from

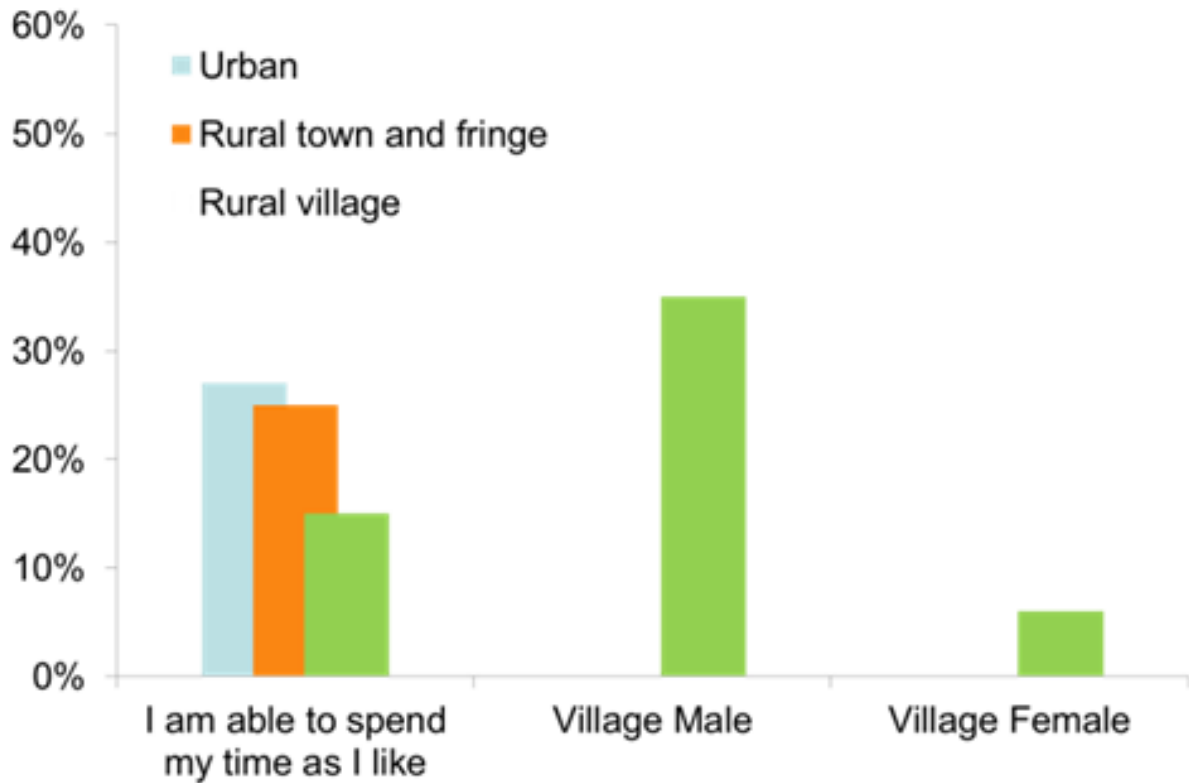
services in return for the environmental quality, and the opportunity for exercise and contemplation in the countryside is a huge asset in promoting health and wellbeing in the county.



**Figure 7: Car Ownership in Somerset**

As Figure 7 shows, living in a rural area makes owning a car almost essential, and the proportion of households without a car is less than 10% in most of the countryside. However, just because a household has a car, it does not mean that all members of the household have access to it all the time: when one member takes the car to work, the other members may be left alone – and this may often be a mother and her children. Figure 8 seems to demonstrate a related phenomenon, that in some households (this is a survey of people receiving social care) women can be dependent on husbands to drive, and that when that support disappears through age-related illness or death, the wife or widow can find herself isolated through a lack of transport. This gender difference was not apparent in urban areas or rural towns. Young people who have not passed their driving tests, or cannot afford a car (or insurance) are similarly isolated.





**Figure 8: Independence in social care users in rural and urban areas**

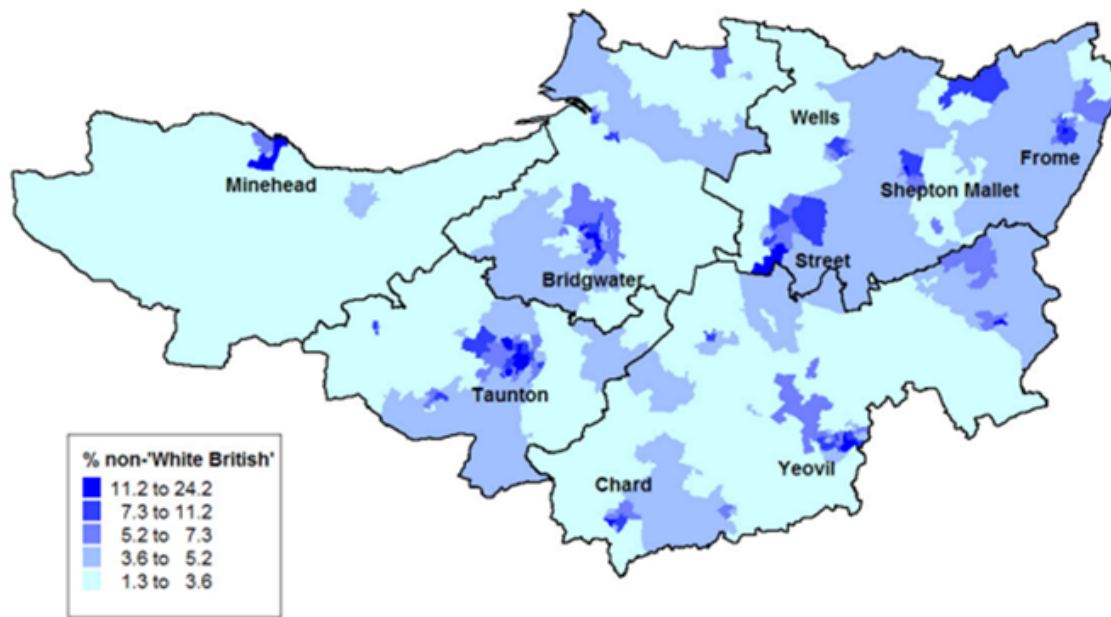
Transport and access in rural areas are particularly vulnerable to winter snow and floods can hit communities hard. In the first few months of 2014 villages such as Moorland and Muchelney were flooded and cut off respectively, as shown in Figure 9. It is at times like this that community resilience – both in living through the difficulties and recovering afterwards – comes to the fore. These events can have long term impacts on mental health. Global climate change is likely to increase the risk of severe weather in coming decades.



**Figure 9: Flooding in February 2014**

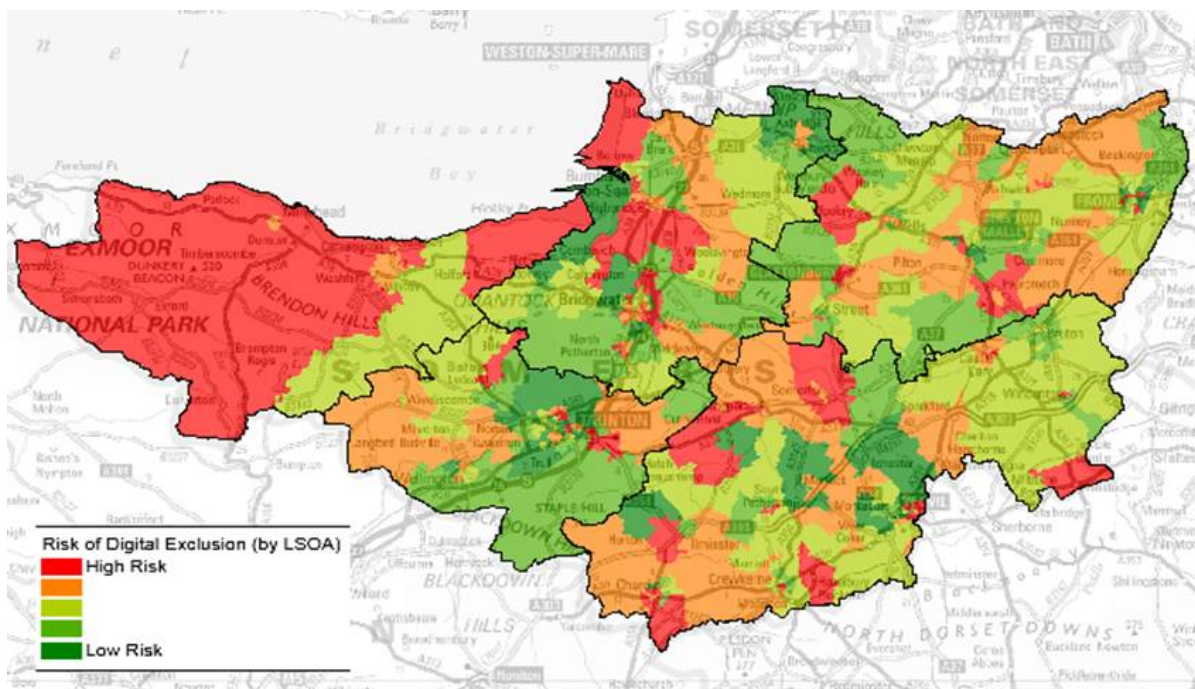
### **Population groups**

There are not only ‘communities of place’, but also ‘communities of identity’ who may have particular needs based on age, gender or other status. Many such characteristics are protected in law by the Equalities Act 2010, and within Somerset military status and rurality are also taken into consideration in policy. Understanding such differences is essential to promoting good health without increasing inequality. As an example, men who have sex with men may have particular health risks that need to be taken into account. However small a proportion members of minorities make up, such as those who are not ‘White British’ (shown in Figure 10), their needs as groups cannot be overlooked. Many people have, of course, many such characteristics.



**Figure 10: Percentage 'non-White British' in 2011 Census**

More recently, 'virtual communities' have emerged as a new but significant phenomenon. The internet means that individuals with common interests can find each other more easily and stay more connected despite physical distance. One young person said, 'We use technology more in rural areas because we're more isolated'. Figure 11 shows that internet access varies considerably across the county, and slow speeds create difficulties for individuals – not only the young – and businesses.



**Figure 11: Risk of digital exclusion**

**Summary**

Safe and resilient communities are essential for healthy and contented lives. It may be hard to measure a community's strength but its characteristics – such as neighbours helping each other, formal volunteering, or being able to walk and cycle safely to the shops – are easily seen. The needs and resources of Somerset's local communities vary considerably, and what works in an urban housing estate may be inappropriate for sparsely populated Exmoor.

## Priority 3: Fairer life chances and opportunity for all

<http://www.somersetintelligence.org.uk/cyp/>

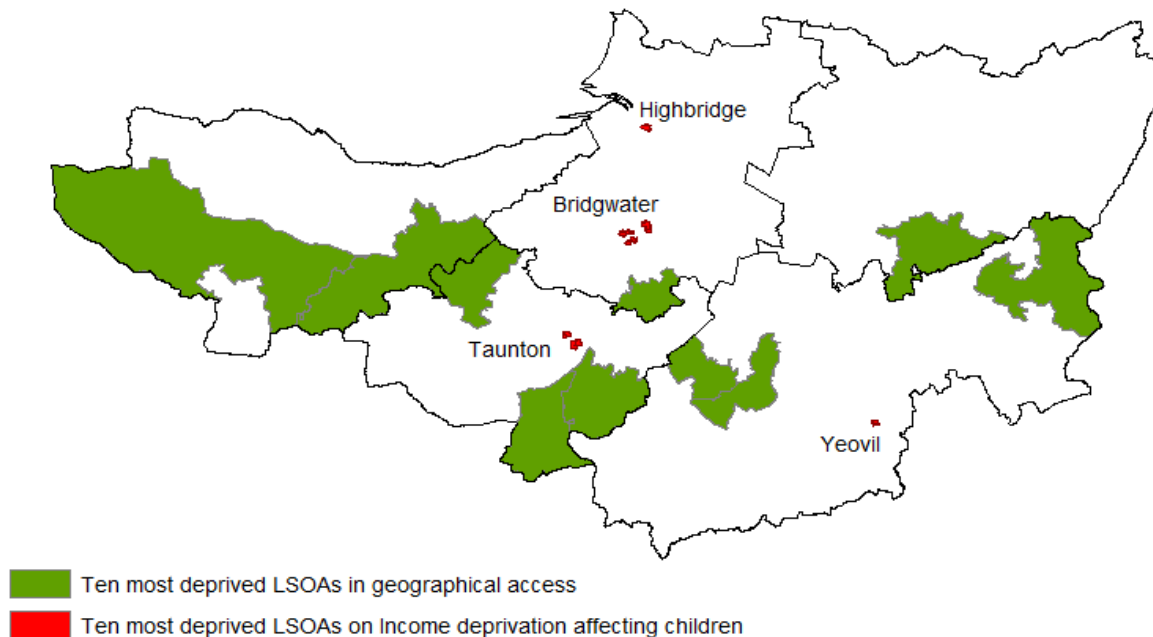
### **Why does it matter?**

Health and Wellbeing Boards are specifically charged with reducing inequality within their areas. This summary has already shown how population groups and communities vary greatly in their needs and resources. Inequality in children's wellbeing is especially important because the effects of a good start can last for a whole lifetime. Conversely, the harm of a poor start in diet, exercise and education, or exposure to trauma, for example, has the potential to create specific and limiting difficulties throughout life.

### **Low Income**

Low income can contribute to poor health and wellbeing through a number of ways. Low income makes it harder to access material resources; adopt and maintain healthy lifestyle behaviours and is often associated with increased exposure to stress. Children living in poverty experience many stressors and it can have a lasting impact on cognitive development, skill development and educational attainment.

Figure 12 shows the neighbourhoods with the highest concentration of children in low-income households, with 10% of these children living in just 0.07% of Somerset's land area. This concentration is an opportunity for addressing the needs of a significant number of children with a focused, localized approach.

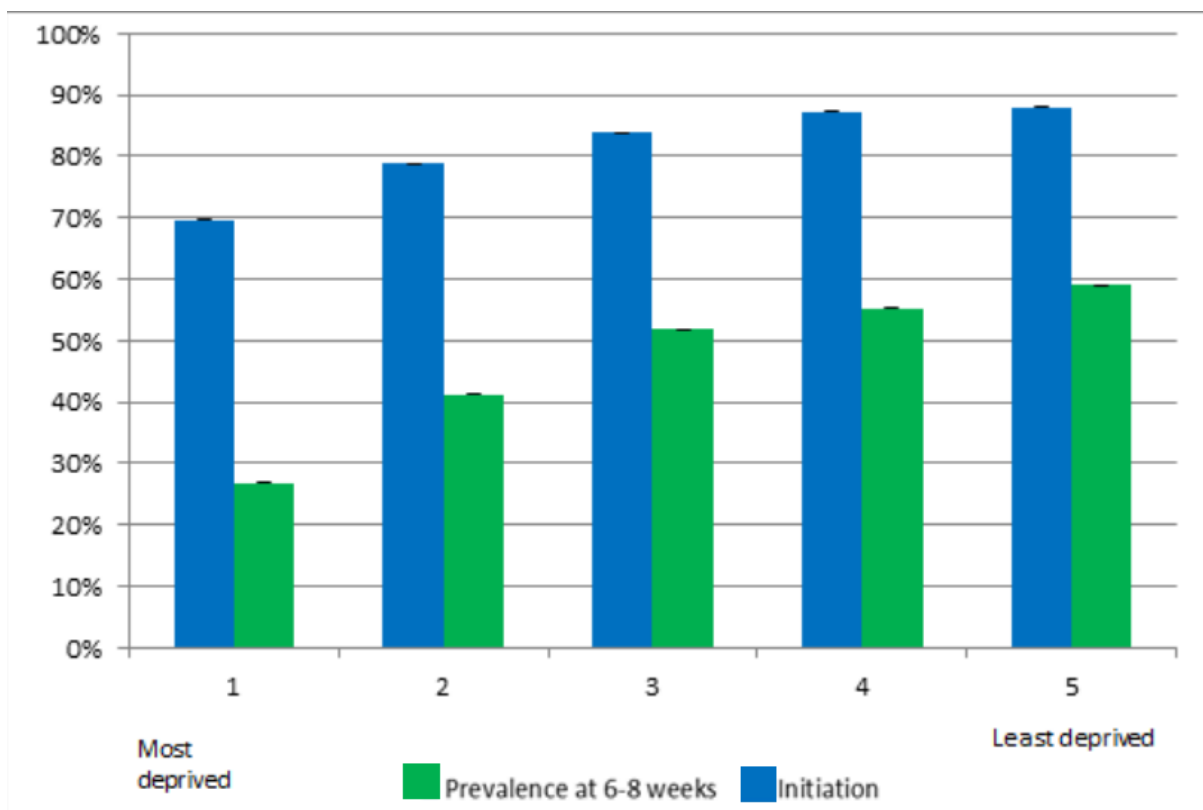


**Figure 12: Income deprivation affecting children, and sparsity**

Figure 12 also shows the ten most deprived neighbourhoods in terms of geographical access to services – in other words, the most sparsely populated parts of the county - which tend to have a much more elderly population than the towns. This does not mean, of course, that there are no children in need in these areas: indeed identifying them and their needs, and addressing them presents particular challenges.

### **The best start in life**

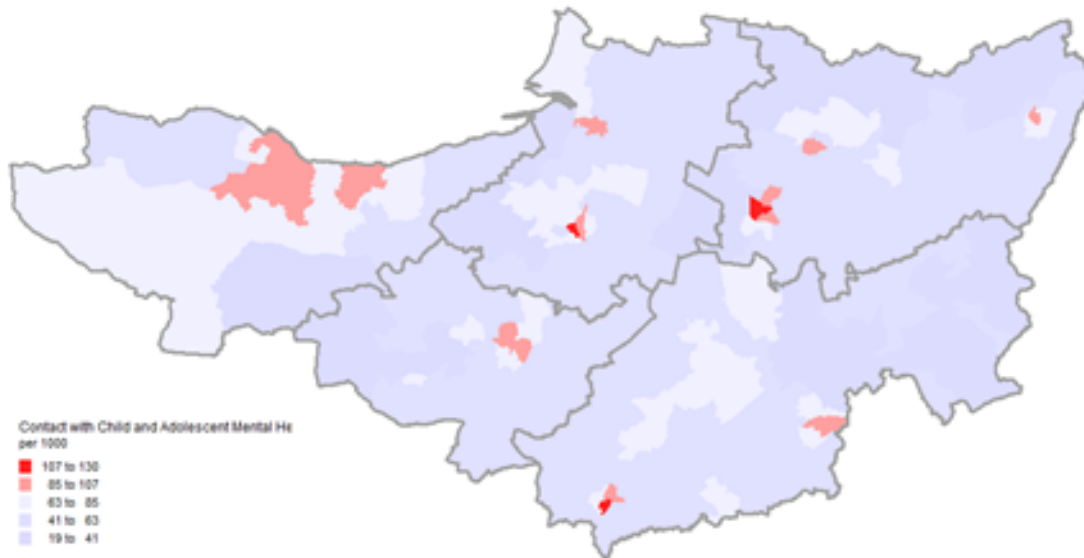
Figure 13 shows a clear example of how babies born in less deprived communities experience some early life advantages compared to their more deprived peers. Not only are the initiation rates for breastfeeding somewhat higher but the continuation rates at about seven weeks are noticeably higher, exacerbating the existing inequalities between the two groups. Breastfeeding helps with emotional development and promotes resistance to illness, so those children from wealthier communities are likely to take that advantage into improved nursery and school attendance and self-esteem. Early exposure to adverse childhood experiences including abuse and neglect are more likely to occur in more deprived areas. These experiences are an established risk factor for later physical and mental health and wellbeing, and should be a target for prevention efforts.



**Figure 13: Breastfeeding and community deprivation**

### Young People’s Mental Health

Recent years have seen broad efforts to give mental ill-health ‘parity of esteem’ with physical illness. Mental health problems affect an increasing number of children and young people, latest data suggesting that one in ten has some clinically diagnosable mental health disorder. As Figure 14 shows, referrals to the Child and Adolescent Mental Health Service (CAMHS) in Somerset show the familiar pattern of concentration in more deprived urban parts of the county. These maps must be treated with the caveat that they show *treatment*, and that may not be a perfect reflection of need. Their conditions may be complex: one young person described her needs as ‘*management of my eating disorder, therapy, help with social anxiety and help with suicidal ideation [thoughts]*’.



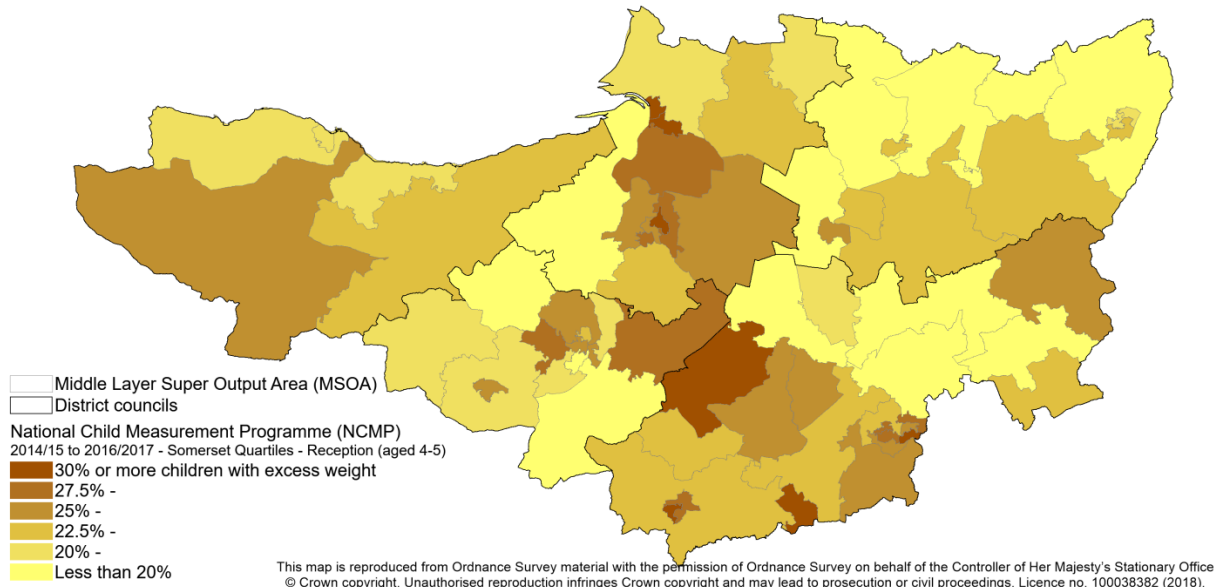
**Figure 14: Referrals to Child and Adolescent Mental Health Services (CAMHS)**

Somerset appears to have particular high rates of self-harm hospital admissions compared to most other parts of England. Whatever the explanation, this is a serious concern in itself, not least because of the possible links to suicide, and because of the steady rise in rates that we have identified.

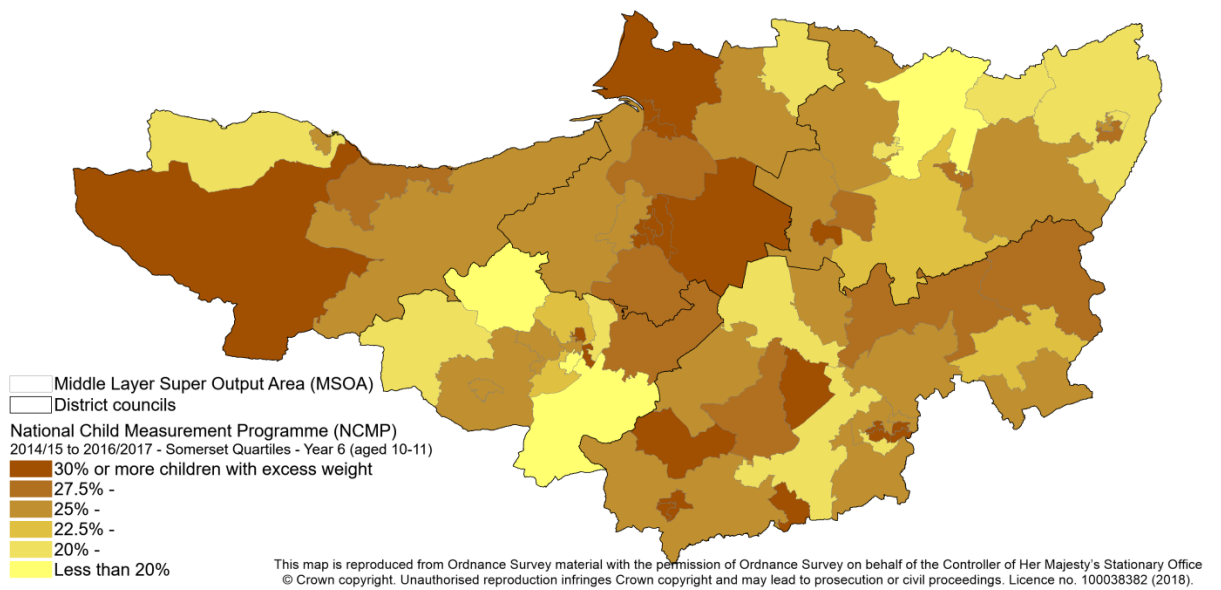
### **Overweight and Obesity**

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception (aged 4-5 years) and year 6 (aged 10-11 years) in state primary schools nationally. In Somerset in 2016/17 22.3% of children in reception were measured as overweight or obese, lower than the national average (22.6%). In Year 6 this proportion increased to 30.3%, below the national average of 34.2%. The percentage of obese children in Year 6 (16.4%) is well above that of Reception age (8.7%). Not only does this suggest a worsening in weight status as children grow up, but there appears to be increasing prevalence of overweight in more deprived communities, exacerbating inequality, shown in Figures 15 & 16.





**Figure 15: Overweight and Obesity - Reception age children 2014/15-16/17**



**Figure 16: Overweight and Obesity – Year 6 Children 2014/15-16/17**

A similar pattern is seen if we examine rates of tooth decay in children and young people across Somerset. The prevalence of tooth decay in twelve year olds in Somerset is slightly higher than seen nationally (37% vs 33%). The figures are

relatively high in West Somerset (46), Taunton Deane (41%) and Sedgemoor (39%). More severe decay is also evident in West Somerset and Sedgemoor.

## Social Mobility

The Social Mobility Index is calculated on behalf of the Social Mobility and Child Poverty Commission. It was first published in 2016, and updated in 2017. It compares the chances that a child from a disadvantaged background will do well at school and get a good job across each of the 324 local authority district areas of England. Table 1 shows that none of the districts in Somerset perform well, with West Somerset having the lowest social mobility in the country. There are particular issues for young people who want to stay in rural Somerset, with a small number of jobs and housing very expensive relative to wages. Somerset does not have a University and therefore some prospective higher education students have to leave the county to study.

**Table 1: Social Mobility**

Local Authority	Overall	Early Years	Schools	Youth	Adulthood
West Somerset	<b>324</b>	324	194	195	324
Sedgemoor	<b>258</b>	173	226	229	279
Mendip	<b>231</b>	284	125	142	242
South Somerset	<b>229</b>	208	127	249	240
Taunton Deane	<b>206</b>	251	177	128	187

## Summary

Although the majority of Somerset’s children grow up in supportive environments, some suffer disadvantage – often multiple disadvantages. These children tend to be concentrated in more deprived communities. Young people growing up in rural areas face challenges around transport, poor digital infrastructure and unaffordable housing. For some, these disadvantages can persist for a lifetime, and without help can increase over time and increase inequalities.

## Priority 4: Improved health and wellbeing and more people living healthy and independent lives for longer

<http://www.somersetintelligence.org.uk/conditions-and-disease.html>

### Why does it matter?

A long and healthy life is an almost universal human desire, and central to the Health and Wellbeing Boards' responsibilities. Positively, life expectancy in Somerset – currently 80.5 years for men and 84.1 for women - has been rising steadily, if with a pause in recent years, and is consistently higher than for England (79.2 and 82.9 years respectively). However, the gap between total and *healthy* life expectancy is increasing, and an average person can expect to spend the last 16 years of life in ill health, as shown in Figure 17. As the Somerset population structure becomes more aged over time and if life expectancy continues to rise we can expect to see more of the population experiencing ill health.



Figure 17: Healthy and disability-free life expectancy

### Ageing

The ageing profile of Somerset is shown in Figure 18. In 2013 many areas of the county had less than 20% of the population aged over 65. By 2033 some neighbourhoods – notably coastal areas of West Somerset and Sedgemoor – will have more than half the people over approximate retirement age. While the structure and numbers of people under the age of 65 will remain fairly static (increasing from 416,800 in 2014 to 422,200 in 2039): the population aged 65 and

over is set to increase considerably (from 41,600 to 67,100); this is especially for those aged 85 and over, the number of whom will more than double from to around 18,100 to 45,250.

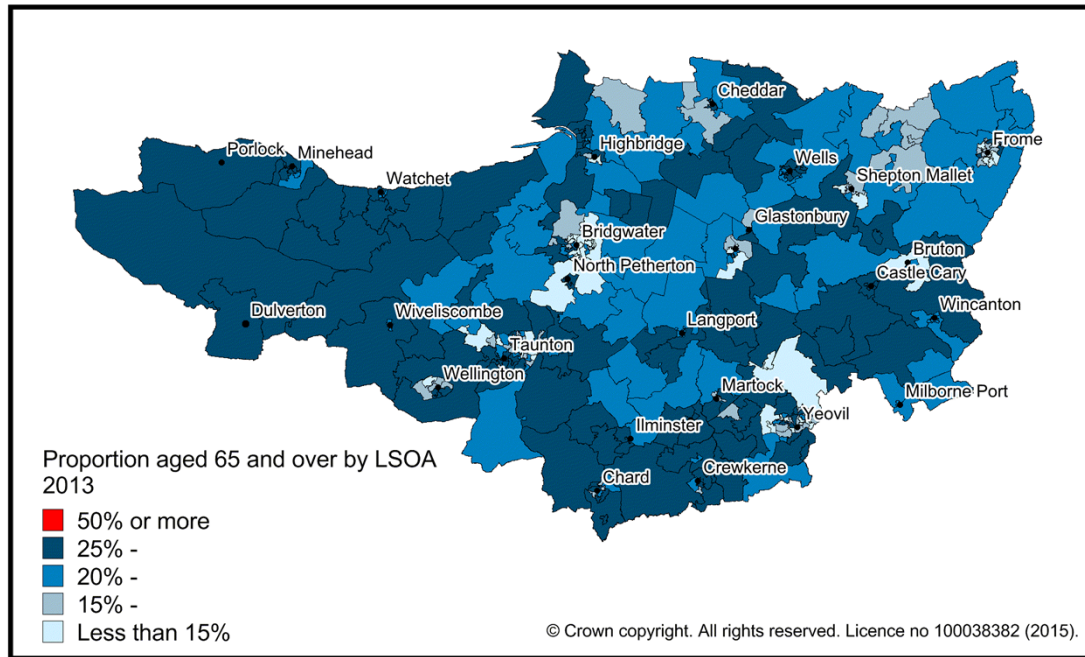


Figure 18: Somerset population by age in 2013

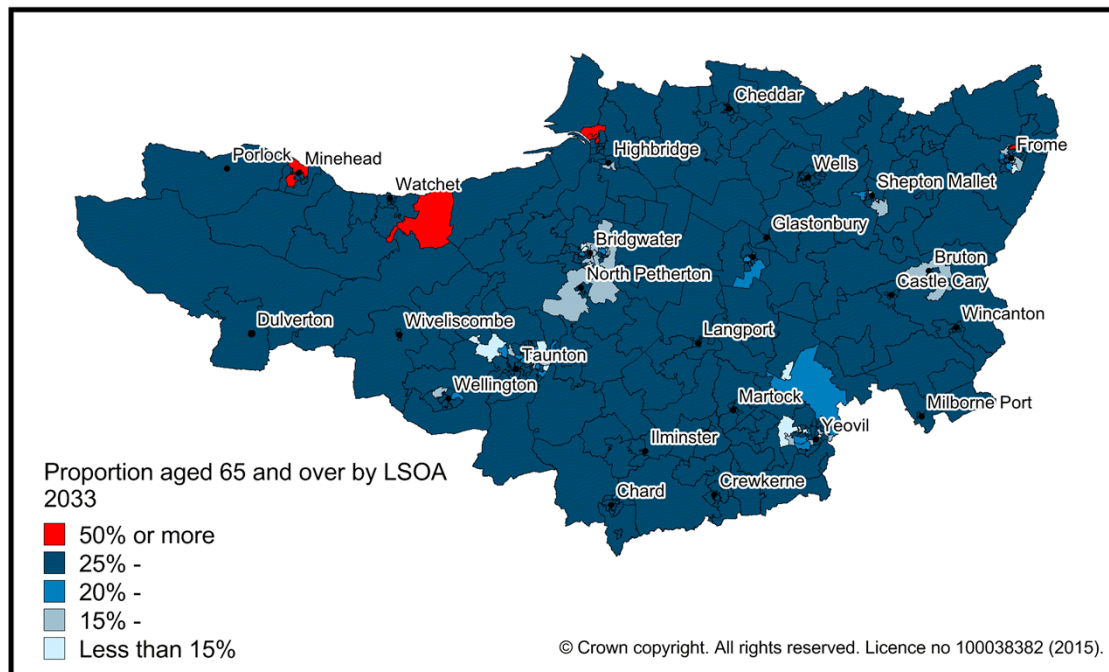
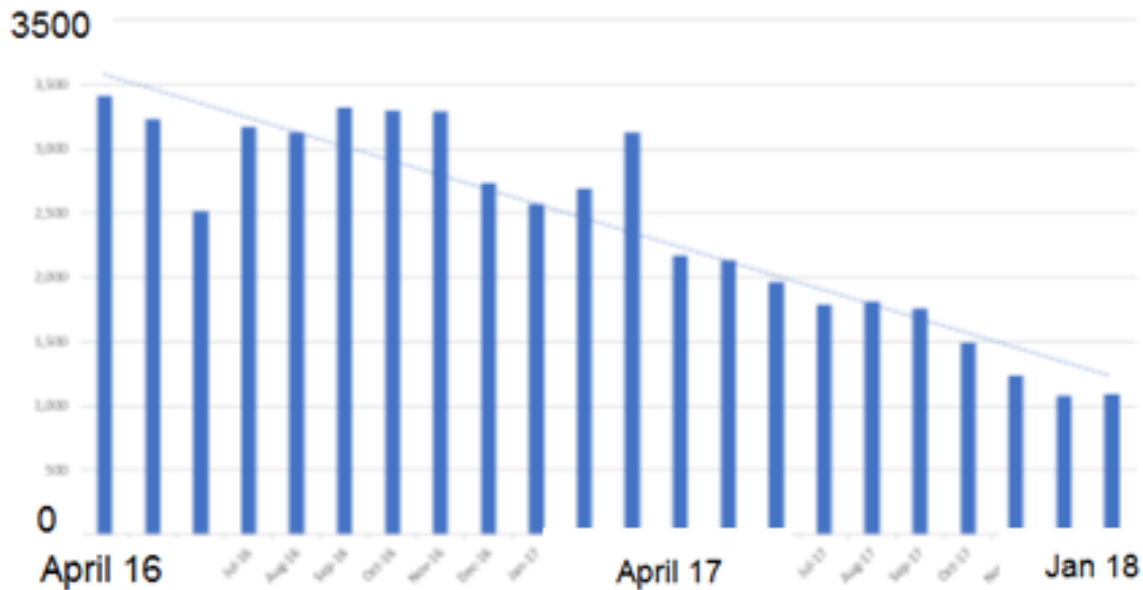


Figure 19: Somerset population by age in 2033

## Health and Social Care integration



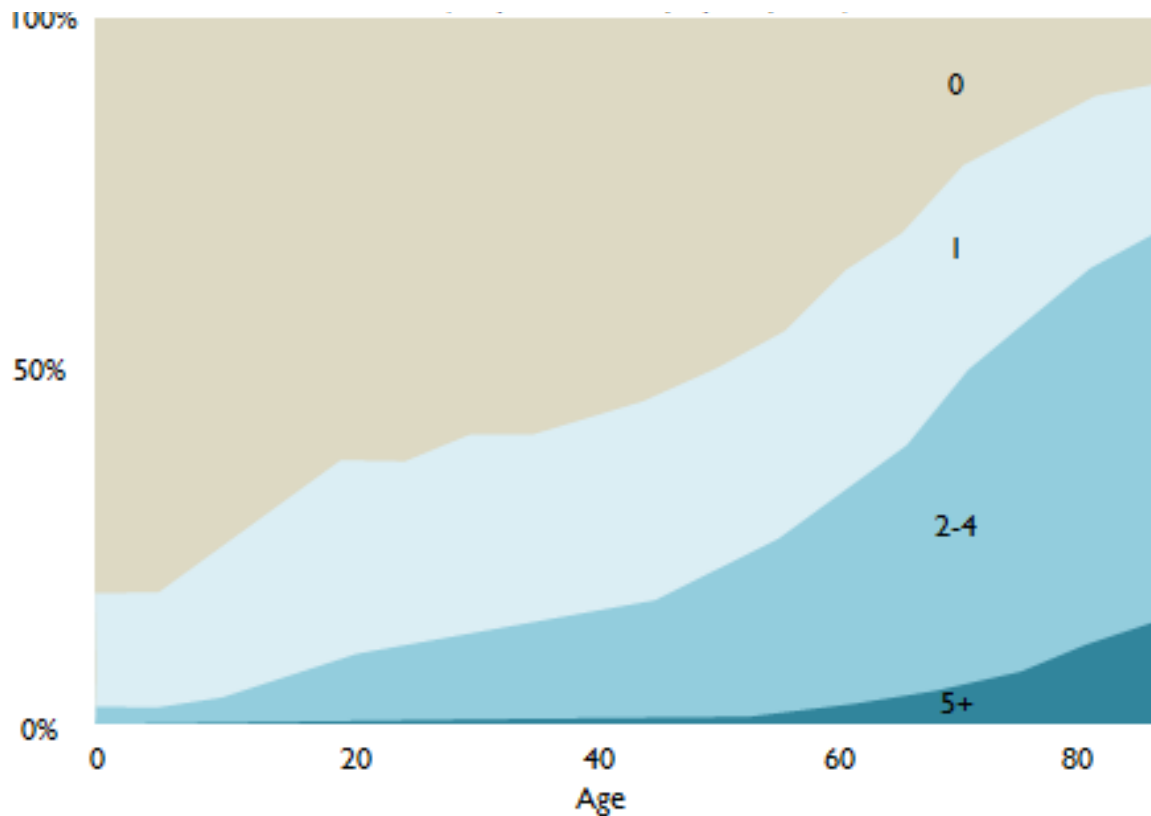
**Figure 20: Delayed Transfers of Care (cumulative days spent in hospital by patients fit for discharge)**

We tend to have increasing health and care needs as we get older. The JSNA in 2017 looking at *Ageing Well* found that most people wanted social contact and freedom— *‘just having somewhere to meet and chat with people’* and *‘a sense of independence and safety’* - as they aged. Being ‘stranded’ in hospital takes away independence and often leads to poorer health outcomes, and home care that merely ‘looks after’ someone can promote dependence. Instead, health and care services in Somerset have been working together to help get people home from hospital (*Home First*) to have their needs assessed in a familiar environment where they can be ‘re-abled’ to look after themselves. This helps provide what patients want and the whole system works more efficiently. Figure 19 demonstrates the impact interventions like Home First can have on enabling people to be discharged from hospital once medically fit.

### Long term conditions and multimorbidity

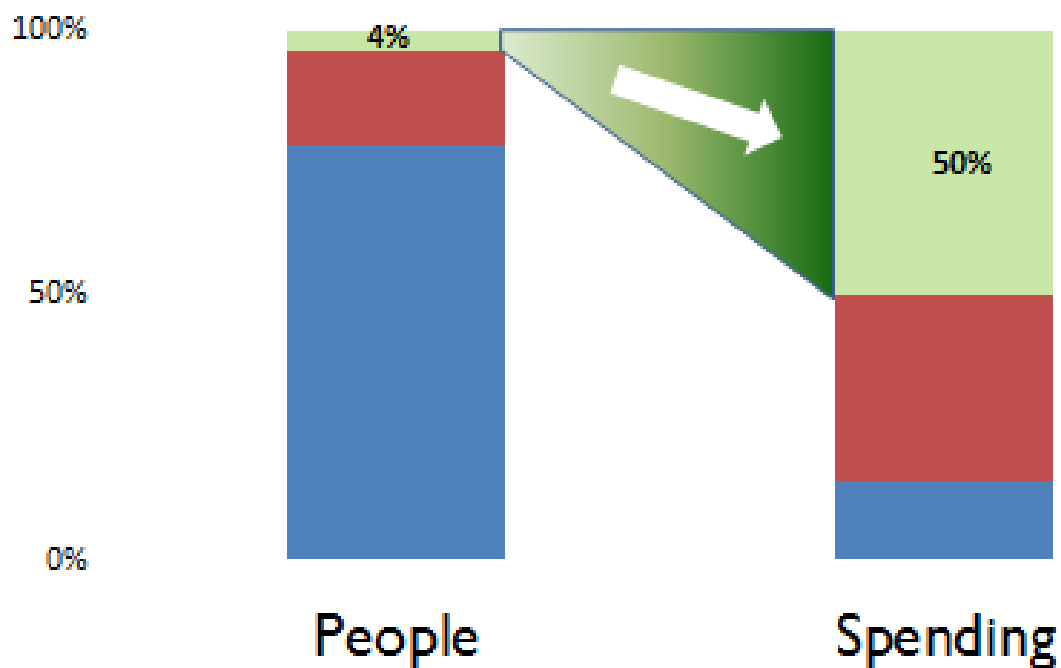
For many people, getting older can involve accumulating ‘long-term conditions’ such as high blood pressure, diabetes and chronic kidney disease. Morbidity is the state of having a disease and is related to mortality which is the cause(s) of death. Figure 20, using Somerset ‘Symphony’ data, shows how most people are born with none of these long term conditions, but by the age of about 50 half the population has at least one; at the age of 90 two thirds of people have two or more. Having more than one condition is ‘multimorbidity’, with patients needing ‘complex’ care. This explains

why the rising number of very old people presents such a challenge to Somerset health and care services.



**Figure 21: Number of long term conditions in Somerset by age**

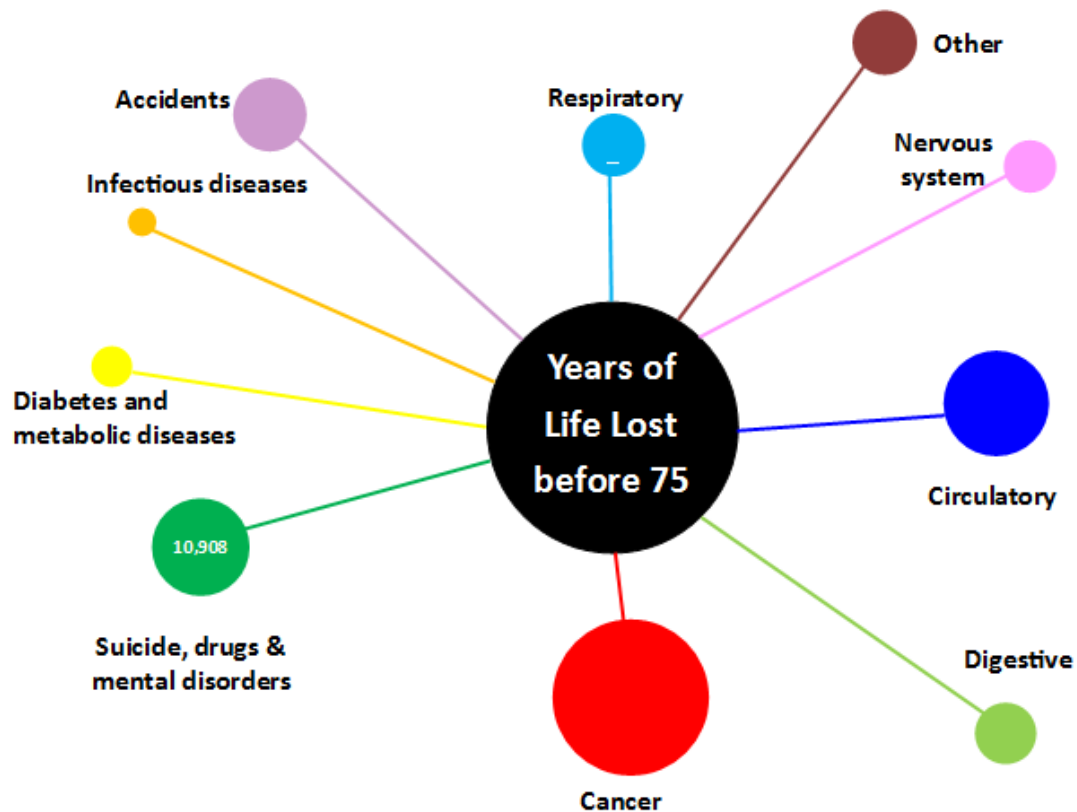
The patterns of age and illness in Figure 19 are not only matters for the people’s health but have a profound impact on the entire health and care ‘system’. It might be thought that the costs of treating conditions would start to plateau as numbers increase – but in fact the costs increase exponentially so that each additional condition adds *even more* to the cost than the previous. For example, someone who has developed diabetes can help take care of their own health, but if that patient also develops dementia then this may be impossible. The impact is that the treatment and care needed by the 4% of patients in Somerset with most complex needs make up half of total spending, shown in Figure 21.



**Figure 22: Complexity of illness and costs of health and care**

### **Disease and Ill-health**

Figure 22 shows graphically the conditions that have the biggest impact on years of life lost under 75. This is a more useful measure than all mortality because these deaths at earlier ages are the ones most likely to be 'avoidable'. The main cause of early death is cancer, followed by circulatory disease. Suicide, drugs and mental disorders come third, which is a reflection of their prevalence (7.7% of adults on GP registers are recorded for depression) and their impact on young people.



**Figure 23: Years of life lost before 75 in Somerset during 2012-16 (all causes: 94,874)**

### Prevention

One thing that the long term conditions described have in common is that their onset may be delayed or even prevented by appropriate lifestyle choices. The risk of cancer, heart disease, diabetes and dementia (the numbers of people with which are set to double in the next 20 years) can be reduced by relatively simple improvements in lifestyle. Figure 22 shows how tobacco, exercise, diet and alcohol affect the risks of such physical illness. With Figure 20, this demonstrates how a focus on this prevention (as well as screening and early detection) not only improves individuals' health and well-being, but makes financial sense for the health and care system.



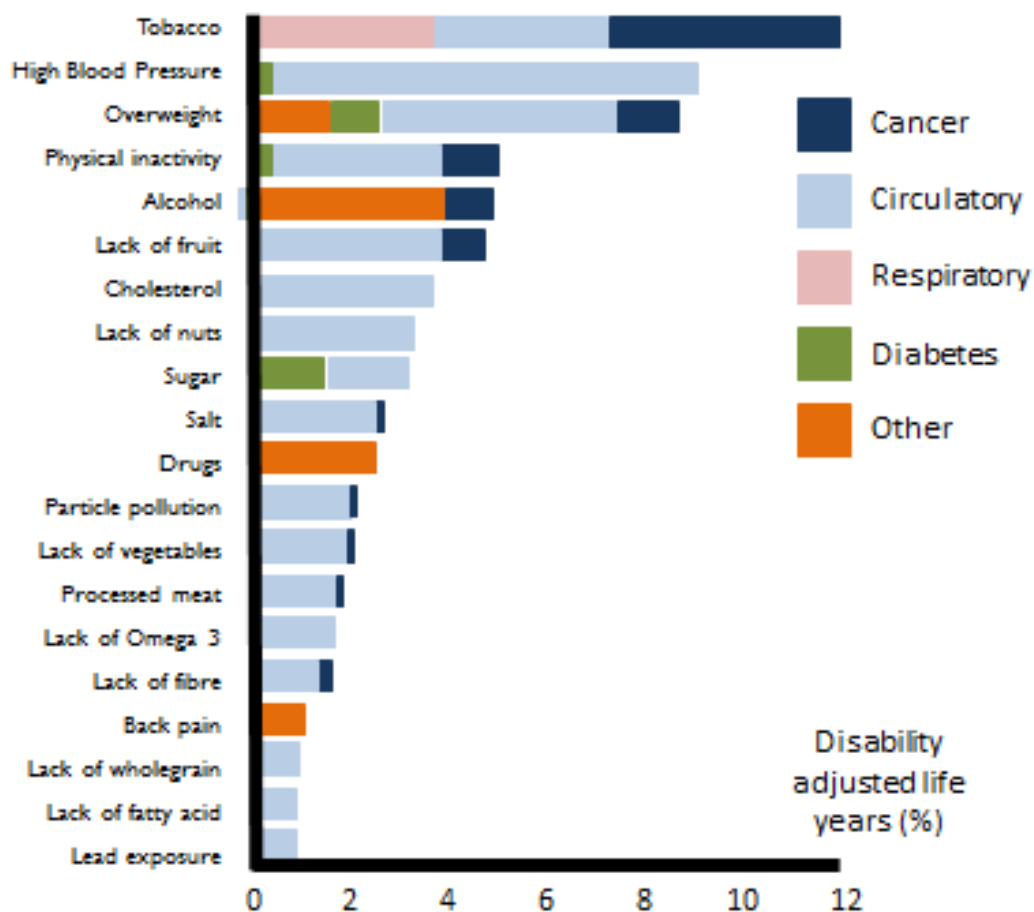


Figure 24: Lifestyle contributions to ill health

### Mental Health

Figure 22 does not directly include mental ill-health, which contributes approximately 25% of the total burden of illness. The factors behind mental ill-health are numerous and complex, although the lifestyle factors already described certainly play a part. It is clear that loneliness is a major contributor, so that promoting social connectivity through safe, vibrant and well-balanced communities and in other way can help to prevent mental ill health developing and reduce its impact on people affected..

### Summary

Population ageing will be the biggest driver of health needs in Somerset over the course of the *Improving Lives* strategy. Without change, this could lead to a population in poorer health and leave an unsustainable demand on services. There are, though, opportunities to improve health and wellbeing while reducing costs to services if the wider determinants of health and lifestyle are given the emphasis suggested by the evidence.

## Where can I find out more?

This short summary has described a range of health needs that can be addressed in the *Improving Lives* strategy. The headings have been derived from considering the evidence and the views of Health and Wellbeing Board members and stakeholders. A structure like this is a necessary part of creating a strategy, communicating its aims and turning ambitions into a series of actions.

However, such a structure makes the different elements seem far more discrete than they are in real life. In a more fluid form, digital accessibility, for example, would be shown as a major element in raising productivity, as well as community strength; plays an important part in children's opportunities in life as well as being a way to learn about healthy lifestyles. Other factors could similarly appear under more than one heading. For communities, families and individuals these factors all interact in multiple ways.

Similarly, inequality cuts across all these themes. It is notable that many of the major challenges to health and wellbeing are concentrated in the more deprived urban areas, with low income lying behind many of them. Rural areas often have fewer needs, but that can make them more challenging for those more deprived people who live there, especially in the very sparsely populated parts. An understanding of inequalities and communities' needs is essential in applying the strategy.

This interconnectedness is better presented on the web than in writing. The JSNA itself is the website at <http://www.somersetintelligence.org.uk/jsna/>. It covers the range of health and care needs, and the wider Somerset Intelligence website includes much information on the wider determinants – broader factors affecting health such as transport and housing. Each section of this report gives a suggested 'landing page' for the site. The website also includes full links to sources, including the latest published data from elsewhere, that have not been included here for space.

To discuss any of the information here please contact [publichealth@somerset.gov.uk](mailto:publichealth@somerset.gov.uk).

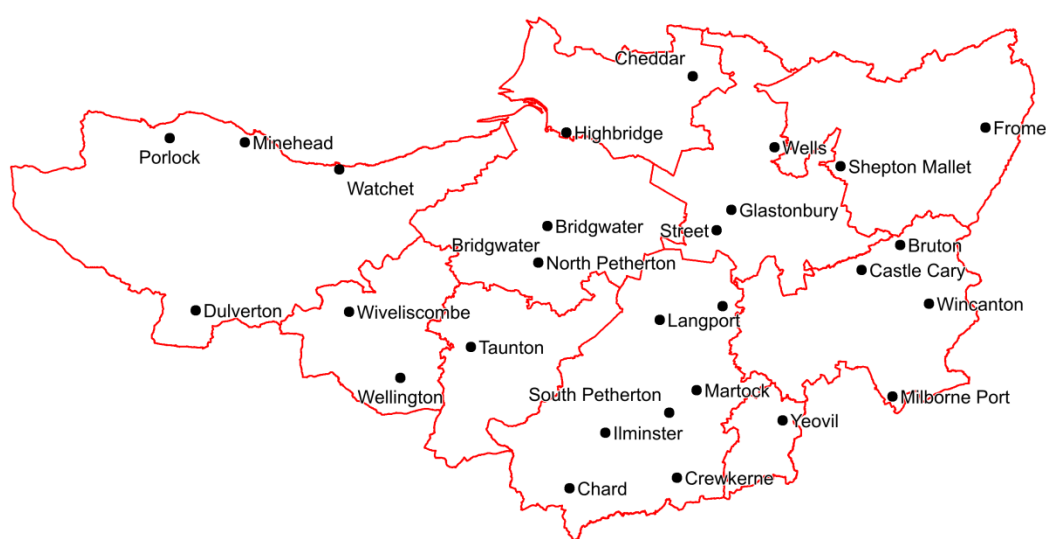
All maps © Crown Copyright, all rights reserved, 100038382, Somerset County Council 2018. For other data see: [www.somersetintelligence.org.uk/jsna](http://www.somersetintelligence.org.uk/jsna).

This page is intentionally left blank

# Joint Strategic Needs Assessment 2018:

## Appendix B

### Proposed sub-county geographies



This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Licence no. 100038382 (2017).

Figure 1: Proposed boundaries

### Summary

The Health and Wellbeing Board, 28<sup>th</sup> September 2017, asked for JSNA information to be made available at a sub-county level. The JSNA Technical Working Group (TWG) set about creating geographies that best matched the following criteria:

- Fit within current District boundaries
- Are of approximately the same size
- Are centred around urban service centres
- Are relatively self-contained, so that the population in the areas tends to use services such as schools and GP practices located within them

- Are built from Middle Super Output Areas (census geographies of about 7,500 people), meaning that more data are available and individuals cannot be identified
- Are relatively balanced in terms of rurality and deprivation, so that *local* factors can be isolated more effectively.

The first set of boundaries was presented at the Cheddon Fitzpaine workshop in December 2017, and as a result of that engagement the boundaries have been refined to meet the criterion that they:

- Reflect local perception and catchment areas.

It should be noted that these boundaries have populations of about 40-80,000, generally larger than the 30-50,000 populations suggested in NHS New Care Models for integrating care for long term conditions<sup>1</sup>. The geographies shown here are the most appropriate for analysing need and *planning* services; *delivering* services may well require a different footprint, which will emerge from the analysis.

The boundaries here are not perfect, but on the basis of the criteria described and after considerable consultation, and changes made as a result, the Technical Working Group agrees that these boundaries are fit for purpose and as good as can practically be achieved.

**The Board is asked to approve these boundaries so that work can be undertaken to analyse need at this scale and help plan locality-based commissioning and delivery of services.**

## Background

The inaugural meeting of the Somerset Joint Strategic Needs Assessment (JSNA) Technical Working Group (TWG) for the 2017/18 JSNA took place in September 2017. At the meeting, the scope of the current year's JSNA was agreed to be a summary of the evidence from previous JSNAs to inform the Health and Wellbeing Strategy from 2019. A request was raised to produce district summaries in addition to the Somerset wide version.

This was then taken to the Health and Wellbeing Board on the 28<sup>th</sup> September 2017. As a result of this the TWG was given the following relevant actions:

- Focus to be on place but people within place.

---

<sup>1</sup> [https://www.england.nhs.uk/wp-content/uploads/2016/12/1693\\_DraftMCP-1a\\_A.pdf](https://www.england.nhs.uk/wp-content/uploads/2016/12/1693_DraftMCP-1a_A.pdf)

- Look at data for district level in addition to county level.

At the subsequent TWG meeting this was considered. There was a consensus that Somerset's districts were generally too big for analytical purposes. The public health team were given the task of considering what would be the most appropriate geographies to advise the board. The remit included looking at things from 'scratch' so should not be from the perspective of what is already in place. It was also agreed to use a consistent methodology and to start with the district boundaries. It was felt that each area should focus on rural fringe areas surrounding core market town(s).

Initial geographies were developed and discussed by the TWG in November. The TWG would not have the authority to approve the geographies. However, there was agreement that it would be acceptable for these to be presented to the Health and Wellbeing Board engagement event taking place in December 2017. The geographies' purpose would be to provide the necessary detail to support delivery of the place-based approach of the new Health and Wellbeing Strategy once it was in place.

The geographies were refined following the engagement event and were subsequently presented at the Health and Wellbeing Board pre-meet in January 2018.

## Considerations

The brief for the geographies was to be able to identify unwarranted or unexpected variation in need (or outcomes) across Somerset. The aim was refined to align existing boundaries and create a shared understanding of need across multiple organisations with the health and wellbeing system while adopting a place-based approach.

The geographies would need to have a consistent approach that would make them appropriate as localities for statistical analysis of need. This included being:

- small enough to be provide valuable insight
- large enough to enable statistical analysis and to include a cohesive/consistent group of people
- appropriate for comparing resident based data with GP Practice level data\*
- central urban areas/market towns with surrounding rurality

*\*The majority of health data at a local level is available by GP Practice. It was therefore necessary to ensure that each geography included the same people living within them as were registered with a GP Practice within that same geography. This is because people do not necessarily register with the GP Practice closest to where*

*they live and in urban areas such as Taunton GP Practices might be very close to one another*

The geographies would not reinvent the wheel, reflect existing service use or locations, highlight thematic issues (such as deprivation and rurality which could be considered independently) and would not highlight very localised issues at the neighbourhood level.

## **Methodology**

### **District county boundaries**

The first element was to ensure that geographies were limited by the district county boundaries. This was because they are clearly defined and rarely change while they are also widely recognised areas. They also contained the existing GP Commissioning Locality groupings based on the location of GP Practices' main surgery. A further consideration is that many indicators are only available at this level.

### **Middle Layer Super Output Area (MSOA) boundaries**

MSOAs are Office for National Statistics (ONS) census based geographies. The latest MSOAs were designed to include approximately 7,500 people each at the time of the 2011 census. Most statistical data (including the Index of Multiple Deprivation which is key to analysing inequality) is available and calculated based on Lower Super Output Areas (LSOAs). LSOAs are similar to MSOAs but included roughly 1,500 people. MSOAs are the building blocks of the JSNA geographies because:

- they are consistent as they are only ever revised with a national census and these are usually at least a decade apart.
- MSOAs are groupings of LSOAs and that means LSOA data can easily be aggregated to MSOA levels.
- Some data and indicators are only available at MSOA level, including some economic data.
- Some services and outcomes will only be used or experienced by very small proportions of the population. Using MSOAs should therefore prevent issues around data sharing due to risks related to identifying individuals and might facilitate data sharing in some rare cases.

### **Other factors**



The only two rules that defined the geographies were that they would use MSOAs as the building blocks and would be contained within district boundaries.

How the MSOAs were then grouped was based on the considerations given above, namely that they would have:

- rural areas with core market town(s)/urban areas. This was guided based on ONS rurality classification of LSOAs and LSOA population density.
- they would have people who both live within the same area as they register with their GP. This was based on data from NHS digital showing the number of people at each GP Practice who live within each LSOA
- furthermore the South Somerset areas teams were used as the basis for geographies within that district as a reflection of how people interact with local services. This was partly due to a recognition that South Somerset was too big to adequately reflect people's experiences and was learning taken from the Somerset Pharmaceutical Needs Assessment
- consideration was given to balancing population size, rurality and deprivation

## The Process

Some initial boundaries were drawn and these were then tested against the points listed above. These were then refined by testing different scenarios and different collections of MSOAs.

## Validation

The primary driver was the proportion of people who were registered with a GP Practice and who lived within the same area. The final range was between 83% and 98%.

The following points were used for validation purposes but were not set rules. There were exceptions and these are listed below.

- Average IMD scores were calculated for each geography and were compared with the range of scores of the middle 50% LSOA across Somerset.
- The proportion of people living in rural villages and dispersed areas was compared with the Somerset average +/- 10%.
- The population size was compared.
- Subsequently the engagement event with the Health and Wellbeing Board led to some refinements.

A similar test to the GP registration and residence was performed to validate the final geographies with the proportion of school age children who live in the same areas as their school. Final range was 79% to 99%.

## Exceptions

The exceptions to these principles above are listed below.

South Somerset geographies Yeovil's population was sizable and its population largely registered with GP Practices in the same area. This meant that Yeovil was less rural than the bounds set above: while Wincanton and Chard areas were more rural than the bounds set above.

The workshop engagement event led to the creation of a Wellington area within Taunton Deane. This meant that the remaining Taunton area also had a smaller proportion of people living in rural areas than the limits above.

West Somerset currently as both a district in its own right and also a very distinctive area of the county had an average Index of Multiple Deprivation score higher than the bounds above.

It should be noted that at a population level and where data is available, differences in deprivation and rurality can be accounted for in analysis in the same way that differences in age and sex can.

Somerset Health and Wellbeing Board

24 May 2018

**Improving Lives Strategy 2019-2028**

Lead Officer: Trudi Grant, Director of Public Health

Author: Catherine Falconer, Speciality Registrar in Public Health

Contact Details: 01823 359 449

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	02.05.18
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	09.05.18
<b>Summary:</b>	<p>It is a statutory duty of every Health and Wellbeing Board to have in place a Health and Wellbeing Strategy for the local population. The current Somerset Health and Wellbeing Strategy will expire at the end of 2018 and therefore the process is underway to refresh and update the strategy.</p> <p>Alongside the updated Health and Wellbeing Strategy, the County Council has been working in collaboration with key stakeholders to develop a multi-agency vision for the county. The vision is all about ‘improving lives’:</p> <ul style="list-style-type: none"> <li>• A thriving and productive County that is ambitious, confident and focussed on improving people’s lives</li> <li>• A County of Resilient, well-connected and safe and strong communities working to reduce inequalities</li> <li>• A County infrastructure that supports affordable housing, economic prosperity and sustainable public services</li> <li>• A County and environment where all partners, public, private and voluntary sector focus on improving the health and wellbeing of all our communities.</li> </ul> <p>The vision is aimed to be a vision for all partners. The Health and Wellbeing Strategy will define the contribution of the Health and Wellbeing Board to delivery of this vision.</p> <p>The strategy will take a broad view and consider all of the many factors which impact on health and wellbeing, including growth, education, housing and lifestyle. It will be referred to as the ‘Improving Lives’ strategy and will take a longer term view (10 years) in order for its impact to be measurable.</p> <p>Following consultation and engagement with Health and Wellbeing Board Members and wider stakeholders, four strategic priorities have emerged for the strategy:</p> <ol style="list-style-type: none"> <li>1. A county infrastructure that drives productivity, supports economic prosperity and sustainable public services</li> </ol>		

	<ol style="list-style-type: none"> <li>2. Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</li> <li>3. Fairer life chances and opportunity for all</li> <li>4. Improved health and wellbeing and more people living healthy and independent lives for longer</li> </ol>
<b>Recommendations:</b>	<p><b>That the Somerset Health and Wellbeing Board agrees:</b></p> <ol style="list-style-type: none"> <li><b>1. The draft Improving Lives Strategy to go for public consultation with the following proposals:</b> <ul style="list-style-type: none"> <li>○ The Health and Wellbeing Strategy will be referred to as the Improving Lives Strategy</li> <li>○ The Improving Lives Strategy will adopt the County Vision (being considered at the County Council on 16.05.18)</li> <li>○ The Improving Lives Strategy will take a longer term, ten year view</li> <li>○ The Improving Lives Strategy will focus on four strategic priorities</li> </ul> </li> </ol>
<b>Links to Somerset Health and Wellbeing Strategy</b>	The Improving Lives Strategy will be the new name for the Health and Wellbeing Strategy and will fulfil the statutory duty placed on the Health and Wellbeing Board.
<b>Financial, Legal and HR Implications:</b>	<p>There is no additional funding to support specific pieces of work required for the Improving Lives strategy and work to produce the strategy must be mitigated by staff capacity. Funding may be required for the public consultation aspects of the Improving Lives Strategy.</p> <p>The Health and Wellbeing Strategy is a statutory duty of the Health and Wellbeing Board.</p>
<b>Equalities Implications:</b>	<p>The Health and Wellbeing Strategy will pay due regard to protected groups to identify health and social inequalities within the Somerset population.</p> <p>An equalities impact assessment will be conducted for the Improving Lives strategy prior to final publication.</p>
<b>Risk Assessment:</b>	Any failure by commissioners to fully take into account the Improving Lives Strategy when taking commissioning decisions across agencies is very likely to have detrimental impacts on service improvement and delivery and the reduction of inequalities.

## 1. Background

- 1.1. The current Health and Wellbeing Strategy for Somerset runs until the end of 2018 and requires updating and refreshing.
- 1.2. The production of an updated Health and Wellbeing Strategy for Somerset will be informed by evidence gathered from Somerset JSNAs. Current data will be complemented by the views and experiences of local people.
- 1.3 The updated Health and Wellbeing Strategy will align with the new Multi-agency County Vision which places an emphasis on improving lives:
  - A thriving and productive County that is ambitious, confident and focussed

on improving people's lives

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

**1.4** The updated Health and Wellbeing Strategy will take a broad view on the determinants of health and wellbeing and will therefore be referred to as the 'Improving Lives Strategy'.

**1.5** The Improving Lives strategy will take a longer term view and will set the strategic priorities for the next 10 years of the Health and Wellbeing Board.

## **2. Consultations undertaken**

**2.1** An engagement event was held with members of the Health and Wellbeing Board, and other identified stakeholders in December 2017. The event was attended by 45 people representing over 20 different organisations. Participants were presented with a summary of the Joint Strategic Needs Assessment (JSNA) and asked to participate in a priority setting exercise.

**2.2** Further engagement has been conducted with members of the District Councils, the CCG Service User Engagement Group (SEAG), the Voluntary, Community and Social Enterprise (VCSE) strategic forum, and other County Council Services.

**2.3** The JSNA Technical Working Group (TWG) has provided a wider stakeholder steering group and produced evidence to inform the four strategic priorities being consulted on.

**2.4** Once the strategic priorities are formally agreed by the HWB a formal 10 week public consultation will commence.

## **3. Implications**

**3.1.** The Department of Health (DH) guidance suggests that commissioning plans of CCGs, NHS England and local authorities will be expected to be informed by relevant JSNAs and the health and wellbeing strategy. Where plans are not in line, the organisations could potentially be asked to explain why. The policy intention as cited by the DH is that *"local services which impact upon health and wellbeing will be based on evidence of local health and wellbeing needs and assets, including the views of the community; meaning that services and the way in which they are provided meet local needs."*

## **4. Background papers**

**4.1** Appendix A Draft Improving Lives strategy

This page is intentionally left blank



# Improving Lives in Somerset Strategy 2019-2028

**Draft for consultation**



**Somerset Health and Wellbeing**

---

## Foreword

I'm delighted to introduce this consultation on our important strategy that sets out how Somerset County Council and all its key partners will work together to improve the lives of our residents.

For me, this is the key – improving lives. It is what drove me into politics in the first place and what keeps me motivated and passionate about it now – making a difference to individuals and communities.

The Health and Wellbeing Board is made up of partners from all walks of life, all committed to working across the public, private and voluntary sectors to consider the health needs of the whole community, to look out for our vulnerable adults and children, and to help all our residents understand how they can help themselves to improve their own lives, their own prospects.

This strategy explains how, over the next ten years, we will work together to do that, to improve lives. For example, we are delighted with the progress made over recent years to increase rates of breastfeeding in Somerset, particularly in some of our more deprived areas. We have also made great strides in raising awareness of the support available to older people who might be feeling lonely. We will continue to work together on these and other, similar issues.

Our health and wellbeing is paramount to each and every one of us. Keeping well, making sound choices and understanding our own personal health and wellbeing can make a real difference. Overall the health of people in Somerset is good, but some of our communities and groups experience poorer health than others.

We hope you will have full confidence in the strategy – the strategy will only be good if we have your help and input to develop it. Please take part in our consultation, read through the supporting explanations, see what a difference you can make, and help us work together to help *all* our residents and communities.

Thank you,



Christine,

Cllr Christine Lawrence

Chair of the Health and Wellbeing Board,  
Cabinet Member for Public Health and  
Wellbeing, Somerset County Council



**Somerset Health and Wellbeing**



## County Vision

We have a **vision** for Somerset. Over the next ten years, we want all organisations to work together as a partnership to make Somerset:

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

What is the **Somerset Health and Wellbeing Board**?

- The Health and Wellbeing Board is a group of people from different organisations who work together in partnership to improve the health of people in Somerset.
- The organisations that work on this Board include Somerset County Council, such as the people who manage public health, adult and children services; Somerset Clinical Commissioning Group, NHS England, our five District Councils and Healthwatch Somerset which provides a voice for the residents of Somerset.
- The Board has to produce a strategy which shows what it will do to improve the health and wellbeing of people living in Somerset.
- The first Health and Wellbeing strategy was published in 2013 and set out a five year vision for how the different organisations would work together to improve health and wellbeing.
- The strategy now needs to be updated and refreshed based on the latest information available of the health and social care needs of local people.
- To recognise the aims of the new vision for Somerset we have renamed the strategy the 'Improving Lives' strategy.
- We need to get feedback from local people and services to find out if we are focussing on the things that have the biggest impact on people's lives.

What is the **Somerset Improving Lives Strategy**?

- The strategy will be used by the Somerset Health and Wellbeing Board to show what they will do over the next ten years to improve the lives of people in Somerset
- The Health and Wellbeing Board will monitor progress against each of the priorities identified in the strategy and ensure all partners are contributing to improving the lives of local people.
- The Health and Wellbeing Board has identified four priorities where it will focus for the next ten years to improve the lives of Somerset people.
  - **Priority 1:** A county infrastructure that drives productivity, supports economic prosperity and sustainable public services
  - **Priority 2:** Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment
  - **Priority 3:** Fairer life chances and opportunity for all
  - **Priority 4:** Improved health and wellbeing and more people living healthy and independent lives for longer
- The priorities are described in more detail below.



**Somerset Health and Wellbeing**

# Somerset now and in the future



An economy worth over £11bn



90% of schools are rated good or better



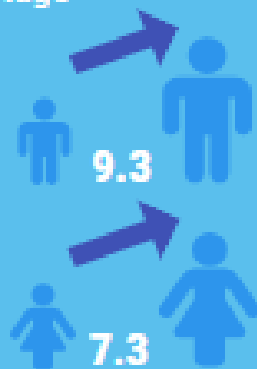
Low levels of unemployment



A rich natural environment and cultural heritage



Good partnerships and working relationships between organisations



Men in the most affluent areas of Somerset will live, on average 9.3 years longer than men in the most deprived areas, while for women the difference is 7.3 years



Need for more housing and infrastructure



Increased needs of a growing and ageing population



Inequality in educational outcomes, access to services, life chances and aspirations

A more detailed profile of health and wellbeing in Somerset is described in the Joint Strategic Needs Assessment which can be read online here:

<http://www.somersetintelligence.org.uk/jsna/>



**Somerset Health and Wellbeing**

## **Priority one: A County infrastructure that drives productivity, supports economic prosperity and sustainable public services**

### **What does this mean for me?**

We know that to make the biggest change to improving people's lives we need to focus on the social and environmental factors that impact on people's lives. These include factors such as:

#### *Employment*

Good work offers stability, security and a regular income. Good work provides the opportunity for people to afford basic living standards and participate in community and social life.

#### *Housing*

A healthy home is one that is affordable, warm and stable, and somewhere that helps connect people to community work and services. A healthy home provides a solid foundation for our population and supports good mental and physical health.

#### *Connectedness*

People who are connected to the types of information and support they need are more likely to access support in a timely manner. Better digital and transport connections will also allow our businesses and communities to thrive.

**We want to see economic growth and development in Somerset. However, our priority as a partnership is to ensure that this growth benefits everyone and creates jobs and housing opportunities that are available to all.**

#### *What is the local picture?*

In Somerset we have lower unemployment rates than the national average. However, many people are employed in part-time and low-wage jobs and the average income for Somerset residents is lower than for the rest of England.

There are not enough affordable homes for all of the people that need them and the average house price is now 10 times higher than the average income.

Many of our residents live in rural areas, some of which have poor access to high speed broadband and mobile phone signal. There are also parts of the county where transport access is difficult which impacts on education, employment and business opportunities.

Many of the public services in Somerset are facing financial challenges with levels of funding not being matched by increasing demand.



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

### **What does this mean for me?**

We know that to make people feel happy and supported and able to access all of the opportunities that can help to improve their lives we need to create safe, strong and supportive communities.

#### *Environment*

Health is influenced by how the surroundings and environment make people feel and the opportunities they provide. Good places, indoor and outdoor spaces and buildings help people to be more physically active, use facilities and services, socialise and play.

#### *Crime and fear of crime*

Feeling safe and secure in the local area has a significant impact on people's health and wellbeing. A feeling of safety can help to enable people to take up opportunities to be more physically active and participate in social activities.

#### *Social isolation*

A lack of social contact and feelings of isolation and loneliness can have a significant impact on mental health and wellbeing. Happy and positive friendships and feeling part of a community helps to reduce the impact of social isolation.

#### *Community cohesion*

The word community means different things to different people but we know that people who feel part of a community enjoy a sense of belonging and have more opportunity to develop resilience and have the support necessary to deal with any challenges they may face.

**As a partnership we want to make sure Somerset is a safe and healthy place to work, with healthy communities that are strong and resourceful and able to make the most of the assets that we have.**

#### *What is the local picture?*

Nearly half of our population live in rural areas. Many of these areas can be distant from services and can be cut off during periods of harsh weather.

Over 70% of adults in Somerset volunteer at least once a year. However, there are over 2800 charities to support and 100s of community groups who require increasing voluntary support.

The population in Somerset is getting older and there are over 33,500 people aged over 65 years living alone. In some areas of the county there are high numbers of people experiencing social isolation and loneliness.



## **Priority three: Fairer life chances and opportunity for all**

### **What does this mean for me?**

We know that what happens to us in childhood and adolescence is very important for the rest of our lives. Many of our health behaviours are formed from a very young age.

#### *Education*

Good education and lifelong skills can help to build the foundations for accessing good work, problem solving and feeling empowered and valued. Education also provides a basis for learning valuable healthy lifestyle skills such as healthy sexual behaviours, emotional resilience and healthy eating.

#### *Positive family life*

A positive family life provides a child with the opportunity for a healthy life by creating the foundations for them to develop intellectual, social and emotional skills. Positive family life can also help children to develop healthy lifestyle habits and feel loved and valued.

#### *Mental health and wellbeing*

Enabling good mental health and wellbeing is vital for the educational and life chances of children and young people in Somerset. Early identification and access to effective support are essential to improve outcomes.

**Our priority as a partnership is to ensure every child in Somerset has the opportunity to have the best possible start in life.**

#### *What is the local picture?*

Most children and young people have access to high quality education with many of the schools in Somerset rated as good or better by OFSTED inspectors. Somerset does not have a University and fewer young people go into Higher Education than is seen nationally. Almost 6% of the adult population have no academic qualifications at all.

There are some significant inequalities between communities in early life experiences. For example breastfeeding rates 19% lower in the most deprived communities compared to the least deprived. Furthermore, there is a gap in GCSE achievement between pupils who receive free school meals and those who do not.

The numbers of young people in Somerset being admitted to hospital for self-harm or alcohol-specific conditions is higher than we would expect it to be compared to the rest of England.

The West Somerset District was recently ranked as the lowest area nationally for social mobility, meaning that there are fewer education, employment and housing opportunities for deprived children and young people.



**Somerset Health and Wellbeing**

## **Priority four: Improved health and wellbeing and more people living healthy and independent lives for longer**

### **What does this mean for me?**

We all have a role to play in maintaining and improving the health and wellbeing of ourselves, our families and our communities, by trying to live a healthier way of life. However, we also need access to the health and care services that we need, when we need them.

#### *Joined up care*

Joining up the different parts of our health and care system and enabling them to communicate effectively will allow us to best meet the needs of our population and ensure we do not miss opportunities for prevention and early intervention.

#### *Independent lives*

We want people to feel supported to live the life they aspire to, by helping them earlier and more efficiently. Providing the necessary care and support at home and in communities can enable people to live independently for longer and reduce unnecessary admissions to hospital.

#### *Prevention and early intervention*

People should feel supported to choose healthy and active lifestyles and improve their own physical and mental health and wellbeing. Some people will need more support than others but all partners should be doing what they can to provide the information and support for people to make positive lifestyle choices.

**Our priority as a partnership is to ensure we have a health and care system that is fit for purpose and can manage the challenges of increasing demand, support those with long-term conditions and help residents take responsibility for improving their own health outcomes.**

#### *What is the local picture?*

The life expectancy in Somerset has increased by around 2 years in the last 15 years, with men now expected to live until 80.5 years and women 84.1 years. This is higher than for the national average.

As life expectancy increases, the period of time spent in ill health also increases. We now expect the last 16 years of life to be spent in ill health and in the next 20 years we may see a doubling in dementia rates.

In some of our communities in Somerset, 20% of the adult population are living with a disability and over 7% of adults are recorded on GP registers for depression.

The way health and social care services are delivered may become unsustainable if demand continues to increase and our population gets older, with more long term conditions.



**Somerset Health and Wellbeing**

## What next?

- You can view the strategy online (provide link) or a copy can be sent to you to comment on
- You have 10 weeks to respond
- Once the consultation has taken place and local residents and organisations have had a chance to comment, the final draft of the strategy will be produced and presented to the Health and Wellbeing Board later in the year
- The strategy will be reviewed regularly against clear measures and objectives established through an accompanying action plan.

## Please tell us what you think.

Do you agree with the overall vision?	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Did not answer Free text comments:
Do you agree we are taking the right approach?	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Did not answer Free text comments:
Do you support the four strategic priorities?	Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Did not answer Free text comments:
How relevant is each of the strategic priorities for you or your organisation?	
<b>Priority one:</b> A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	Very relevant Quite relevant Not relevant Not at all relevant
<b>Priority two:</b> Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	Very relevant Quite relevant Not relevant Not at all relevant
<b>Priority three:</b> Fairer life chances and opportunity for all	Very relevant Quite relevant Not relevant Not at all relevant
<b>Priority four:</b> Improved health and wellbeing and more people living healthy and independent lives for longer	Very relevant Quite relevant Not relevant Not at all relevant
How would you like to be involved to support the delivery of the four priorities?	
What support from the Health and Wellbeing Board do you need to achieve this?	



<p>What type of organisation are you responding on behalf of?</p>	<p>Public Sector organisation  Private sector organisation  Voluntary, Community or Social Enterprise Sector  As a County, District or Parish Councillor  On behalf of a local community group  As an individual  Other</p>
---	---

DRAFT





Somerset Health and Wellbeing Board

24 May 2018

**The Better Care Fund 2017/18 to 2018/19 – Year End Report 2017/18**

Lead Officer: Author: Tracey Tilsley, Head of Business and Strategy, Somerset CCG  
 Contact Details: tracey.tilsley@nhs.net

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Stephen Chandler, Director for Adult Social Services Alison Henly, Chief Finance Officer and Director of Performance	11.05.18
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence, Chair	
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	09.05.18
<b>Summary:</b>	<p>The Better Care Fund (BCF) is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most. The BCF provides a framework for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF).</p> <p>This report outlines the year end 2018/19 position.</p>		
<b>Recommendations:</b>	<p>That the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> <li>• <b>Note the 2017/18 year end position</b></li> </ul>		
<b>Reasons for Recommendations:</b>	<p>The Local Authority and Clinical Commissioning Group have been working together to progress the two year BCF plan for 2017/19.</p>		
<b>Links to Somerset Health and Wellbeing Strategy:</b>	<p>We have been working together as a health and care system for some time and have an aligned vision and approach for our population. This vision outlines the need for a patient population to be able to access care or support that is joined up. This is further supported by the Somerset Health and Wellbeing Strategy which outlines our commitment to supporting people to live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-</p>		

	<p>quality and efficient public services when they need them.</p> <p>The Better Care Fund plan aims to improve care and support for people by providing a framework to support creating a more integrated approach across health and social care.</p>															
<b>Financial, Legal and HR Implications:</b>	<p>The funding for 2017/18 and 2018/19 in summary is:</p> <table border="1"> <thead> <tr> <th><b>Contribution</b></th> <th><b>2017/18</b></th> <th><b>2018/19</b></th> </tr> </thead> <tbody> <tr> <td>Total Local Authority Contribution</td> <td>£3,755,754</td> <td>£4,045,252</td> </tr> <tr> <td>IBCF contribution (LA)</td> <td>£12,083,687</td> <td>£16,359,653</td> </tr> <tr> <td>CCG Total Contribution</td> <td>£35,842,859</td> <td>£36,523,873</td> </tr> <tr> <td><b>Total Pooled Budget</b></td> <td><b>£51,682,300</b></td> <td><b>£56,928,778</b></td> </tr> </tbody> </table>	<b>Contribution</b>	<b>2017/18</b>	<b>2018/19</b>	Total Local Authority Contribution	£3,755,754	£4,045,252	IBCF contribution (LA)	£12,083,687	£16,359,653	CCG Total Contribution	£35,842,859	£36,523,873	<b>Total Pooled Budget</b>	<b>£51,682,300</b>	<b>£56,928,778</b>
<b>Contribution</b>	<b>2017/18</b>	<b>2018/19</b>														
Total Local Authority Contribution	£3,755,754	£4,045,252														
IBCF contribution (LA)	£12,083,687	£16,359,653														
CCG Total Contribution	£35,842,859	£36,523,873														
<b>Total Pooled Budget</b>	<b>£51,682,300</b>	<b>£56,928,778</b>														
<b>Equalities Implications:</b>	None															
<b>Risk Assessment:</b>	In common with all aspects of the health and social care economy there is a risk that the fund will not be sufficient to meet the rising demand associated with local demographic changes.															

## 1. Background

- 1.1. The Better Care Fund is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most. The BCF provides a framework for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF). The 2017 Budget announced an additional £2 billion to support social care in England. This money is included in the IBCF grant to Local Authorities and will be included in local BCF pooled funding and plans.
- 1.2. Both the Local Authority and the Clinical Commissioning Group have progressed the BCF plans and a 2017/18 year end position was submitted to NHS England on 20 April 2018 in line with the assurance timeline. This was signed off by Director for Adult Social Services, Somerset County Council and Alison Henly, Chief Finance Officer and Director of Performance, Somerset CCG on behalf of the Joint Commissioning Board.

## 2. Metrics

- 2.1 The following metrics are monitored through the Better Care Fund. Appendix One details the progress against these metrics.

### **Non-elective Admissions**

- 2.2 We are not on track to meet targets for Non-elective admissions. This is due to a sustained increase (and further increase over the winter period) in emergency admissions during 2017/18 to date correlating with an increase in A&E attendances and ambulance arrivals.
- 2.3 The Academic Health Science Network (AHSN) was requested by the Somerset A&E Delivery Board to undertake a growth review upon A&E attendances and emergency admissions on both a Somerset wide and Provider basis. This compliments detailed analyses upon Emergency growth at Taunton and Somerset NHS Foundation Trust which was requested by the A&E Delivery Board; a Short Task and Finish Group was convened to bring this work together.
- 2.4 In addition, Health are looking to further develop Community schemes that will have a positive impact on reducing Emergency Admissions.

### **Permanent Admissions to Residential Care**

- 2.5 We are not on track to meet the target. February 2018 figure shows a projected year end figure of 675, one per 100,000 population. This is a slight improvement on the figure reported at Q3 (681.4) but is still some way from the target of 520. Providing the right health and social care capacity to keep more people at home is difficult without changes elsewhere in the whole system. Expectations are set by the wrong conversations and low aspirations for independence. This year has also seen a rise in "new" placements to social care following a capital drop from self-funding.
- 2.6 This rate has reduced marginally since the last report, with an emphasis on homecare and the home first initiative helping discharges. However we have missed the annual target and failed to continue with previous years improvements in line with expectations.
- 2.7 The health system needs to be able to support health needs at home as well as social care addressing some of the capacity issues in their workforce. Health are looking at investment in Community Services for 2018/19 and Social care are working with providers on capacity and capability solutions.

### **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services**

- 2.8 We are on track to meet the target. 2017/18 performance confirmed as 92.36% (previously this was only draft) compared to a target of 91.8%.
- 2.9 We continue to provide good quality reablement and other care options that keep people out of hospital for more than 90 days. This has been further strengthened by a therapy and reablement based "Home First" model.

### **Delayed Transfers of Care**

- 2.10 We are on track to meet the target. The volume of admissions and presentations to the urgent care system in Somerset have increased considerably this winter, negating some of the good work in reducing delays and necessitating escalation beds to still be opened. Length of stays are reducing though due to less DToC's.
- 2.11 Given the description of the challenges, the impact of Home First and significantly reducing delayed transfers of care has enabled the urgent care system to continue to function despite the huge increase in demand.
- 2.12 There is a need for continued support for joint risk share and financial models across the NHS and Social Care to allow investment in peoples independence and to obtain the best outcome for individuals.

### **3. High Impact Change Model**

3.1 The high impact change model offers a practical approach to manage transfers of care. It can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for action they can take to reduce delays throughout the year. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes.

It is included in the BCF national conditions for 2017/18 to 2018/19 and therefore we are required to report against it at part of the BCF.

#### **Early Discharge Planning**

- 3.2 The volumes of admissions and capacity of acute hospitals has increased the pressure and meant working with more patients and families earlier. Joint working on wards has led to clarity on issues of plans for discharge. This has been picked up by Home First discharge to assess.
- 3.3 Engagement with patients/carers /community services and primary care continues as part of this process. Joint planning starts early in acute settings and we need to share this learning with our community hospital settings where resources and decisions are not as focused. This will create a mature system as a whole.

#### **Systems to Monitor Patient Flow**

- 3.4 Systems are in place to monitor patient flow and there are no significant challenges to date.

#### **Multi-Disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector**

- 3.5 Teams are in place and there are no significant challenges to date.

#### **HomeFirst/Discharge to Assess**

- 3.6 Capacity to provide increased amounts of care at home, including therapy, is stretched due to more traditional bed based models remaining in the community system at present. However, Finance for 2018/19 has been secured as the system recognises the importance of the Home First model both for DToC's as well as the patient experience and recovery.
- 3.7 The consultancy company Impower is working with Somerset to help us align and understand benefits and how some principles could be transferred to admission avoidance. We have indicated to NHS England that any other such national reviews of discharge to assess would be helpful. NHS England is also looking at the Somerset work to share excellent and integrated practice in this area.

#### **Seven-day Services**

- 3.8 Challenges have been identified with operating 7 days per week and this has been identified as a priority area for the Somerset A&E Delivery Board for System Wide Urgent and Emergency Care.

#### **Trusted Assessors**

- 3.9 Trusted Assessors in place across acute and Social Care and there have been no significant challenges to date.

#### **Focus on Choice**

- 3.10 Communication materials have been developed for Home First and there have been no significant issues to date.

#### **Enhancing Health in Care Homes**

- 3.11 A new approved Treatment Escalation Plan has been devised and will now be rolled out to homes. Quality improvement work has continued with care homes via the care home support team. A fair cost of care exercise has also been carried out and will be implemented Quarter one of 2018/19.

### **4. The Red Bag Scheme**

- 4.1 The red bag is an example of one initiative which is helping to improve communication between care homes and hospitals at all points of the resident's journey.
- 4.2 When a resident becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the resident's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items.
- 4.3 The Red Bag Scheme is now monitored through the Better Care Fund.
- 4.4 A single project group has been established for Somerset. However, there have been challenges regarding the funding for this scheme. Somerset has asked NHS England for support in provision of evidence from other areas where this

has been implemented on multiple sites

## **5. Summary of Year End Feedback on Delivery of the BCF**

- 5.1 The delivery of the BCF has contributed towards the delivery of the reducing delayed transfers of care across the Somerset System, particularly through a collaborative approach between health and social care.
- 5.2 Through the BCF we have progressed the four schemes we identified in 2016/17 in 2017/18:
  - Reablement
  - Joined upon person centric care
  - Improved discharge arrangements
  - and housing adaptations.
- 5.3 All these schemes have had a positive impact on the integration on health and social care in Somerset, although challenges remain.
- 5.4 The difficulties of health and care supply in some rural areas has made the approach to MDT working on hospital discharge challenging. A particular issue has been therapy resource which in many cases comes from more central resource due to a largely bed based community health system.

## **6. Progress on Integration**

- 6.1 Current integration initiatives continue to revolve around the hospital and social care interface as per BCF guidelines and targets. The Home First (D2A) model has now been expanded and funded into 2018/19 and includes cross organisation therapy and care overseen by joint strategic teams to ensure coordinated care that is right for recovery and a person's independence. Progress has now also begun on a joint Health and Care strategy for Somerset with significant change expected.
- 6.2 The sustained reduction in Delayed Transfers of Care has helped free up crucial resource for the huge increase in admissions that has been experienced in Somerset and nationally. The success of integrating joint therapy resource for use in the model has really worked and helped bridge gaps between NHS and social care therapists in particular with joint goals and shared learning. Success this quarter was evidencing the impact and securing ongoing system funding for the "Home First" service.

## **7. Options considered and reasons for rejecting them**

- 7.1. The BCF is a mandatory requirement from central government and NHS England. Therefore, there is no option not to adopt and progress a Better Care Fund plan.

## **8. Consultations undertaken**

- 8.1. Somerset County Council and the Somerset Clinical Commissioning Group have engaged and worked together on the progression of the plan.

## 9. Financial, Legal, HR and Risk Implications

- 9.1. Central government has introduced the Better Care Fund and the subsequent Care Bill by statute and Somerset would be in breach of this were it not to agree a plan. The CCG and Somerset County Council will need to re-enter into an agreement under Section 75 of the NHS Act 2006 for the Better Care Fund for 2017/19. The Act gives powers to the CCG and Local Authority to establish and maintain pooled funds, out of which payment may be made towards expenditure incurred in the exercise of prescribed Local Authority and NHS functions. The budgets which create the BCF will be pooled under this Agreement and jointly commissioned by the parties.
- 9.2. The funding for 2017/18 to 2018/19 in summary is:

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

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

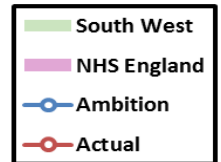
<b>Scheme</b>	<b>2017/18</b>	<b>2018/19</b>
Community Reablement and other social care schemes, including carers breaks	£26,710,491	£31,667,471
Person Centred Care	£18,216,055	£18,216,055
Improved Discharge Arrangements	£3,000,000	£3,000,000
Disabled Facilities Grant	£3,755,754	£4,045,252
<b>Total</b>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

## 10. Background papers

- 10.1. Appendix A – Better Care Fund Dashboard
- 10.2. The 2017/19 Integration and Better Care Fund Policy Framework can be found: <https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>
- 10.3. The Integration and Better Care Fund planning requirements for 2017/19 can be found: <https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

This page is intentionally left blank

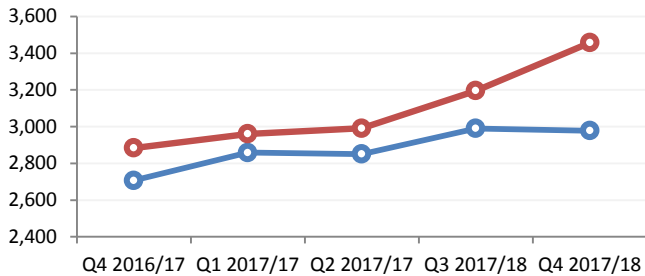




NHS

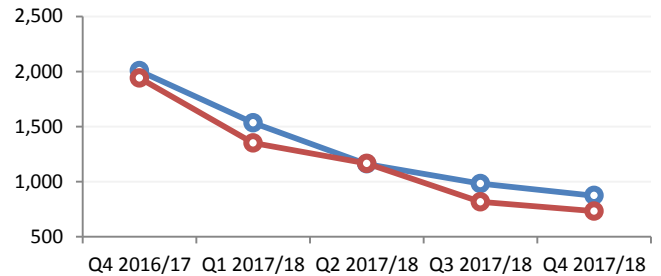
**Total Non-Elective Admissions**  
(General and Acute, all ages, per 100,000 pop.)

	Q4 2016/17	Q1 2017/17	Q2 2017/17	Q3 2017/18	Q4 2017/18
Planned	2,707	2,859	2,850	2,990	2,978
Actual	2,884	2,960	2,991	3,196	3,457
Variance	177	102	141	206	479



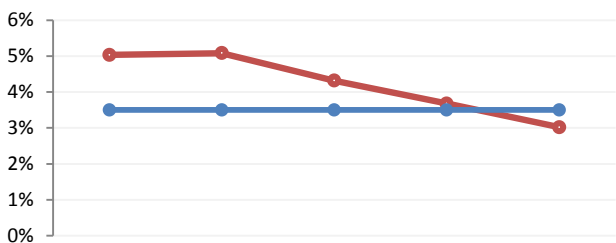
**Delayed Transfers of Care (Delayed Days)**  
(Age 18+, per 100,000 pop.)

	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Planned	2,006	1,535	1,161	982	873
Actual	1,941	1,351	1,166	817	733
Variance	-65	-184	5	-165	-140



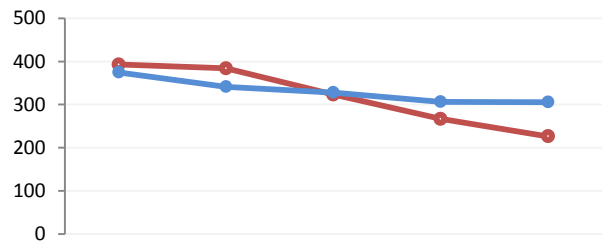
**Delayed Transfers of Care (Delayed Days)**  
(% Bed Base, Monthly, Includes Mental Health)

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	3.7%	3.0%	3.0%	4.0%	3.2%



**Delayed Transfers of Care (Delayed Days)**  
(per 100,000 pop., Monthly)

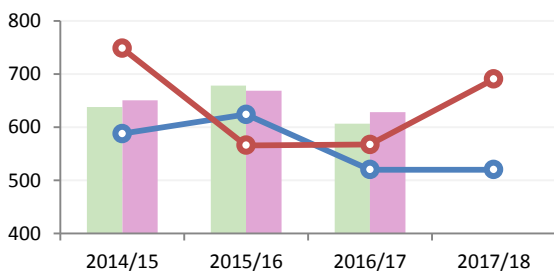
	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	266.9	226.4	225.4	268.2	239.2



COUNCIL

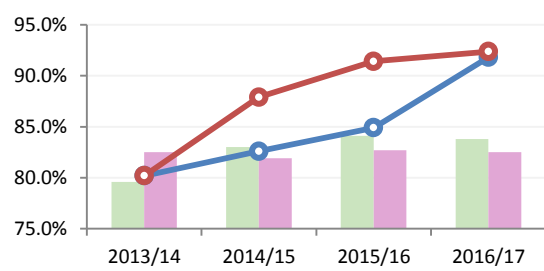
**Permanent Admissions of Older People to Residential and Nursing Care Homes**  
(Age 65+, per 100,000 pop.) \*

	2014/15	2015/16	2016/17	2017/18
Planned	587.8	624	520	520
Actual	748.3	565.9	567.3	690.3
Variance	160.5	-58.1	47.3	170.3



**Proportion of Older People Still at Home 91 days After Discharge into Reablement/Rehabilitation Services**  
(Age 65+ ) \*\*

	2013/14	2014/15	2015/16	2016/17
Planned	80.2%	82.6%	84.9%	91.8%
Actual	80.2%	87.9%	91.4%	92.4%
Variance	0.0%	5.3%	6.5%	0.6%



\* Stated actual 2017/18 figure is provisional as at time of publication

\*\* 2017/18 data unavailable until July 2018

This page is intentionally left blank

Somerset Health and Wellbeing Board

24 May 2018

Health and Wellbeing 2017/18 Outturn Performance Report

Lead Officer: Trudi Grant, Director of Public Health

Author: Amy Shepherd, Corporate Performance Officer

Contact Details: [aashepherd@somerset.gov.uk](mailto:aashepherd@somerset.gov.uk) 01823 359225

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Office (Director Level)	Trudi Grant Director of Public Health	02/05/2018
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	07/05/2018
<b>Summary:</b>	This report provides; an overview of 2017-18 performance in relation to the Health and Wellbeing (HWB) Board Priority Workstreams and duties and requirements and the refreshed HWB Board Plan on a Page for 2018-19 outlining the proposed priority workstreams and actions for the year ahead.		
<b>Recommendations:</b>	That the HWB Board: <ul style="list-style-type: none"> <li>• <b>Consider and note the 2017/18 outturn Performance Information available in Appendix A</b></li> <li>• <b>Approve the 2018/19 HWB Board Plan on a Page, available at Appendix B</b></li> </ul>		
<b>Reasons for Recommendations:</b>	<p>The Priority Workstreams outlined in the Plan on a Page are a key means of delivering the HWB 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 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>		
<b>Links to Somerset Health and Wellbeing Strategy:</b>	Links to delivery of all areas of the HWB Strategy		
<b>Financial, Legal and HR Implications:</b>	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.		
<b>Equalities Implications:</b>	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.		

<b>Risk Assessment:</b>	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 was adopted in 2013, setting out a shared vision for health and wellbeing across the County. The Strategy sets out three priority themes identified as being the most important things that would improve health locally.

Alongside the HWB Strategy, a HWB Board Plan on a Page is 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 2017/18 five priority workstreams were in existence, through which delivery of the HWB Strategy was enabled, these were:

- Workstream 1: To provide joint leadership for prevention across the County
- Workstream 2: To give system leadership to build strong, resilient and healthy communities
- Workstream 3: To drive and oversee new, integrated and sustainable models of care across the county
- Workstream 4: To further develop work to improve identification and early intervention to prevent Hidden Harm of Children
- Workstream 5: To identify and address the impact of housing on health

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

## 2 Outturn 2017/18 Performance Information

- 2.1 At the beginning of 2017/18, in consultation with the Lead Managers, actions, metrics (including numeric measures and supporting project and programme progress milestones) and national data set indicators were agreed in respect of each of the workstreams.

On a bi-monthly basis throughout 2017/18 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 18<sup>th</sup> January 2018.

- 2.2 Performance information has been gathered from Lead Managers at year-end on 31<sup>st</sup> March 2018 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)
<b>Workstream Actions</b>	1	2	12	0	0	1	11	3
<b>Local Measures and Milestones</b>	2	8	24	8	8	0	23	11
<b>Totals</b>	3	10	36	8	8	1	34	14
<b>As Percentage</b>	5%	18%	63%	14%	14%	2%	60%	24%

63% of statuses for workstream actions and local measures and milestones are rated green and are therefore on track to being achieved.

74% 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. 2018/19 HWB Priority Workstreams

A review has taken place of each of the 2017/18 priority workstreams to establish whether they should continue into 2018/19 or end.

A proposed 2018/19 HWB Board Plan on a Page reflecting the review and incorporating the proposed workstreams and actions, is available at **Appendix B**. The HWB Board is asked to approve the 2018/19 HWB Board Plan on a Page, upon doing so a Lead HWB Board Councillor will need to be identified for each workstream.

### 4. Options considered and reasons for rejecting them

4.1 N/A

### 5. Consultations undertaken

5.1 Meetings have been held 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** Scoping and progress meetings have been held with the Director of Public Health.

**5.4** 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** Appendix A – HWBB Scorecard 2017/18 to 31<sup>st</sup> March 2018.

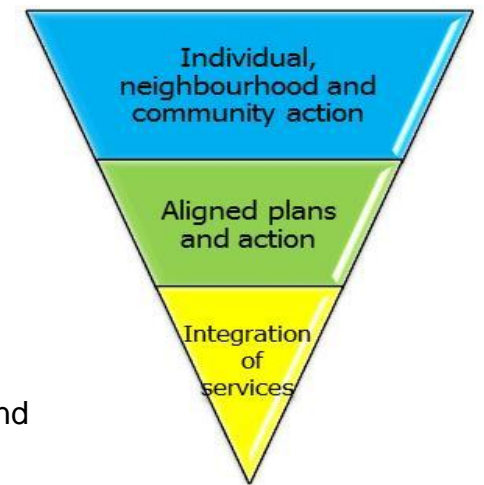
Appendix B – HWBB Plan on a Page 2018/19 (draft).

Health and Wellbeing Strategy for Somerset



This page is intentionally left blank





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.

<p><b>Workstream 1: To provide joint leadership for prevention across the County</b></p>	<p><b>Workstream 2: To support drive to improve joint working with Health at strategic and operational level</b></p>	<p><b>Workstream 3: To give system leadership to building stronger, resilient, healthy communities</b></p>	<p><b>Workstream 4: To provide system leadership to address multiple vulnerabilities and complex needs</b></p>
<p><b>Officer Lead and Board Member Champions:</b> Trudi Grant Cllr TBC</p>	<p><b>Officer Lead and Board Member Champions:</b> Rosie Benneyworth Cllr TBC</p>	<p><b>Officer Lead and Board Member Champions:</b> Teresa Harvey / Cllr TBC</p>	<p><b>Officer Leads and Board Member Champions:</b> Tracy Aarons Cllr TBC</p>
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• All Health and Wellbeing Board member organisations have an active prevention plan in place and can evidence the action against this.</li> <li>• To produce a new Health and Wellbeing Strategy.</li> <li>• To use the Boards influence to support the work to promote positive lives for children and adults in Somerset</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• To deliver the Better Care Fund ambitions</li> <li>• To develop and implement the Vision for the Future – a Health and Care Strategy for Somerset.</li> <li>• To improve partnership working for the health and care of children – in line with OFSTED recommendations</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• In partnership, to work closely with the voluntary and community sector to take local action to strengthen local community action for health and wellbeing.</li> <li>• To progress the priorities and ambitions of the Strategic Housing Framework in Somerset</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• To improve outcomes for people with complex needs who are insecurely housed</li> <li>• To improve health outcomes for people who have been in contact with the criminal justice system.</li> </ul>

**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.
---	---	--	--	---------------------	--	---

**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

This page is intentionally left blank

## Somerset Health and Wellbeing Board

24 May 2018

**Somerset Health and Wellbeing Board Annual Report 2017 - 18**

Lead Officer: Trudi Grant

Author: Christina Gray

Contact Details: [CZGray@somerset.gov.uk](mailto:CZGray@somerset.gov.uk)

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Office (Director Level)	Trudi Grant	8.5.2018
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	9.5.2018
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	09.05.18
<b>Summary:</b>	The paper presents the Annual Report of the Somerset Health and Wellbeing Board for the period April 2017 - March 2018		
<b>Recommendations:</b>	That the Health and Wellbeing Board <ul style="list-style-type: none"> <li>• <b>Accept and approve the annual report of the Board</b></li> </ul>		
<b>Reasons for Recommendations:</b>	This report summarises the work of the Health and Wellbeing Board (2017 – 18) against its statutory duties, its priority work programme and its influence and oversight		
<b>Links to Somerset Health and Wellbeing Strategy:</b>	The Board has a statutory responsibility for Somerset Health and Wellbeing Strategy		
<b>Financial, Legal and HR Implications:</b>	None identified		
<b>Equalities Implications:</b>	The Board has a duty to ensure that quality and diversity is addressed in its work		
<b>Risk Assessment:</b>	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 2017 - 18

1.2. The Health and Wellbeing Board has the 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 five priority work streams

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

The 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 A: Somerset Health and Wellbeing Board Annual Report 2017 - 2018

This page is intentionally left blank



# Somerset Health and Wellbeing Board Annual Report 2017-18



Somerset Health and Wellbeing

**Contents**

**CONTENTS.....2**

**MESSAGE FROM THE CHAIR.....3**

**INTRODUCTION .....4**

**COMMUNICATION AND ENGAGEMENT .....5**

**EQUALITY AND DIVERSITY .....6**

**AREAS FOR IMPROVEMENT .....7**

**SECTION 1 – FULFILMENT OF STAUTORY DUTIES.....8**

**SOMERSET HEALTH AND WELLBEING STRATEGY .....8**

**SECTION 2 – PRIORITY WORKSTREAMS 2017–18 .....11**

**SECTION 3 – SYSTEM OVERSIGHT AND INFLUENCE.....14**

**WHAT NEXT FOR 2018-2019.....16**

**APPENDIX 1 PLAN ON A PAGE 2017 - 2018 .....17**

**APPENDIX 2 SOMERSET PREVENTION CHARTER .....17**

**APPENDIX 3 HEALTH AND WELLBEING BOARD MEMBERS 2017 - 18 .....17**



## MESSAGE FROM THE CHAIR

This year the Board has focused on putting prevention at the heart of everything we do in Somerset. I am pleased to report that all six Somerset Local Authorities, Avon and Somerset Police, the Somerset Clinical Commissioning Group, the three NHS Foundation Trusts and St Margaret's Hospice Care have now signed the *Somerset Prevention Charter* and have backed this up with Prevention and Health and Wellbeing plans, which will turn the Charter into action. A particular cause for celebration from our joint efforts is the achievement of 1000 more children born into to smoke free homes in Somerset.



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 on reducing loneliness in our communities through local action and through the development of the Somerset Strategic Housing Framework.

The Board has had oversight of health and care plans being developed through the Somerset Sustainability and Transformation Plan, and more recently through the developing Somerset Health and Social Care Commissioning Strategy. A real success this year, through the Better Care Fund, has been the development of "Home First", a joint health and social care initiative which has been successful in supporting people to get to get back home after a stay in hospital.

I am delighted that this year Somerset became the first area in the country to formally agreed to have two Mental Health Champions, one for adults and one for children. This initiative is promoted through the Local Government Mental Health Challenge. I am also pleased to report that we have continued to work closely with the Children's Trust and to support the Children'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 use and mental health problems.

The Board has recently begun work on developing a new Health and Wellbeing Strategy for Somerset. Much has changed since 2013 when our current strategy was launched and we need a new vision and ambitions to take us into the future. The new strategy will be called *Improving Lives* and it will build on and extend the total place approach to prevention developed through our Prevention Charter. We will be seeking feedback on the new vision and priorities in the coming year and I do hope that you will take the opportunity to become involved.

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

A handwritten signature in black ink that reads "Cllr Lawrence". The signature is fluid and cursive.

**Cllr Christine Lawrence**  
**Chair Health and Wellbeing Board 2017–2018**



## 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 2017/18 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 End of Life Care led by Somerset Palliative Care Consultants and their teams supported by the Clinical Director from St Margaret's Hospice Care; and a workshop looking at Urgent and Emergency Care with presentations from the Chair of the CCG supported by the Urgent Care Board. Consideration was also given to new models of care, to equality and health and to the development of the future Health and Wellbeing 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 November the Board received the annual Healthwatch Report, which reported on work undertaken on Early Supported Discharge for Stroke Services, a review of mental health inpatient services and a survey looking at how people prefer to receive health advice and services. This year the Board said thank you and farewell to the Care Forum and in turn, welcomed Evolving Communities as the new Healthwatch partner in Somerset.

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 new models of health and care and to progress work locally which is focused on preventing loneliness. Board partners have participated in a Somerset-wide public consultation on the Somerset Strategic Housing Framework, supporting one of the Board's key priorities around Health and Housing. The multi-agency Stronger Communities for Somerset Group has undertaken a major engagement exercise using community researchers to speak to voluntary groups and charities about their views on social prescribing solutions, which will inform future decisions about this work.

During the year engagement conversations were started in support of the new Health and Wellbeing Strategy; this will move to full public consultation in June 2018.



## 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 featured 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.

This year the Board received a health report on Gypsy and Traveller Health and has supported work to further develop a Somerset Gypsy and Traveller Forum to foster better linkages between Gypsy and Traveller communities and the health system. Local Gypsy and Traveller representatives participated in the St Margaret's Hospice Fit for the Future Review, contributing their views about community needs and perspectives.



## 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 Housing Framework for Somerset addresses the impacts of housing on health, there remain a number of 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, this process is now being 'reset' in Somerset by the recently launched '*Fit for The Future*' programme 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 have a key role in supporting the Fit for the 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.

Building Stronger Communities has been a priority for the Health and Wellbeing Board since 2013. While good progress had been made in some areas, such as tackling loneliness, and the establishment of a Somerset Fund, a systematic approach has not yet been developed. Research, engagement and consultation undertaken initially for the STP, and subsequently in collaboration with Richmond Group exploring the viability of Social Impact Bond Funding, provides a strong basis upon which to grow and spread a more systematic approach.

Work on alcohol licencing and health which was taken forward in previous years has unfortunately stalled due to lack of impetus and difficulties in data sharing agreements. This work, focused on the identification of alcohol harm hot spots through Emergency Department data, an approach which has proved effective elsewhere in the country. This work was taken forward as part of the Somerset Academy Project, but as yet has not been fully resolved.

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.

The new Health and Wellbeing Strategy will be called *Improving Lives* and this will be moving to full public consultation in June 2018.

### 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](http://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 Ageing. To support the development of the new Health and Wellbeing Strategy, the Joint Strategic Needs Assessment for 2017-18 has focused on summarising all of the knowledge developed to date about

Somerset and its population health needs. A series of summary reports linked to web-based information will be published alongside the consultation on the draft Health and Wellbeing Strategy to the support consideration of future priorities

### **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) 2017/18**

The Better Care Fund brings together health and social care funding to support the integration of health and social care. The fund is an opportunity for local services to transform services and improve the lives of the people who need it the most. 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.

Through the Better Care Fund four schemes were progressed during 2017/18. These were:

- Reablement
- Joined-up person-centred care
- Improved discharge arrangements
- Housing adaptations

The total Better Care Fund for 2017/18 was £51,682,300. Performance is measured against a number of nationally set ambitions.

Somerset has made good progress on the ambition to reduce Delayed Transfers of Care (DToc), largely achieved through a new approach called 'Home First'. Whilst demands on the hospital system continue, this new approach supports people to get home quickly and safely.

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.

Both of these outcomes are important, because the longer people stay in hospital, the less good their long-term recovery is likely to be. So it's excellent to see that good progress is being made in getting people out of hospital and back home to regain their independence.

There is still further work to do to reduce unplanned admissions into hospital and the annual target was not met. The Somerset Clinical Commissioning Group is working with the Academic Health Science Network to try to understand the continued pressure on emergency admissions, and is exploring community health solutions to try to address this. Somerset County Council is looking with partners at how best to transfer the successes and principles of the discharge processes to help prevent admissions using joined-up and proportionate community health and care.

There is also further work required to reduce the number of permanent admissions to residential care. This has reduced slightly this year, largely as a result of the success of the Home First and Reablement Services, which have supported people get back to their own homes after a stay in hospital. However, the annual target has not been met. Further culture change in practice and greater public awareness will be required to achieve this.



## **SECTION 2 – PRIORITY WORKSTREAMS 2017–18**

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*

The development of the Somerset Prevention Charter has galvanised action around prevention and signatories all now have prevention plans in place or have these recognised in their corporate plans. The Board is collecting interesting and inspiring prevention stories which illustrate the many different forms which effective prevention can take. These are published on the Board webpages, and we welcome more examples.

A number of prevention business cases were developed to support the Sustainability and Transformation Plan (STP) and these are now also supporting the new Joint Health and Social Care Strategy for Somerset. This Strategy places specific focus on improving health and wellbeing and prevention of ill health. Tackling health inequality is an important strand of this work.

A new *Vision* for Somerset '*Improving Lives*' sets the scene for 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.

### **Workstream 2: To give system leadership to build strong, resilient and healthy communities**

*Leads: Teresa Harvey, Chris Phillips, Mark Leeman, Pip Cannons*

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

Work has continued on addressing loneliness; this has been taken forward by district, town and parish councils and supported by voluntary sector colleagues through local action. District councils have active, strong leadership around dementia, adopting the Dementia-Friendly Charter and working with the NHS and County Council through the Dementia Strategy Group to promote a strong focus on living well with dementia. Led by Somerset County Council, a *Somerset Fund* has been established as an innovative step in developing a One Somerset approach to supporting community activity through grants, an area identified as a key gap by last year's State of the Voluntary Sector report.

Joint work through the STP around stronger communities has focused exploring on asset-based approaches and social prescribing for health and wellbeing.

### **Workstream 3: To drive and oversee new, integrated and sustainable models of care across the county**

*Lead: Stephen Chandler*

Local action saw an improvement in the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital and in delayed discharge from care. This was supported by Home First, a new programme focused on timely discharge to allow people to return home from hospital more quickly than previously. Despite an immensely challenging winter, this approach has enabled delayed transfers of care to not become an overriding issue in relation to hospital capacity.

### **Workstream 4: To improve identification and early intervention to prevent Hidden Harm of children**

*Lead: Alison Bell, Deborah Howard*

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 identify and address the impacts of housing on health and wellbeing**

*Lead: Tracy Aarons*

The Health and Wellbeing Board has actively supported the development of a Strategic Housing Framework for Somerset, which directly addresses the impacts of housing on health. The framework, which is currently under consultation, has a focus on homes to support independent living for all ages, affordability and the provision of good quality of homes of all tenures. Greater use of Health Impact Assessments within housing developments are proposed to ensure that new developments are designed to support and promote healthy living.

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 new approaches include trialling a night stop for adults, focusing on finding more permanent accommodation early on, looking at small supportive units of accommodation and developing a health coach approach to support wellbeing and healthy living. Feedback from users is positive and a collection of short videos, provided quarterly by organisations working within the Positive Lives framework, is building a strong record of the users’ experiences, which include moving into permanent accommodation, addressing health issues and gaining employment.

Work to create more effective housing outcomes for people living with mental health issues has proved to be a more difficult topic but there has been good support from agencies involved. The use of case studies has proved effective in understanding the issues from a client's perspective including how it 'feels' to be within 'the system' and has been helpful in understanding where improvements could be made.

## 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 recently begun 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 Children and Adults 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 of 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's 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 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. This year joint work has focused on issues of multiple vulnerability, exploitation and safeguarding.

## 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 2017/18.

*Overall System Resilience:* A new Somerset Health and Social Care Emergency Planning Group has been established to ensure that response plans across Somerset are joined up and organisations work collaboratively to achieve resilience. In addition, the Somerset Communicable Disease Incident and Outbreak Operational Response Plan will be finalised and tested in line with the PHE framework and plan template.

*Flu Immunisation:* Preparing for the 2018/19 flu season will continue to be a priority for the Health Protection Forum, due to the significant impact a significant flu season can have on the entire health and social care system. The health and social care system is already under great pressure during a regular winter season so it is vital that all arrangements are in place to ensure that there is an improved uptake of the flu vaccine (especially amongst frontline health and social care workers) and organisations are prepared and resilient in the event of an outbreak.

*Air Quality:* The Somerset Air Quality Steering Group has been meeting regularly to ensure the sign off of the Somerset-wide Air Quality Strategy.

*TB:* The TB strategy and action plan have progressed following a prioritisation exercise held at the network meeting in March 2017. Work continues to focus on implementing local action plan and ensuring there is equity of access to effective diagnosis, treatment, contact tracing and follow up of all patients, according to their needs.

## Annual Report of the Director of Public Health 2017

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 2017 this report covered End of Life Care and the importance of this as a public and population health issue. The report stressed the important role that families and carers play in the last months of life, and how strong communities can provide further support around them. It also urged the wide range of agencies involved in such care to work together effectively, and sent a message to everyone that informed preparation for the end of life could reduce the anxiety for individuals and their families.

## WHAT NEXT FOR 2018-2019

Somerset Clinical Commissioning Group (CCG) and Somerset County Council (SCC) have just launched a joint Health and Social Care consultation called 'Fit for the Future'. The "Fit for the Future" programme will 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 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

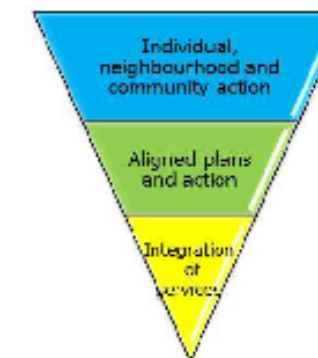


During the coming year the Health and Wellbeing Board will be publishing the new Health and Wellbeing Strategy for Somerset. Recognising that fostering good health and preventing ill health is about much more than health services, the new Health and Wellbeing Strategy will align with the *Somerset Vision* and will be called *Improving Lives*. The *Improving Lives Strategy* will set the scene for a new and exciting strategic 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 through the *Fit for the Future* programme ensuring timely access to health and other services.

2018 – 2019 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.

Health and Wellbeing Board  
Plan on a Page 2017 – 2018

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 2017 - 18

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.

<p><b>W1: To provide joint leadership for prevention across the county</b></p>	<p><b>W2: To give system leadership to build strong, resilient and healthy communities</b></p>	<p><b>W3: To drive and oversee new, integrated and sustainable models of care across the county</b></p>	<p><b>W4: To further develop work to improve identification and early intervention to prevent Hidden Harm of children</b></p>	<p><b>W5: To identify and address the impacts of housing on health</b></p>
<p><b>Officer Lead and Board Member Champions:</b> Trudi Grant Cllr Jane Warmington</p>	<p><b>Officer Lead and Board Member Champions:</b> Teresa Harvey / Mark Leeman / Chris Phillips / Pip Cannons / Carolyn Arscott Cllr Sylvia Seal</p>	<p><b>Officer Lead and Board Member Champions:</b> Steven Chandler Cllr Nigel Woolcombe –Adams</p>	<p><b>Officer Leads and Board Member Champions:</b> Alison Bell / Dorothy Mukasa</p>	<p><b>Officer Lead and Board Member Champions:</b> Tracy Aarons Cllr Keith Turner Cllr Nigel Woolcombe- Adams</p>
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Ensure that Prevention is effectively addressed in the implementation of the Somerset NHS Sustainability and Transformation Plan.</li> <li>Promote the Somerset Prevention Framework and Charter to local organisations</li> <li>Support organisations who adopt the charter to develop plans and actions to deliver prevention outcomes.</li> <li>Produce further three prevention case studies using the prevention framework to describe the type and level of the intended prevention and its actual outcome</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>To develop asset based approaches to support stronger communities in Somerset.</li> <li>Deliver a new Somerset Strategic Housing Framework to improve housing and related health outcomes for our communities.</li> <li>To develop the Let's End Loneliness in Somerset Programme through the District Councils and Somerset VCS Forum</li> <li>To be assured that the Dementia Multi-Agency Strategy is being taken forward in Somerset</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>To have effective oversight of the Better Care Fund and Improved Better Care Fund</li> <li>To have effective oversight of the Joint Commissioning Function</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Embed the ability of adult mental health services (crisis team, community MH services and mental health social work service) to identify if patients are being identified as parents with dependent children</li> <li>Embed the protocol of Hidden Harm, across adult mental health, domestic abuse and drugs and alcohol services</li> <li>Review Early Help Assessments (EHA) that identify adult mental health, substance misuse or domestic abuse needs.</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Create more effective housing outcomes for people living with mental health issues.</li> <li>Support the work of the Positive Lives Programme to improve the health of adults with complex needs through more appropriate housing related support solutions.</li> </ul>

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.
---	---	--	--	---------------------	--	---

Themes for Board Development Workshops 2017 – 18

- Board Governance and Development
- Health Inclusion and Equality
- Prevention
- End of Life
- New models of care / Sustainability and Transformation Plan for Somerset



Somerset Health and Wellbeing



# Somerset Prevention Charter

## OUR DEFINITION

*Prevention means different things to different people.*

It can be about:

- preventing harm,
- preventing the need for a service,
- preventing ill health and disease,
- preventing loss of independence,
- preventing risky behaviour
- preventing an existing problem becoming worse.

In essence it's all of these and more. We agree we need to keep a broad view of prevention so we do not miss opportunities to improve the lives of people in Somerset.

## OUR VISION

*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.*

## OUR PRINCIPLES

We agree that:

- Prevention is **everyone's responsibility**; we want children, families, communities and agencies to work together and develop knowledge and skills to live healthily
- We will develop accountability at organisation level for delivery against the charter through regular measuring of progress and achievement
- We want to help everyone to have a **good birth, a good life and a dignified death**
- We want to provide people **with the knowledge, skills, confidence and environment** to enable healthy living and minimise unhealthy behaviours that can lead to dependence on health and social care services



- Strategically, **a place-based, population, approach to prevention** is better; joined up activity and shared investment funding achieves the best outcomes and best value for money
- Prevention activity needs greater shared investment
- Prevention is **equally important** for physical and mental health, social, environmental and economic issues
- Helping people, families and communities **build protective factors and resilience** to prevent situations escalating or recurring is an important part of our prevention activity
- Providing the **right service** when needed, **in the right place at the right time** helps prevent situations escalating and reduces waste
- Effective prevention needs **joined up information** so all the issues facing people can be understood together and people can receive joined up help.
- **Sharing data** to enable better care, and anonymised data to understand population health, with necessary privacy safeguards, is essential
- We will be clear on what our strengths and weaknesses are and **find practical ways to improve**

## OUR ACTION

### We agree that:

- **We all** have a responsibility to consider prevention opportunities **for everyone**, and will lead by example
- **We will enhance the skills** of our front line staff and volunteers, through training, to make every contact count in addressing risks to health
- We need to improve the lives of Somerset people overall but focus our work to **improve the lives of the worst off fastest**
- We will **join up our prevention approach and resources** to maximise impact at population level
- We will **increase and refocus resources** allocated for preventative activity over time
- For services, prevention will be **done systematically** and built into our systems.
- **No door is the wrong door**, all our staff have a responsibility to help people get the right service at the right time, redirecting supportively if appropriate
- We will have **honest and open discussions** with individuals, families and communities about the issues, their responsibilities and that of public services.
- Where possible and appropriate we will **share information** to help provide people with better support. We will challenge each other and find practical solutions if appropriate information is not being shared.
- We will seek **change in local and national policies, or laws**, if such change would be most effective in improving prevention

## OUR COMMITMENT

We endorse the Somerset Prevention Charter, committing our organisation to the Vision and Principles and to work with our co-signatories and others to deliver Our Actions.

		
<p><b>Avon and Somerset Constabulary</b></p>	<p><b>Mendip County Council</b></p>	<p><b>Sedgemoor County Council</b></p>
		
<p><b>Somerset Clinical Commissioning Group</b></p>	<p><b>Somerset County Council</b></p>	<p><b>Somerset Partnership</b></p>
		
<p><b>South Somerset District Council</b></p>	<p><b>St. Margaret's Hospice Care</b></p>	<p><b>Taunton Deane Borough Council</b></p>
		
<p><b>Taunton and Somerset Hospital Trust</b></p>	<p><b>Yeovil Hospital NHS Trusts</b></p>	<p><b>West Somerset</b></p>

### Somerset Health and Wellbeing Board Members 2017-18

Cllr Christine Lawrence (Chair), Somerset County Council  
Cllr Frances Nicholson (Vice Chair), Somerset County Council  
Cllr David Huxtable, Somerset County Council  
Cllr Linda Vijeh, 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**

## Health and Wellbeing Board Work Programme – May 2018

Agenda item	Meeting Date	Details and Lead Officer
<b>Health and Wellbeing Board Meeting (11am start)</b>	<b>24<sup>th</sup> May 2018</b>	
Somerset Health Watch Report		Emily Taylor
Joint Strategic Needs Assessment		Pip Tucker
Improving Lives Strategy 2019 - 2029		Catherine Falconer
Health and Care Integration and New Models of Care		Rosie Benneyworth
Better Care Fund Report		Tim Baverstock/Stephen Chandler
HWBB Performance Report 2017/18 & Priority Work Programme 2018/19		Amy Shepherd
HWBB Draft Annual Report 2017/18		Christina Gray
Ofsted Inspection Update(to include SEND Inspection)		Julian Wooster/Annette Perrington
<b>Health and Wellbeing Board Meeting (11am start)</b>	<b>12 July 2018</b>	
Health and Care Integration and New Models of Care		Ian Triplow
Positive Mental Health for Somerset Annual Report		Mental Health Commissioner
Strategic Housing Framework		Mark Leeman
Healthy Weston Programme		Katie Norton CCG
<b>Health and Wellbeing Board Meeting (11am start)</b>	<b>27<sup>th</sup> September 2018</b>	

## Health and Wellbeing Board Work Programme – May 2018

Health and Care Integration and New Models of Care		Ian Triplow
Adult Safeguarding Annual Report		Stephen Miles
Safer Somerset Report		Lucy Macready
<b>Health and Wellbeing Board Meeting (11am start)</b>	<b>15<sup>th</sup> November 2018</b>	
Health Protection Forum Annual Report		Jess Bishop / Alison Bell
Annual DPH Annual Report		Pip Tucker / Trudi Grant