

# **SOMERSET HEALTH AND WELLBEING BOARD (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)**



**Thursday 26 November 2020**

**11.00 am Virtual meeting via Microsoft  
Teams**

To: The members of the Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus)

Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Ed Ford (Vice-Chair), Cllr D Huxtable, Cllr L Vijeh, Cllr R Wyke, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, M Cooke, J Goodchild, Trudi Grant, J Wooster, M Prior, A Murray, James Rimmer, Mel Lock and Cllr Cllr J Lock

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 18 November 2020

For further information about the meeting, please contact Jennie Murphy - [jzmurphy@somerset.gov.uk](mailto:jzmurphy@somerset.gov.uk) or Julia Jones - [jjones@somerset.gov.uk](mailto:jjones@somerset.gov.uk) or 07790577232

Guidance about procedures at the meeting follows the printed agenda and is available at [\(LINK\)](#)

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)

**Are you considering how your conversation today and the actions you propose to take contribute towards making Somerset Carbon Neutral by 2030?**



**RNID typetalk**

## AGENDA

Item Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus) - 11.00 am Thursday 26 November 2020

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

#### 1 **Apologies for absence**

To receive Board Members' apologies

#### 2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Council Website at [County Councillors membership of Town, City, Parish or District Councils](#) and this will be displayed in the meeting room (where relevant).

The Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

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

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

#### 4 **Minutes from the meeting held on 17 September 2020** (Pages 7 - 14)

The Board is asked to confirm the minutes are accurate.

#### 5 **Covid 19 - Dashboard**

To receive the report.

#### 6 **Integrated Care System - Workforce** (Pages 15 - 28)

To receive the report and comment.

#### 7 **JSNA - update** (Pages 29 - 78)

To receive the report.

#### 8 **Somerset Safeguarding Adults Board Plan and Annual Report** (Pages 79 - 174)

To receive the report.

#### 9 **Somerset Health and Wellbeing Board Work Programme** (Pages 175 - 176)

Item Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus) - 11.00 am Thursday 26 November 2020

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

10 **Any other urgent items of business**

The Chair may raise any items of urgent business.

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## Guidance notes for the meeting

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

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact Jennie Murphy on Tel: 01823 357628 or Email: [jzmurphy@somerset.gov.uk](mailto:jzmurphy@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 Jennie Murphy on Tel: (01823) 3550628 or email [jzmurphy@somerset.gov.uk](mailto:jzmurphy@somerset.gov.uk)

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

**If you wish to speak, please tell Jennie Murphy, the Board's Clerk, by 5pm 3 clear working days before the meeting (Friday 20<sup>th</sup> November)-** (01823) 355628 or email [jzmurphy@somerset.gov.uk](mailto:jzmurphy@somerset.gov.uk)

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

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

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

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

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

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

If when considering an item on the Agenda, the Board may consider it appropriate to

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

## 5. **Recording of Meetings**

The Council supports the principles of openness and transparency, it allows filming, recording and taking photographs at its meetings that are open to the public providing it is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone who wishing to film part or all of the proceedings. No filming or recording will take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Council's Monitoring Officer (Scott Wooldridge on 01823 355628) so that the Chairman of the meeting can inform those present.

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

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

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

## **SOMERSET HEALTH AND WELLBEING BOARD (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)**

Minutes of a Meeting of the Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus) held in the Virtual meeting via Microsoft Teams, on Thursday 17 September 2020 at 11.00 am

**Present:** Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Cllr L Vijeh, Cllr R Wyke, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, M Cooke, Trudi Grant, J Wooster, M Prior and James Rimmer

**Other Members present:** Cllr M Best, Cllr C Lawrence, Cllr J Lock, Cllr T Munt and Cllr L Redman

**Apologies for absence:** Ed Ford, Cllr A Broom, Cllr D Huxtable, J Goodchild, A Murray and M Lock

Cllr Amanda Broom has stood down from her role on the Board and she was thanked for all her hard work and dedication of the years to this important area of business. A successor will be selected in due course.

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

There were no new declarations.

### 447 **Minutes from the meeting held on 16 July 2020** - Agenda Item 3

The minutes were agreed as an accurate record of the meeting.

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

There were no public questions.

### 449 **Covid-19 Dashboard** - Agenda Item 5

The Board had a verbal update from the Director of Public Health on the latest published data on the Covid Pandemic. The figures for 16 September 2020 are:

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- 1485 detected cases to date in Somerset
- 10 outbreaks being actively managed, 53 being kept under surveillance and 129 outbreaks have been closed.
- The latest rate per 100,000 (the R number) is 7.8 which is below the current regional rate and the rate for England.

The Board were given the individual rate of each District with the highest being Mendip. Fortunately, there have been no deaths linked to Covid 19 reported. There has been a large increase in the number of people getting ill with Covid but these are mainly in younger people and they are not needing hospital treatment at the moment.

The Board were given a strong message to share that the limited capacity for testing needs to be preserved for those needing a test for their work such Health Care workers. There was a recognised problem with the national portal

for booking tests and the Boards were assured this has now been rectified. The system is improving all the time but currently the limit for booking a test is 75 miles; it was recognised that this is not ideal, but capacity is being increased over the next couple of months.

The Board discussed the challenge of getting the right messages shared as there have been some instances of schools and workplaces asking people to have had a negative test before letting them return to work following an illness. It was confirmed that the advice being given to schools and workplaces that if someone is symptomatic, they need a test but if they have been asked to isolate following a possible contact then the test is not required unless they too display symptoms. After self-isolating for 14 days it was safe for people to return to work provided they did not have any symptoms. It was recognised that test results are now taking one or two days to be given and it was imperative that people continue to self-isolate while waiting for results.

A concern around PPE littering was raised and the advice given was that it should be regarded as hazardous waste and only picked up using appropriate protection and then hands should be washed for two minutes. The original messages about properly washing hands remains the best protection for everyone.

There was a suggestion that Community Nursing staff are not being given weekly tests as a routine and the Director for Public Health agreed to investigate and report back to the Board.

**The Somerset Health and Wellbeing Board: -**

- **Welcomed the update and**
- **Agreed to continue to reinforce the message- Wash hands, keep 2m distance and test only when necessary.**

450 **Homelessness-Health, Care & Housing MOU / Homelessness Reduction Board - Agenda Item 6**

The Board discussed a report from the Strategic Housing Group which proposed the establishment of a Homeless Reduction Board. The proposal arose from the paper discussed by the Somerset Health and Wellbeing Board in July 2020 entitled *Rough Sleepers and Complex Homeless -Covid response, lessons learned and planning for the future*. The report recommended that action was needed to deliver improved collaboration between the health, care and housing systems, in order to improve the health outcomes of homeowners, tenants and the homelessness population. In order to help achieve that, this report proposes the adoption of a Health, Care and Housing Memorandum of Understanding. The partnership response to protect both rough sleepers and those homeless with complex issues during the COVID pandemic has proven that improved collaboration at a senior leadership level can make a significant positive impact to the experience and health outcomes of this cohort of people. The report proposed the establishment of a Somerset Homelessness Reduction Board. That would sit within the governance framework of the Health and Wellbeing Board.

Improving Lives (the Somerset Health and Wellbeing Strategy) and the Somerset Housing Strategy were both adopted during 2019. Both recognise



that housing is a key social determinant and that housing conditions and housing circumstances are a driver of health inequalities. In order to deliver on health, care and housing priorities, it is widely recognised (nationally and locally) that enhanced collaboration is needed at a strategic/systems wide level. The first step to achieve this would be the establishment of a Memorandum of Understanding between partners to collaborate on matters relating to health, care and housing. This all had national legislative drivers including the following: -

- Health and Social Care Act 2012,
- Care Act 2014,
- Sustainability and Transformation Plans 2015 and the
- Homelessness Reduction Act 2017.

The proposed MoU contains specific 'indicators of success', including better strategic planning, better understanding of the preventative role of housing and greater collaborative care (among others). In order to achieve success, the MoU suggests that there are five areas that should be the focus of initial attention. These reflect priorities within the Somerset Housing Strategy and the Somerset Homelessness and Rough Sleeper Strategy:

- Rough Sleeping and Complex Homelessness
- Independent Living
- Climate Change – aspiring to zero carbon homes that deliver thermal comfort
- Gypsy and Travellers
- Health Impact Assessments

The response to the Covid Pandemic demonstrated the strong culture, within Somerset, of collaboration and innovation in relation to the Homeless and Rough Sleeper cohort and because of this Somerset was well placed to react to the call for 'everyone in' and established the Covid- 19 homelessness (Rough Sleeper) Cell. The resulted in providing safe accommodation and the wider provision of health and wellbeing services and support. The team of professionals across a range of crucial services grew rapidly and the trusted relationships formed during the initial phase have endured. There is now a significant determination to continue to improve lives for this socially isolated and vulnerable cohort into the future and work has already begun to embed this way of working as the new business as usual approach. Together this has avoided any outbreaks within the emergency accommodation whilst at the same time improving approaches to preventative healthcare, diagnosis testing (Hepatitis), substance misuse and mental health support. This has saved lives as a consequence of the valuable lifesaving skills training delivered over the same period representing a dynamic and agile partnership.

The Board discussed the report and the latest legislative developments in relation to evictions. It was noted that after 23 August 2020 landlords needed to give 6 months' notice to quit. Possession applications can be made after 20 September but there would inevitable be delays in bring these to Court as there is a backlog. It was suggested that anecdotally some landlords are evicting people illegally and the advice given was for tenants to sit tight and make contact with the Local Authority or the police as it is unlawful to forcible remove a tenant without a Court Order.

There was a discussion about gypsy and traveller sites and the difference between 'settled' sites and traveller sites and that these could not be collocated. There was also some discussion about the number of people living in cars and vans at the side of the road which is a particular problem in some districts. The Board were assured that this was being addressed with appropriate tenacity and resistance from landowners and the community was being pursued.

**The Somerset Health and Wellbeing Board: -**

- **Agreed to adopt the proposed Memorandum of Understanding - Improving Health and Care Through the Home in Somerset.**
- **Approved the establishment of a Somerset Homelessness Reduction Board (HRB) to sit within the governance framework of the Somerset Health and Wellbeing Board. The HRB to be operational before or during February 2021.**

**451 Fit For My Future Update-Review of Acute Mental Health Inpatient Beds - Agenda Item 7**

The Board had seen a report on the Mental Health consultation. The detailed feedback on the consultation was presented. This confirmed that 538 surveys had been returned, 732 people attended the 63 events organised to promote and discuss the consultation, and 3,538 people were reached through a Facebook Live event. Views regarding the consultation were very divided and polarised; 52% were opposed to consolidating services in Yeovil, principally due to travel distances, time, and costs and problems with public transport. Those in favour, 37%, felt this way based on safety and the quality of facilities. The highest number of returned surveys were in the Wells area, where the proposals were strongly opposed; excluding those areas, the majority of survey response—54%--were in favour with 33% against. The range of views were proportionately the same whether garnered from surveys, face-to-face meetings, or Facebook live events. The detailed report from Participate (the independent consultants) was in the published agenda pack.

Following up the consultation feedback, the next steps will be:

- Consideration given to the feedback from the consultation and the impact this has on the proposal taken to the public during the consultation.
- Considering the findings of a travel sub-group to explore and identify options to mitigate the travel issues raised through the consultation
- Collecting feedback from scrutiny committees and the Health and Wellbeing Board
- Bringing a Decision-Making Business Case (DMBC) to the CCG Governing Body on 24th September.

The Board discussed the report in detail and the following points were raised:

- Concern about travel times and the fact that for some their nearest service might be in the neighbouring county. Assurance was given that the 'cross-border' arrangements are in place and these would not be impacted by the proposed moved of some acute beds from Wells to

Yeovil. The rationale for the move was to provide a better and safer service for those who needed to access acute mental health beds in Somerset.

- Concern about the focus of services in the Southern part of Somerset. The Board were assured that someone in crisis would be taken to the nearest appropriate facility and that still could be out of area if that was nearer.
- There was some discussion about the difficulty of getting to either of the proposed locations if one was relying on public transport and for families visiting this could be quite a challenge.
- It was confirmed that the acute beds in question were for those aged over 18.
- A concern was raised about the risk of people living in the north and east of the county could become invisible and the need for assurance that the community-based service would be sufficiently strengthened to support the proposed move. The Board heard that there is a current recruitment drive to employ up to 90 new Community Psychiatric Nurses (CPNs). The Board were reminded that Mindline operate 24hours 7days a week across the County.

**The Somerset Health and Wellbeing Board: -**

- **Welcomed the update and detailed report setting out the progress with the mental health consultation and the findings of the independent report compiled by Participate.**

**452 SEND Update-Supporting Our Children & Young People with Special Educational Needs & Disabilities - Agenda Item 8**

The Board had a presentation on the inspection of Special Educational Needs and Disabilities (SEND) provision in Somerset. There was an inspection by Ofsted and the Quality Care Commission (CQC) in March 2020. The focus was conducted a joint inspection of the local area of Somerset to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014 as detailed in the SEND Code of Practice (2015). The inspectors identified significant concerns in relation to statutory duties which requires a Written Statement of Action (WSoA) by both the CCG and the Local Authority by the 30<sup>th</sup> of September (deadline was extended following the inevitable delays resulting from the pandemic).

It is important to note that 60% of local areas inspected nationally have been required to produce a WSoA. This is a result in the exponential raise in ECHPs (Education and Health Care Plan). In Somerset this has risen from 1,690 in January 2019 to 2,024 in January 2020. This represents 2.6% of all pupils. The resultant increase in spend is reflected in the revised budget being £7million more than already increased budget of £54million. In addition to the 2.6% of pupils with an ECHP there are 15.4% of pupils with a Special Education Need (SEN) representing 12,217 pupils.

There are some positive demonstrations of the effectiveness of the local area provision: -

- Joint working in the early years leads to effective early identification of children with complex needs.
- Speech and language therapy provision for young people in the Youth Offending Team is well established.
- The effectiveness of joint working in the early years supports timely and accurate identification of young children's needs
- Outcomes for children and young people with SEND in the 'West Somerset Opportunities Area' are improving because of better joined up working between services.
- Opportunities for co-production are improving. Leaders are increasingly responding to the views of parents through the strengthening relationship with the parents and carers forum.
- SENDIAS staff advocate exceptionally well for children, young people and their parents. The service is very well led.

The Written Statement of Action is required to address the following nine areas of weakness: -

- A need to work more closely with children and young people with SEND and their families to understand and learn from their experiences as the County develops strategies to improve the area. Inspectors recognised that there are many strengths in this area, but it was not consistent.
- There was a need to improve leadership capacity across services in Somerset to provide effective support to children with SEND.
- There is a need to continue to strengthen and embed partnership working across Education, the NHS, Public Health and Social Care.
- Improving joint commissioning arrangements between Somerset County Council and the NHS, to improve leaders' abilities to ensure they meet area needs, as well as improving outcomes and achieving cost efficiencies.
- The pathway for children with autistic spectrum disorder needs substantial development to address the poor service too many families are receiving.
- A need to extend inclusive practice in schools across the local area and in turn reduce exclusion rates which currently mean too many children and young people are not accessing education.
- A need to improve the outcomes for all children with SEND, through ensuring effective identification of needs and the right support to make the difference for children.
- The multi-professional assessments and planning required for Education, Health and Care Plans needs to be carried out more swiftly.
- The quality of professional input for Education, Health and Care Plans needs to be at a consistently high level.

The Board were assured that considerable progress had already been made following a meeting with The Department of Education. An Improvements Boards has been established, chaired jointly by the Somerset County Council and the CCG Chief Executive Officers. There have been briefings and surveys to capture the views of a wide range of Service Users, Organisations, Governors and Trustees. In all there have been over 200 meetings with more consultations to follow.

The SEND Improvement Board are responsible for monitoring progress and are on track to submit the Written Statement of Action by the September 30<sup>th</sup> deadline and are confident that it will make a significant difference.

**The Somerset Health and Wellbeing Board: -**

- **Welcomed the update and asked to be kept informed of progress.**

**453 Somerset Health and Wellbeing Board Work Programme - Agenda Item 9**

The Board agreed the Forward Work Programme.

**454 Any other urgent items of business - Agenda Item 10**

There were no other items of business.

**(The meeting ended at 1.10 pm)**

**CHAIR**

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**ICS Workforce Programme 20/21**

Lead Officer: Chris Squire, Director HR & OD

Author: Jane Graham, Workforce Programme Manager for Somerset ICS

Contact Details: 07765155626

<p><b>Summary:</b></p>	<p>This briefing paper is to provide the Health and Wellbeing Board with a short overview of the Somerset system workforce programme key priorities for 20/21, being coordinated by the ICS Local Workforce Action Board (LWAB)</p> <p>It also provides an update to the paper presented to the HWBB in January 2020, the context to LWAB’s revised direction of travel this year and an outline of our wider work with Breaking Barriers Innovations (BBI) to address key workforce challenges in Somerset’s health and social care sector</p>
<p><b>Recommendations:</b></p>	<p>That the Somerset Health and Wellbeing Board</p> <ol style="list-style-type: none"> <li>1. Notes the report and provides feedback on the information</li> <li>2. Notes the areas where there are synergies between LWAB’s workforce programme and more specifically the work of the BBI Programme and the HWBB forward plan</li> <li>3. Agree an update from LWAB at an appropriate frequency, built into the HWBB forward plan</li> </ol>
<p><b>Reasons for recommendations:</b></p>	<p>LWAB’s work programme priorities have a wide span of influence &amp; synergy with a number of interconnected programmes of the HWBB looking to improve the resilience, agility and capacity of the health and social care workforce to improve outcomes for all residents.</p> <p>To this end, it is important to build on the strength of connection between the HWBB and LWAB, to support a wider understanding of the LWAB vision and priorities for 20/21 and to identify areas of synergy and/or collaboration to improve impact</p>
<p><b>Links to The</b></p>	<p><b>Please tick the Improving Lives priorities influenced by the</b></p>

<p><b>Improving Lives Strategy</b></p>	<p><b>delivery of this work</b></p> <table border="1" data-bbox="528 181 1449 656"> <tr> <td data-bbox="528 181 1273 309"> <p><b>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</b></p> </td> <td data-bbox="1273 181 1449 309"> <p>✓</p> </td> </tr> <tr> <td data-bbox="528 309 1273 436"> <p><b>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</b></p> </td> <td data-bbox="1273 309 1449 436"> <p>✓</p> </td> </tr> <tr> <td data-bbox="528 436 1273 521"> <p><b>Fairer life chances and opportunity for all</b></p> </td> <td data-bbox="1273 436 1449 521"> <p>✓</p> </td> </tr> <tr> <td data-bbox="528 521 1273 656"> <p><b>Improved health and wellbeing and more people living healthy and independent lives for longer</b></p> </td> <td data-bbox="1273 521 1449 656"> <p>✓</p> </td> </tr> </table>	<p><b>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</b></p>	<p>✓</p>	<p><b>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</b></p>	<p>✓</p>	<p><b>Fairer life chances and opportunity for all</b></p>	<p>✓</p>	<p><b>Improved health and wellbeing and more people living healthy and independent lives for longer</b></p>	<p>✓</p>
<p><b>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</b></p>	<p>✓</p>								
<p><b>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</b></p>	<p>✓</p>								
<p><b>Fairer life chances and opportunity for all</b></p>	<p>✓</p>								
<p><b>Improved health and wellbeing and more people living healthy and independent lives for longer</b></p>	<p>✓</p>								
<p><b>Financial, Legal, HR, Social value and partnership Implications:</b></p>	<p>There are no financial, legal or HR implications for the Board to consider</p> <p>The work outlined in section 4 adds social value by building community capacity, increasing levels of collaboration, co-design/delivery with VCSE and independent care sector partners and improving long term workforce resilience into the Somerset health and social care system through the commissioning &amp; funding of projects</p>								
<p><b>Equalities Implications:</b></p>	<p>Equality and inclusion is integrated throughout the whole workforce programme as a cross-cutting theme as well as being articulated as core deliverables within the 5 year Workforce LTP and the 20/21 LTP Action Plan.</p> <p>The workforce programme aims to address inequality and widen participation amongst vulnerable groups and those with a protected characteristic (e.g. young people, care leavers, BME groups)</p>								
<p><b>Risk Assessment:</b></p>	<p>Risks are managed as part of LWAB's project management arrangements</p> <p>All projects that are within the auspices of the workforce programme are required to report to LWAB via highlight reports on a bi-monthly basis which includes assessed risks, mitigations and points of escalation to Board members</p> <p>LWAB's workforce programme is being supported by the ICS Collaboration Hub (programme management office)</p>								



## **1. Background**

### **1.1. Context**

In 2019, the workforce narrative for the Somerset system Long Term Plan (LTP) was signed off by NHSE/I. Somerset's LTP is the county's response to the (national) NHS LTP which sets out how to improve the quality of patient care and health outcomes.

**1.2.** The workforce narrative for the LTP was delegated to and coordinated by LWAB board members & outlines a set of deliverables to improve and support the resilience, growth and change needed within our future workforce.

**1.3.** In May 2020, the (workforce) LTP was reviewed & streamlined to produce a more focused, achievable workforce plan for 20/21 & was integrated with recommendations and outcomes from two interconnected pieces of work commissioned by LWAB in 2019: Breaking Barriers Innovations (BBI) and our local Our Shared Endeavour (OSE) colleague engagement programme to create an LTP Action Plan for 20/21 (Appendix 1: Plan on a page)

**1.4.** BBI (an independent research programme with the principal aim of supporting place-based transformation within public services across the UK) were commissioned to look at the following key challenge factors in Somerset which when combined, have a direct impact on the long term sustainability of our health and social care workforce.

- An aging population (those aged 75+ years projected to double in 20 years with the impact of people living longer with ill health and impact on health and care services)
- An aging workforce (25% of the combined health and social care workforce is over the age of 55 with Somerset NHS Foundation Trusts' community and mental health workforce having the highest % of >55 years across all NHS Trusts in the southwest)
- Youth (18 – 20) net outflow from the County – the annual emigration of the population, particularly 18 years and above

**1.5.** The impact is further compounded with wider social determinants such as poor transport infrastructure, digital exclusion and pockets of deprivation across the county affecting access to and opportunities for work in the health and social care sector

**1.6.** BBI delivered an indepth discovery report as part of Phase 1 of the programme. It made 4 recommendations to tackle the core challenge:

1. Create a sustainable trainee pipeline at all levels of competency

2. Developing a consistent approach and career pathway for health and care apprenticeships
3. Making greater use/connection with FE colleges in Somerset
4. Developing Somerset as a brand to attract recruits to entry level roles

**1.7.** BBI's premise and that of LWAB is that this is a fundamental/core challenge which needs to be reversed (albeit a challenge requiring sustained effort over a number of years) to maximise all of the interventions and system change being implemented

**1.8.** BBI are currently delivering phase 2 of the programme. This will involve:

- System adoption: ensuring the programme's vision has been communicated and socialised with all system leadership teams across the county (including Chief executives and their senior management teams). This paper forms part of this activity
- Education Provider engagement/ Market shaping: ensuring the training, upskilling and educational provisions needed are deliverable by a range of existing and new education providers in the market
- Community engagement design: ensuring the youth engagement model that is needed uses co-production methods with young people in Somerset and ensures interventions are responsive to the lived experience of young people in Somerset (this is currently being done through Your Somerset and Spark)
- National Government Alignment: presenting the strategic case for further support from Government including funding, national recognition, infrastructure (digital and physical) & policy development

**1.9.** A (virtual) launch event is being planned for December which will involve a wide range of stakeholders, including young people across Somerset, regional contacts and keynote speakers from national government.

## **2. Our strategic workforce outcomes**

In light of the new context in which we are operating and our strategic challenges, our system workforce outcomes have been streamlined and revised for 20/21. They include actions relating to the growth needed with new roles and new models of delivery, the development of our workforce as well as the specific work we are undertaking to attract, recruit and retain those from a younger age range into health and social care careers through our work with BBI and that being done under 'Proud to Care'.

**2.1.** We have developed six key outcomes which we're seeking to achieve to meet our overall vision:

1. A single view of the health and social care system workforce where

consistent workforce planning approaches creates a shared understanding of immediate workforce needs, demands and future requirements

2. Careers in health and social care are effectively promoted and understood by target groups in Somerset with improved routes in via apprenticeships, volunteering and work experience
3. Proactive recruitment activity is informed by effective workforce planning with reductions in vacancies and an increased number of 18 - 24 year olds within the Somerset health and social care workforce
4. An increase in the number of local graduate nursing associates and registered nurses entering and remaining in the workforce across the system
5. Somerset's health and social care workforce has increased capability and agility with increased skill mix across all sectors
6. Improved alignment of system required core competencies to programmes of learning increasing the flow of talent into the system and improving retention through talent development

**2.2.** A full-time programme manager has been appointed from April 2020 to support the nursing workforce development strategy for Somerset. Significant progress has been made including a committed timeline to achieve NMC approval for the delivery of nursing associate and nurse education via the University Centre Somerset, and an expansion in patient focussed learner placements and apprenticeships across the NHS, primary care, the independent care sector and other partners. This will ensure the future sustainability of the nursing workforce in Somerset and will contribute to the national growth requirement of 50k nurses by 2024.

**2.3.** LWAB has recently formalised the engagement with the VCSE and social care sector through the inclusion of Spark Somerset, Somerset's Registered Care Provider Association and Skills for Care as key members of the Board with a recently formed social care network group set up under LWAB, chaired by Skills for Care to be an influential voice in the workforce programme

**2.4.** A Primary Care Workforce Implementation Group, chaired by Somerset's Clinical Commissioning Group's Director for Primary Care has also been recently established as a formal LWAB sub-group to drive forward the workforce requirements within Primary Care, including supporting the growth needed in reimbursable roles (as part of the new GP Contract) and to support the Primary Care Networks with workforce planning activity via Somerset's Training Hub

### **3. Funding for the workforce programme**

LWAB projects and staffing infrastructure costs are resourced predominantly from HEE Workforce Development funding (WDF) that is received on a yearly basis. This has successfully enabled a number of projects to run, supporting the overall Somerset workforce programme and delivering transformational change. These include projects around:

- mental health upskilling between NHS community and acute services as the presentation of those with ill mental health to services increases
- assessing the social prescribing offer across the county and designing core competency frameworks and career pathways
- increasing the number of PEPs (Practice Educator) qualified social workers to support social work students across the County Council and NHS
- Implementing a programme of QI (Quality Assurance) training for a range of colleagues across sectors via the Somerset Quality Improvement Faculty (SQIF) to improve change management practice

**3.1.** This year, funding is also being allocated to projects which will support the delivery of the revised strategy, with some immediate multi-agency work starting to re-direct younger people into health and social care careers using our Proud to Care brand who are at risk of redundancy or who are unemployed (Universal Credit claims for Taunton, Bridgwater and Yeovil have increased by 78% from March – September 2020 for the 18 – 24 year age group).

**3.2.** A Proud to Care Apprentice has been recruited, funded by LWAB to support the existing Somerset County Council officers leading on the project to bring more capacity and investment into the system and deliver collaborative attraction initiatives (e.g. via career fayres and paid for advertising) with a number of partners involved.

### **4. Improving Lives Priorities and Outcomes**

**4.1.** The report directly contributes to all Improving Lives Priorities and Outcomes

### **5. Consultations undertaken**

**5.1.** Not relevant for this report

### **6. Request of the Board and Board members**

**6.1.** For Board members to note the contents of the report by way of an update to the work of LWAB and direction of travel

**6.2.** To feedback any areas where there are synergies between LWAB's workforce programme and more specifically the work of the BBI Programme and the HWBB forward plan

6.3. Agree an update from LWAB at an appropriate frequency, built into the HWBB forward plan

## 7. Background papers

7.1. Appendix 1: Plan on a page

## 8 Report Sign-Off

### 8.1

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	Click or tap to enter a date.
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

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## Somerset system LTP Action Plan 20-21 on a page

**Our vision:** A vibrant & agile health and social care sector, working together to attract, develop and retain young talent

Foundation work	<p><b>Workforce Planning</b> A single view of the health and social care system workforce where consistent workforce planning approaches creates a shared understanding of immediate workforce needs, demands and future requirements</p>
Cross –cutting themes	<p><b>Equality and Inclusion</b> Mainstreaming throughout all system work; promoting equality, civility, reducing inequality &amp; discrimination</p>
	<p><b>Digital</b> As an enabler, integrated throughout to achieve our vision</p>
Priority 1	<p><b>Talent attraction:</b> Careers in health and social care are effectively promoted</p> <ul style="list-style-type: none"> <li>• Somerset Proud to Care brand</li> <li>• Collaborative career presence (e.g. career fayres, HEI work) marketing and promotion throughout Somerset</li> <li>• Joint EVP: Unified health and social care brand</li> <li>• Volunteering</li> <li>• Work experience</li> </ul>
Priority 2	<p><b>Talent acquisition:</b> Proactive recruitment (based on workforce planning) to address workforce shortages</p> <ul style="list-style-type: none"> <li>• Including nursing &amp; AHP existing programmes, new roles (e.g. in Primary Care), new services (e.g. Integrated Care)</li> <li>• Joint recruitment campaigns</li> <li>• New entry routes via apprenticeships</li> <li>• Shared platforms (e.g. via Proud to Care/Somerset careers website/social media etc)</li> </ul>
Priority 3	<p><b>Talent management:</b> Creating workforce resilience, agility and capability</p> <ul style="list-style-type: none"> <li>• Leadership/talent management</li> <li>• Collaborative bank</li> <li>• Clear career pathways (Somerset Bus)</li> <li>• Health and care curriculum (Academy?)</li> <li>• Integrated training passport</li> <li>• Competency frameworks</li> <li>• Shared coaching and mediation pool</li> <li>• Digital literacy</li> </ul>

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## Somerset Workforce Summary, June 2020

### References:

Somerset Health and Social Care Workforce Strategy, Alison Alsbury, August 2018 (social care workforce data updated by Somerset County Council, June 2020)

Somerset Workforce Update presentation to the Health and Wellbeing Board, January 2020

Somerset Playbook Final Report & Action Plan, Breaking Barriers Innovations, May 2020

Somerset STP Apprenticeships State of Play, June 2020

Nurse Resourcing Deep Dive report, June 2019

Somerset Intelligence Network (SINe), English Indices of Multiple Deprivation, 2019

Demographic Profile of Staff in the South West, HEE, April 2020

### Key points:

- 1. Overall:** 16.3% of Somerset's jobs are in health and social care (compared to 12.8% nationally) representing £906m of Somerset's Gross Value Added to the economy
- 2. Ageing population:** Somerset has a below average population of 20 -39 age groups compared to the southwest and England; the number of those aged over 65, living alone and with a long term health problem or disability is projected to significantly increase over the next 15 years
- 3. Youth net flow out of Somerset:** there is a net flow of 18 – 20 year olds out of Somerset with West Somerset worst performing against the Social Mobility Index (2017 data) \* Rural West Somerset also has the highest proportion of deprived neighbourhoods
- 4. No university:** but 4 FE colleges (BTC, Richard Huish, Strode and Yeovil) where a diverse range of health and social courses, at different levels are offered
- 5. Ageing health and social care workforce:** 25% of the total health and social care workforce is over the age of 55 years. The average age of a social worker is 42 years  
The community and mental health service workforce, part of SFT (ex- Somerset Partnership) has the highest % (32) of over 55 years across all NHS Trusts in the southwest
  - 54% of practice nurses in Primary Care are over the age of 50 years
  - 36% of GPs in Primary Care are over the age of 50 years
  - 28% of the 'medical and dental' staff group are over the age of 50
  - 33% of the registered nursing workforce is over the age of 50 years
  - 36% of all non-medical staff are over the age of 50 years
  - 31% of adult social workers are 45 – 54 years (19% are 55 years+)
  - 20 % of children social workers are 45 -54 (11% are 55 years +)
- 6. Vacancies & turnover:** there are high numbers of vacancies in children's and adults social care (14% - 15%) with a net loss of (FTE) children's social workers (leavers/starters) in 19/20. There remain relatively high numbers of vacancies in mental health nursing (RMN):
  - 35% turnover in social care

- 39.3% in direct care
- 32% of registered nurses and 27% of care workers in social care – compared to 12 - 14% average for nursing in SFT for example

General nursing in acute has been largely stabilised due to the overseas nursing recruitment activity at YDH and SFT

7. **Equality & Diversity:**

- 10% of regional NHS workforce is BAME
- Somerset's NHS BME workforce is 10.7% compared to a BME population figure of 2% This high figure is most likely (although would have to be explored further) driven by the overseas nursing campaigns carried out by both SFT and YDH (Asian/Asian British is the highest ethnic group within the BME categories)

8. **Workforce supply shortages:**

- GPs
- Qualified social workers (including AMHPs)
- Adult, LD, neonatal and mental health nursing
- Radiography
- Radiology
- Psychiatry in older people's mental health services in particular
- Paramedic roles

National NHS led programmes – such as Bring Back Staff and returner schemes have supported filling vacancies in some key areas such as consultancy roles in medical and dental which is showing the lowest vacancy rate for some time. However, whether this is sustained post-Covid will need to be evaluated

9. **Apprenticeships:** 1100 apprentices have started since 2017, currently 791 learners on an apprenticeship programme. Particular successes have been delivery for Occupational Therapy (SCC/SFT and YDH), Social Work (SCC and SFT), Nursing Associates, Assistant Practitioners (YDH, SCC), Advanced Clinical Practice (YDH/SFT)
10. **Rurality:** Transport and access to facilities, services, employment, and housing is a particular issue for rural areas in Somerset with its geography and poor public transport links

**Recommendations/next steps**

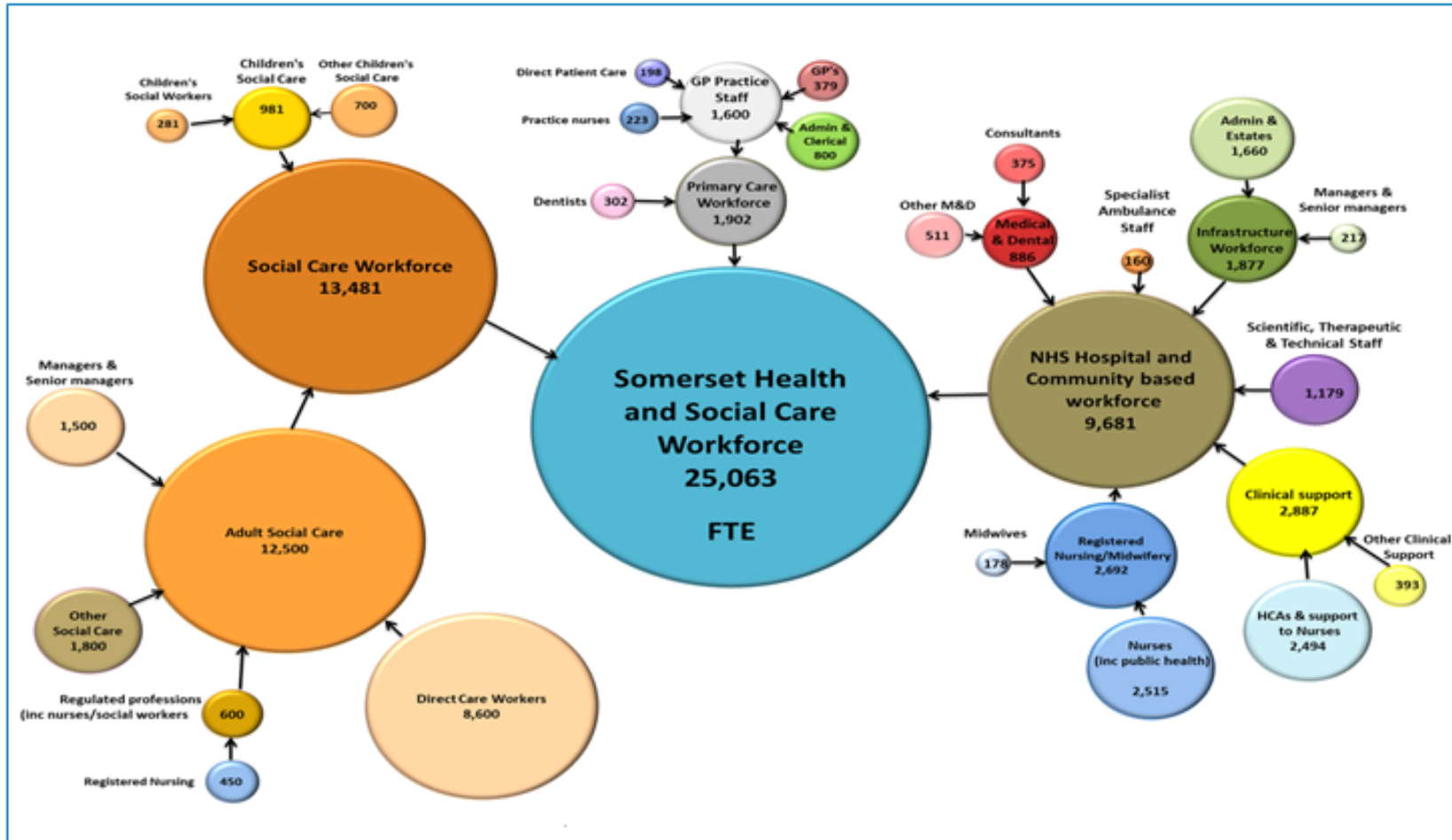
1. **Commission further workforce planning work, clearly scoped according to system need:** The 2018 system workforce planning exercise was carried out at a time when new clinical models of care, care/patient pathways were first being developed; there was simply not enough information to inform the system of the types & numbers of roles that would be needed (and the impact on learning pathways and curriculum development). Any further work needs to be based on a '**whole-system**', **place-based approach** with a focus on the types of skills and competencies we would need for different roles in the system to create agility and movement and resilience

Jane Graham  
Workforce Programme Manager  
Somerset ICS

# Current health and care workforce



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Presentation to the Health and Wellbeing Board, January 2020

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## Joint Strategic Needs Assessment (JSNA)

Lead Officer: *Trudi Grant, Director of Public Health*

Author: *Pip Tucker, Public Health Specialist*

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

<p><b>Summary:</b></p>	<p>The climate emergency is humanity's greatest long-term challenge. Unsurprisingly, it will have impacts on health.</p> <p>The direct effects on health in Somerset are less significant than in poorer and less temperate parts of the world. In some cases they may even be beneficial.</p> <p>The mitigation of climate change locally has great potential to improve overall population health as a 'co-benefit'.</p>
<p><b>Recommendations:</b></p>	<p><b>That the Somerset Health and Wellbeing Board</b></p> <ul style="list-style-type: none"> <li>• <b>Endorse the report</b></li> <li>• <b>Use the evidence to respond to climate change in Somerset</b></li> <li>• <b>Use the evidence to promote the complementary benefits of carbon reduction and public health.</b></li> <li>• <b>Incorporate appropriate performance indicators from the Somerset Climate Strategy into the monitoring of 'Improving Lives', notably in:</b> <ul style="list-style-type: none"> <li><b>Active travel</b></li> <li><b>Housing and planning</b></li> <li><b>Access to the natural environment</b></li> <li><b>Food and farming</b></li> <li><b>Flood risk</b></li> </ul> </li> </ul>
<p><b>Reasons for recommendations:</b></p>	<p>Somerset has declared a 'climate emergency', and is adopting a Climate Strategy: this report shows how the response to the emergency can also yield significant health benefits. The recent experience of Covid-19 has led to major social disruption, and the response and recovery from that can similarly enhance health and 'build back better'.</p>
<p><b>Links to The Improving Lives</b></p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p>

<b>Strategy</b>	<p>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services YES</p> <p>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment YES</p> <p>Fairer life chances and opportunity for all YES</p> <p>Improved health and wellbeing and more people living healthy and independent lives for longer YES</p> <ul style="list-style-type: none"> <li>• The JSNA considers how environmental sustainability can be maintained without having adverse impacts on health.</li> <li>• It is argued here that vibrant communities are both a contributor to and a 'co-beneficiary' of the response to the climate emergency.</li> <li>• This report identifies areas of Somerset and population groups most at risk from the climate emergency.</li> <li>• In particular, the report considers how environmental sustainability and healthier lives can be addressed together.</li> </ul>
<b>Financial, Legal, HR, Social value and partnership Implications:</b>	<p>There are no direct implications in this report. However, the wider implications need to be considered as part of the climate strategy.</p>
<b>Equalities Implications:</b>	<p>This report identifies areas of Somerset and population groups most at risk from the climate emergency.</p>
<b>Risk Assessment:</b>	<p>Any failure by commissioners to fully take into account the results of JSNAs and related data when taking commissioning decisions across agencies is very likely to have detrimental impacts on service improvement and delivery and the reduction of inequalities.</p>

## 1. Background

**1.1.** The breakdown of climate as a result of the human release of greenhouse gases such as carbon di-oxide into the atmosphere has the potential to transform the global environment. Impacts will vary considerably from place to place, but the scale and rate of change means that natural and human populations may be unable to adapt and suffer harmful consequences. This report considers what effects the changes likely to occur can have on human

health and wellbeing in Somerset.

**1.2.** Somerset public bodies have declared a 'climate emergency', with a commitment to become carbon neutral by 2040, as a local contribution to the change needed. This, too, will have a transformative effect on life in the county. Indeed, this mitigation is likely to have far greater impacts on public health than the environmental change itself. As a silver lining, the mitigation of climate change has in itself a positive impact on health and wellbeing, and this can be a powerful spur for the transformation required to achieve carbon neutrality.

### **1.3. Impact of changing weather**

The underlying element of climate change is a likely increase in global average temperatures of 2°C by about 2070. This is also the likely change for Somerset. The temperate climate of the county means that most of this variation will be within the range of 4°-27°C where direct health impact is negligible.

This does, though, reduce the length and frequency of time below 4°C, with a positive impact on health, and increase the length and frequency of time above 27°C, with a negative impact. At present, cold weather has more impact than hot, so in overall terms the health outcomes should be improved in future on this basis, certainly as measured (rather crudely) by numbers of deaths.

The extreme summer high temperatures are likely to increase, by approximately 2°C. These are occasional and whilst there is, at these temperatures, a linear relationship between temperature and health harm, it does not represent a qualitatively different threat.

The response to such extreme weather is already set out in the heatwave plan. The expected changes to the weather are within the range of preparations that it includes. The cold weather plan may need less frequent implementation, but the expected future climate will still include periods of cold weather; the frequency of snow is also likely to reduce, but the threat remains.

### **1.4. Flooding**

The combination of wetter winters and rising sea levels is likely to increase the frequency of flooding. Somerset includes the low-lying Levels and Moors, where some flooding occurs every winter. In 2013, an area of 65km<sup>2</sup> was flooded for over two months, with 280 homes inundated. The long-lasting health impact, especially in anxiety and depression for the residents affected, is well known. The blocking of road and rail links also hindered the provision of services.

A range of physical responses, such as dredging, bank building, road raising and the installation of pumps, has been put in place. This may reduce the number of dwellings affected, and the impact on settlements such as Muchelney, which was cut off.

Flash flooding – caused by sudden, intense rainfall, in summer thunderstorms as well as winter low pressure systems – is also likely to be more of a problem. This is far more unpredictable than winter flooding. The most valuable preparation is the development of strong, cohesive communities able to provide support to each other at very short notice – often before the emergency services can arrive.

## **1.5. Mitigation of Climate Change**

Reducing carbon emissions requires considerable behaviour change, a large proportion of which also has positive benefits for health. Making such change requires determination and leadership, and the health impacts may help 'sell' the transformation required. Examples include:

### **Housing**

Fuel poverty is a concern for about 10% of Somerset households. Better insulation, so that less carbon-emitting energy is needed to heat them can keep housing warmer more efficiently. Housing improvements for many will also need to include better ventilation and shading to reduce excessive summer heat.

### **Active travel**

Walking and cycling provide exercise, sometimes described as a 'miracle cure' for ill health. Reducing vehicular traffic strengthens communities, supports local shops, and improves air quality. Improving the infrastructure for active travel, such as traffic calming and cycle storage, can have positive feedback effects as the public feels safer walking and cycling. Replacing internal combustion engines with vehicles using electricity from renewable sources improves some aspects of air quality, but does not have the other co-benefits.

### **Food**

The majority of the Somerset population would benefit from a diet with a higher proportion of vegetables, especially fresh vegetables. A food system based on local production, with a limited intake of meat (no more than 70g/day according to NICE guidance) could have health benefits as well as reducing the production of the most potent greenhouse gases such as methane from livestock. This, though, sits in a highly complex network of relationships between land use, diet and farming practices, and cannot be reduced to a simple recommendation.

These three themes have their own workstreams within the climate strategy.

## **2. Improving Lives Priorities and Outcomes**

**2.1.** The JSNA considers how economic prosperity and environmental sustainability



can be maintained without having adverse impacts on health.  
 It is argued here that vibrant communities are both a contributor to and a 'co-beneficiary' of the response to the climate emergency.  
 This report identifies areas of Somerset and population groups most at risk from the climate emergency.  
 In particular, the report considers how environmental sustainability and healthier lives can be addressed together.

### 3. Consultations undertaken

3.1. This report is part of the wider Somerset Climate Strategy, and as such involves a very wide range of contributors. Further specific engagement is planned but still to be confirmed.

### 4. Request of the Board and Board members

4.1. The Board is asked to consider the contents of the draft report, and to discuss any further aspects of the climate emergency that need to be covered. We would also welcome the Board's views on how the findings should be communicated, and how they should be incorporated within the programme of work.

### 5. Background papers

5.1. *Previous JSNA reports are published at:*  
<http://www.somersetintelligence.org.uk/jsna/> .

### 6. Report Sign-Off

#### 6.1

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	19/03/20
	Cabinet Member / Portfolio Holder (if applicable)	Clare Paul	16/10/20
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	15/10/20

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# Somerset: Our County Joint Strategic Needs Assessment – Health Impacts of the Climate Emergency 2019/2020



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Foreword

**Welcome to Somerset's Joint Strategic Needs Assessment (JSNA) for 2019/20.**

In February 2019, Somerset County Council declared a Climate Emergency. As the Chair of Somerset's Health and Wellbeing Board, with responsibility for Public Health and Wellbeing, I believe climate change to be one of the biggest threats to the healthy future of our planet. It is timely that our JSNA focuses on this key global issue and considers in local terms how we can act to mitigate climate change and improve lives for future generations.

The JSNA sits alongside Somerset's Climate Change Strategy and has benefited from the expertise and input of a broad range of colleagues all working in partnership. I thank you all for that. It looks at the existing and potential health impacts we face as a county and how we can respond, not only in terms of health and care systems (contributing to national change), but as the people of Somerset, highlighting the argument locally, that small changes, hopefully by us all can make a significant difference.

Mitigation is the watchword; to enable us to thrive in the future, we need to evidence and act on the damage that has already been done, to reverse it where we can, to reduce our waste and ensure our carbon emissions are reduced. It's not an easy task, we know that, responsibility to mitigate climate change sits at every level of our society, from Government to individual, and we all have something to contribute.

This JSNA examines the effect of global warming and the increase in extreme weather events affecting our county. It looks at a range of key issues including housing, food, transport, wellbeing, employment, changes to our environment and biodiversity, and the importance of stronger and more resilient communities. It shows how reducing our carbon footprint and improving our health and wellbeing can and should go hand in hand.

As we are now discovering, due to the impact of COVID-19, helping and supporting each other and acting together to reduce the spread of this virus has implications for how we in Somerset, tackle climate change. The reaction to the pandemic demonstrates how we can modify our behaviours for the public good.

This JSNA makes fascinating reading and it is not, by any means, all negative news. The real focus is on studying the evidence, recognising what we can expect, and understanding how we can act and what this all means for the county's future and indeed the planet's future.



**Cllr. Clare Paul** – Chair  
Health and Wellbeing Board



**Trudi Grant**  
Director of Public Health

## Executive summary

### **Part 1 – The impact of climate change on health**

There will be changes in health need in coming decades as a result of climate change, and the health and care system will need to respond to them. The weather's variation from year to year, indeed from day to day, means that the necessary responses are best thought of in terms of risk.

- Extreme conditions – heat, cold, floods and droughts – have the greatest adverse impacts on health.
- The risks associated with heatwaves are likely to increase considerably by the second half of the 21<sup>st</sup> century.
- The risks associated with cold snaps (and impact on 'winter pressures') are likely to be lowered by the effects of global warming.
- The most vulnerable in heatwaves are people with circulatory and respiratory conditions; this group may, though, benefit from reduction in winter cold.
- People in poor housing will continue to have poor health outcomes associated with heat and cold.
- The risks associated with flooding will rise. This will be particularly in the 'usual' flood zones (such as the lowland moors and low-lying coastal areas) and the 'rapid rise catchments' vulnerable to flash flooding, but no areas are exempt. The biggest health impact is mental.
- Flooding will affect provision of services, notably home-based social care.
- The risk of Lyme disease is likely to rise, as may West Nile virus.
- Longer term effects, within Somerset but probably to a greater extent in the poorer and environmentally marginal parts of the world, may have economic and social consequences with highly unpredictable and almost certainly harmful results.

## **Part 2 – Mitigating and Adapting to Climate change**

The response to climate change depends decisions made at the international, national and local level. In Somerset, the Climate Emergency Strategy is the principal vehicle for coordinating action, and it is through this that the Health and Wellbeing Board, and its members, will tend to respond.

- *Housing*

The climate emergency highlights the important link between health and housing, and low-carbon dwellings are typically healthy dwellings. Stressing the gains to be had in health, including reducing the costs of treatment, reinforces the value of improvements in insulation, ventilation and heating, especially through better design, that can help towards carbon neutrality.

- *Transport*

Active travel – walking and cycling – is good for health, both physical through exercise and mental through increased social contact. It is also carbon neutral, so shifting from cars to active travel is beneficial for both health and climate. Electric vehicles reduce hydrocarbon emission (and thereby low-level ozone), some particulates (compared to diesel) and carbon dioxide from the vehicles directly but do not have the social benefits. Making such changes while addressing the needs of rural areas is a particular challenge.

- *Food*

A reduction in consumption of dairy products and meat (especially highly processed) may produce health benefits for the majority of people; these foodstuffs tend to have a higher carbon footprint than vegetables or grains. In a rural county where food production is more important economically than the national average, a multiplicity of factors come into play. This includes the relationship between farming, biodiversity and land-use, and how this can affect other elements such as the risk of flooding.

### **Conclusion**

Climate change will see weather patterns change, and so will environmental risks to health. Preparation for flooding of all sorts may be the biggest requirement. The Health and Wellbeing Board has the opportunity to engage with carbon reduction initiatives in order to maximize the health benefits of mitigation.

## Introduction

Whilst the earth's climate has never been static, recent decades have seen the beginnings of dramatic changes as a result of greenhouse gases being released into the atmosphere by human activity. Even if emissions were to stop now, the accumulated impacts would continue to be felt for 40 years before that became evident. The consequent global heating has been described as the greatest threat to global security<sup>1</sup> and health<sup>2</sup>.

This JSNA considers how this threat might play out in Somerset. It sits alongside the Somerset Climate Emergency Strategy (2020), which has been developed jointly in response to a 'climate emergency' being declared by the county's local authorities in 2019. As will become clear in this report, the health and wellbeing of the population is not a simple, passive outcome of changes in climate; rather, the environmental changes and our responses, both in adapting to them and in trying to reduce their severity (mitigation) are intertwined with physical and mental health, and with strength and resilience at a community level.

### *Somerset Climate Emergency Strategy*

The Climate Emergency Strategy has nine workstreams within it, as shown below. Health is not one of them. Four of the themes are of particular relevance. Water (flooding and drought) will be considered under the direct impacts on health, whilst discussion of housing, travel and food will focus on how health co-benefits can be derived from the mitigation response. Other themes have a less direct or strong relationship and will not be considered in such detail.



Table 1: Relationship between this JSNA and the Somerset Climate Strategy themes

<b>Strategy Theme</b>	<b>Relationship with health status</b>	<b>Consideration in this report</b>
<b>Built environment</b>	Direct and Strong	Mitigation
<b>Energy</b>	Indirect and Minor	Incidental
<b>Farming and food</b>	Direct and Strong	Mitigation
<b>Industry</b>	Indirect and Minor	Incidental
<b>Nature</b>	Direct and Medium	Impact – vectors and pollen, psychological value
<b>Transport</b>	Direct and Strong	Mitigation
<b>Waste</b>	Indirect and Minor	Incidental
<b>Water</b>	Direct and Strong	Impact – Drought and flooding
<b>Communications</b>	Indirect and Medium	Impact – Drought and flooding

This report is intended to guide the commissioning of services in Somerset in the context of likely changes to weather patterns in future, to ensure that the population is best sheltered from increased risk, and able to respond to emerging opportunities. It also shows how the response to climate change – in adaptation but especially in mitigation – can be done in a way that also has significant benefits for health.

**The climate is changing and warming, significantly changing the nature and scale of risk to health. This report does not attempt detailed, quantitative modelling of health impacts by specific dates – the impacts and trends are clear enough to set the direction of policy. Emissions of greenhouse gases continue to have weather impacts for 40 years – we currently experience the climate impacts of emissions from 1980. Even with immediate, global (and wholly implausible) carbon-neutrality now the health impacts would need to be dealt with for decades. Unmitigated, longer term impacts would be far more severe.**

## Think globally, act locally

This aphorism, probably derived from the town planner, Patrick Geddes, has been widely adopted in the environmental movement and is useful context here. Global mean temperatures are shown in Figure 1. The average temperature of the United Kingdom, around 10°C, is clearly in the middle of the global range; it has neither the existing extremely high temperatures of the tropics nor the ice cover of the poles and highest mountains, where melting of ice sheets and glaciers can mean transformative change.

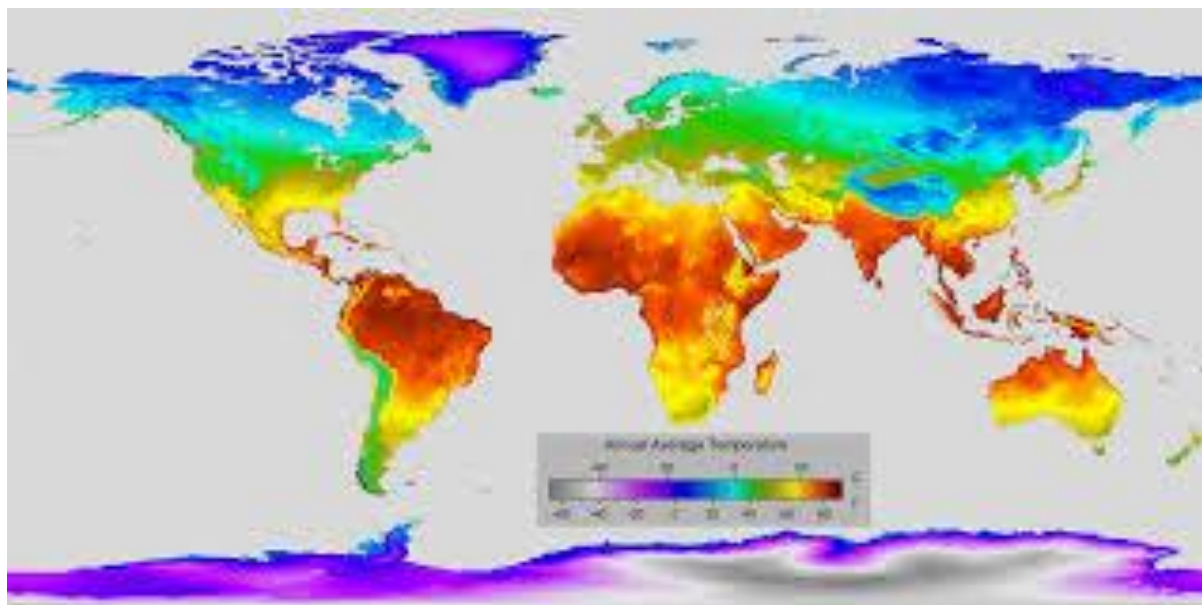


Figure 1: Global Mean Temperature

As will become clear in this report, averages tell only part of the story. Figure 2 shows the daily variation in temperature, and whilst Somerset does not have the very limited diurnal range seen in the west of Scotland, for instance, it is much less subject to this variation than more continental climates.

This means that Somerset is in a relatively favoured place to avoid the extreme impacts of global heating. In areas of the world, such as those dependent on Himalayan glaciers where mass water supply is threatened,<sup>3</sup> parts of Australia that might become uninhabitable as a result of heat<sup>4</sup> or cities in sub-Saharan Africa facing 'extreme risk'<sup>5</sup> this report could be apocalyptic. Put another way, a discussion just focusing on Somerset would give an entirely misleading picture of the scale of change that has already started. Whilst a global rise of 2-4°C may seem minor – it is worth reflecting that a rise like that in body temperature would constitute a severe fever.

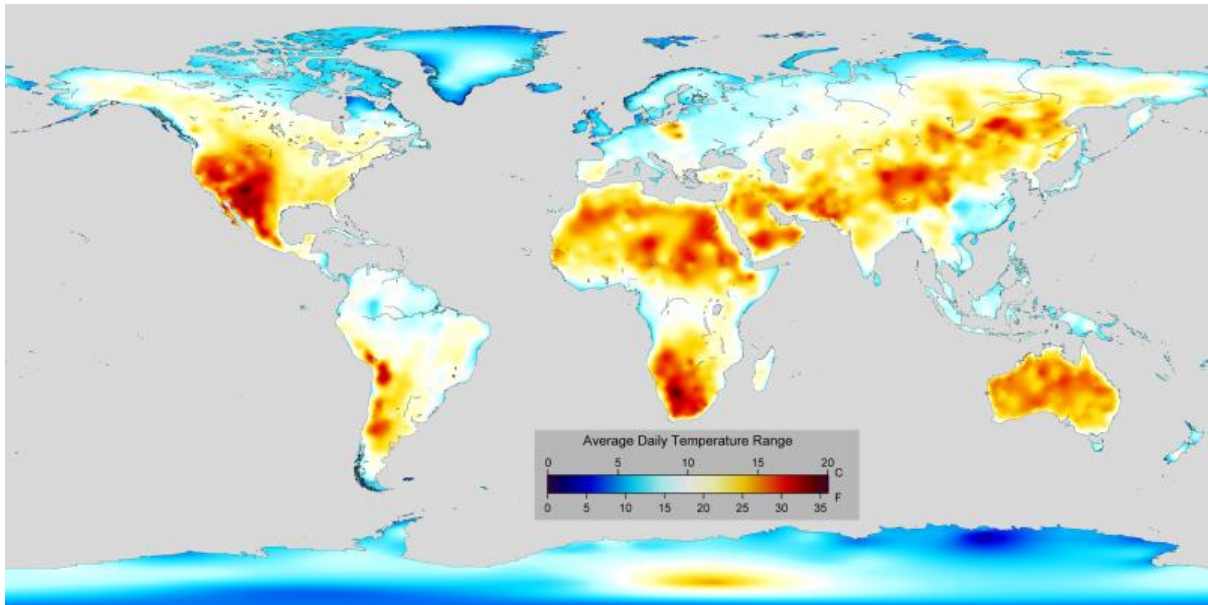


Figure 2; Day-night temperature variation

Somerset is, of course, a contributor to the global crisis:

'In 2017 a total of 3285 kt (kilotons) of CO<sub>2</sub> were emitted in Somerset from industrial, domestic and transport-related sources. For context, a kiloton of carbon is emitted by 200 average cars in 1 year. In fact, the majority of emissions in Somerset derive from the transport sector – 47% [26% of which are from the M5], compared to 30% from industry and 24% from the domestic sector.'<sup>6</sup>

The commitment by all Somerset to reduce these emissions towards being carbon neutral by 2030 means that considerable and rapid change in behaviour will be needed – by households and businesses, at an individual and a systemic level. Inevitably, these changes will have effects on health. As will be seen in section 2, they are overwhelmingly beneficial to health.

## Section 1:

### The health impacts of weather and climate change

The impacts described here are deliberately couched in terms of risk and probability, rather than quantitative modelling. The climate is 'chaotic' – perfect prediction is not possible – and the extent of climate change will vary according to the level of reduction in greenhouse emissions achieved, especially in the longer term.

#### Temperature

In summary, the expected changes in the period to about 2070 are:

- Hotter days, on average about 2-4.5°C hotter, depending on the emissions scenario.
- Consecutive days over 30°C currently occur about once every four years increasing to four times per year by 2070.
- Cold snaps in the winter will become significantly milder; milder spells will warm slightly.

Even in Somerset's temperate, maritime climate, the weather is a complex system, with chaotic elements that make *specific* forecasts near impossible more than a week or so ahead. Within all that complexity, though, every fraction of a degree in global heating matters.

#### How do heat and cold affect health?

The main direct effects of heat, taken from the national Heatwave Plan are as follows:

- Above 25°C, and particularly above 27°C, the problems start, especially for people who can't sweat. For every degree above 27°C there are approximately 75 more deaths in England.
- The hypothalamus regulates temperature and can be impaired in long-term ill and elderly, who may be prone to dehydration.
- Children are hotter than adults anyway, sweat less and are also at risk of dehydration.

- Most deaths are from cardio-vascular or respiratory disease, worsened by particulate pollution from tyres, brakes, diesel, wood-burners and others, and low-level ozone related to hydrocarbons in exhausts.
- Heat can lead to cramps, rashes, oedema, syncope (fainting) and exhaustion. Heatstroke is a very serious condition and can be fatal.
- **Most deaths are preventable.**

The prevention of health harm from heat is mostly a question of drinking water, keeping in the shade and having adequate ventilation, including the use of fans. To an extent this is a matter of individual responsibility, but we all benefit from social support in looking after ourselves, and 'strong communities' – keeping an eye on neighbours and family in heatwaves – helps this resilience. In the words of Paul Cosford, Medical Director and Director for Public Health at Public Health England:

'It is clear to me that a heatwave is essentially a community resilience issue, and a community resilience response is needed.'<sup>7</sup>

It should also be noted that some medicines are degraded by hot weather.

And the main direct effects of cold are<sup>8</sup>:

- Below 8°C, and particularly 4°C, health impacts become evident.
- Most deaths are from cardio-vascular or respiratory disease.
- The population of England does not always take the cold seriously, and is more affected than, say, Scandinavia.
- Hypothermia is a minor contributor.
- Falls are exacerbated by ice and the impact on arthritis.
- 'Winter pressures' are exacerbated by staff illness and absence (especially when schools close).

It is worth remarking that the groups at risk – those with respiratory and cardio-vascular illness – are the same in both groups. Unsurprisingly, the elderly and those in otherwise poor health are particularly vulnerable.

Table 2: Vulnerable Groups - increased temperatures<sup>9</sup>

	<b>Somerset</b>	<b>England</b>
<b>Vulnerable Groups</b>		
Chronic Obstructive Pulmonary Disorder	2.3% registered patients	1.9% registered patients
Asthma	6.8% registered patients	6.0% registered patients
Homeless	1.65% households (homeless and in priority need)	2.51% households (homeless and in priority need)
Infants	29,560 children aged 0-4, 5.4% of population	5.9% population (UK)
Elderly	136,900 people aged 65+; 24.5% of population	18.3% population (UK)
Alzheimers	1.0% of those on GP registers (affected by rates of diagnosis)	0.8% of those on GP registers (affected by rates of diagnosis)
Athletes	35.0% of Somerset adults participate in more than one exercise session/week.	Lower than England (36.1%) but may reflect elderly population structure in Somerset.
<b>Risk factors</b>		
Smoking	15.9% of adults (18+)	14.4% of adults (18+)
Hypertension	16.7% of all ages (there is a data quality issue with this figure)	14.0% of all ages (there is a data quality issue with this figure)

The relatively high proportion of vulnerable groups, shown in Table 2, reflects Somerset's elderly population structure. Additionally, the role of 'wider determinants of health', especially poor quality housing, will greatly exacerbate risk. There are, at present, three times more excess winter deaths in the coldest quartile of houses than the warmest<sup>10</sup>. Rough sleepers, of course, are especially vulnerable.

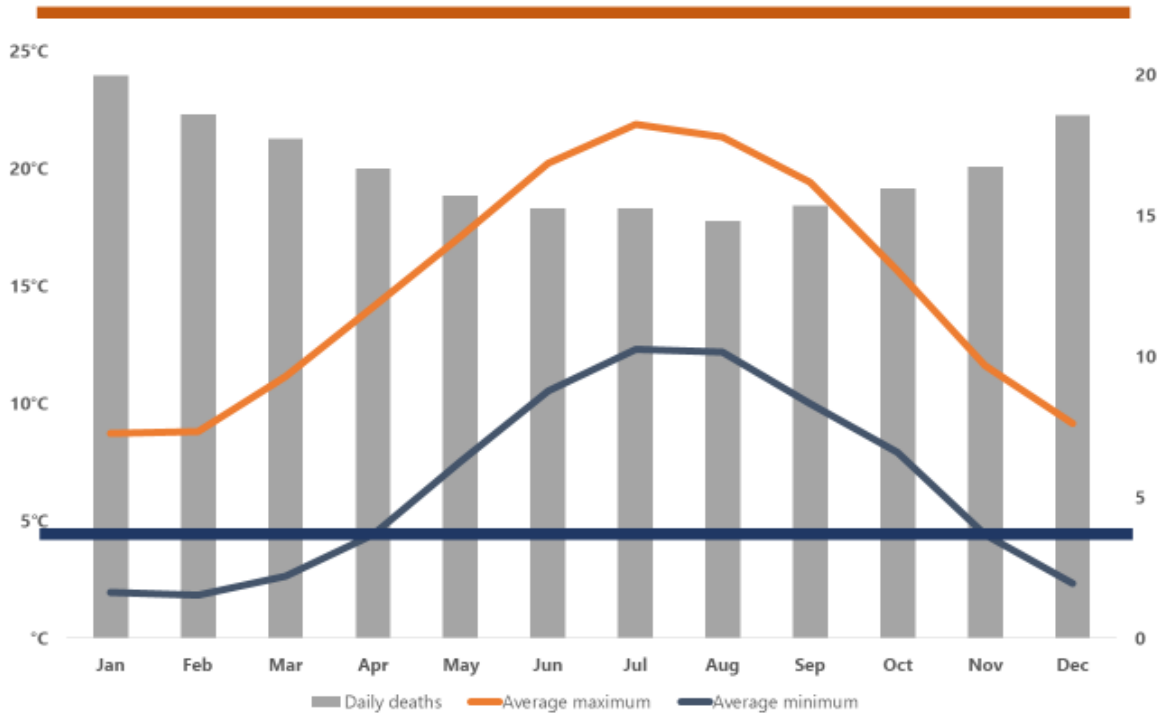


Figure 3: Average daily temperature (Yeovilton) and average daily deaths, Somerset, 2000-2018

As shown in Figure 3, there is a very smooth relationship between the number of deaths and average temperatures in Somerset, with the highest numbers of deaths in the cold winter months and lowest in the warm summer months. There is a very slight 'blip' in the trend, with more deaths in July -the warmest month – than in June or August. This excess may be an indicator of heatwave deaths and may become more obvious with increasing temperatures. Towns and cities are at higher risk than the countryside because of the urban heat island effect<sup>11</sup>. Early summer heatwaves may be more harmful than later as the population is not yet prepared for the heat<sup>12</sup>.

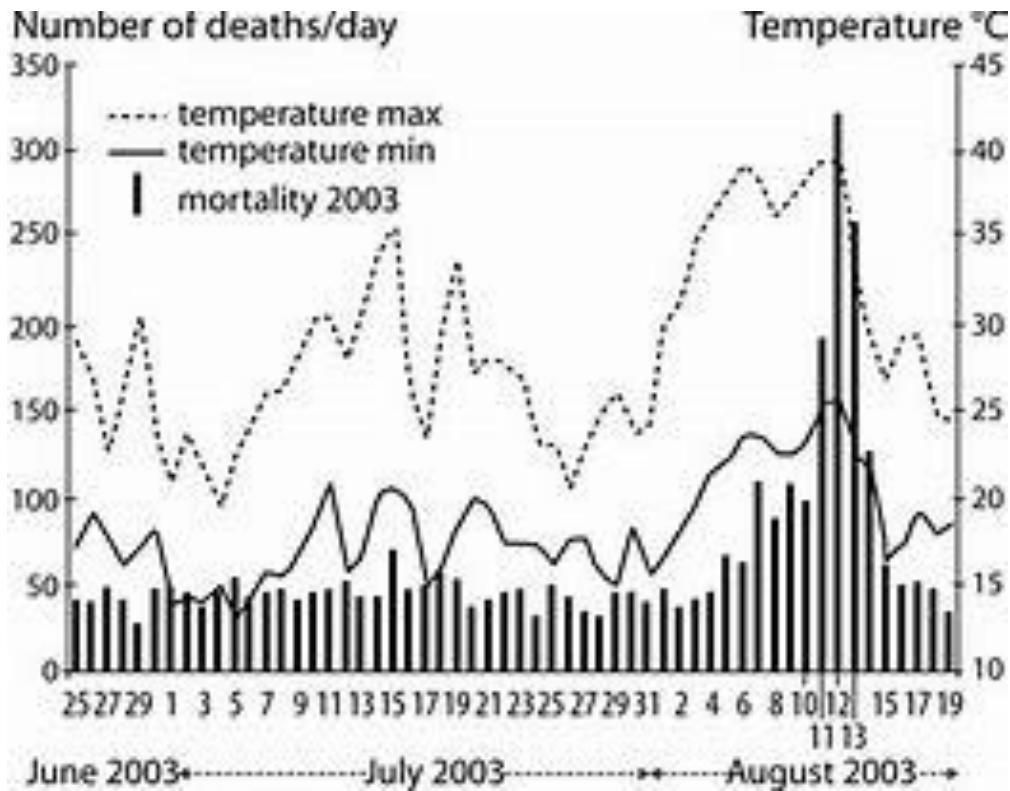


Figure 4: Mortality and temperature in Paris, 2003<sup>13</sup>

Although neither the temperatures nor the number of deaths in Somerset have reached levels where the relationship can be demonstrated, Figure 4 shows that, as was clear in the heatwave of 2003 (which may have led to about 20,000 deaths across the continent) it is the unrelenting stress of high overnight temperatures that make conditions particularly harmful to health<sup>14</sup>. There is no maximum permitted workplace temperature, but this may need to be reconsidered.



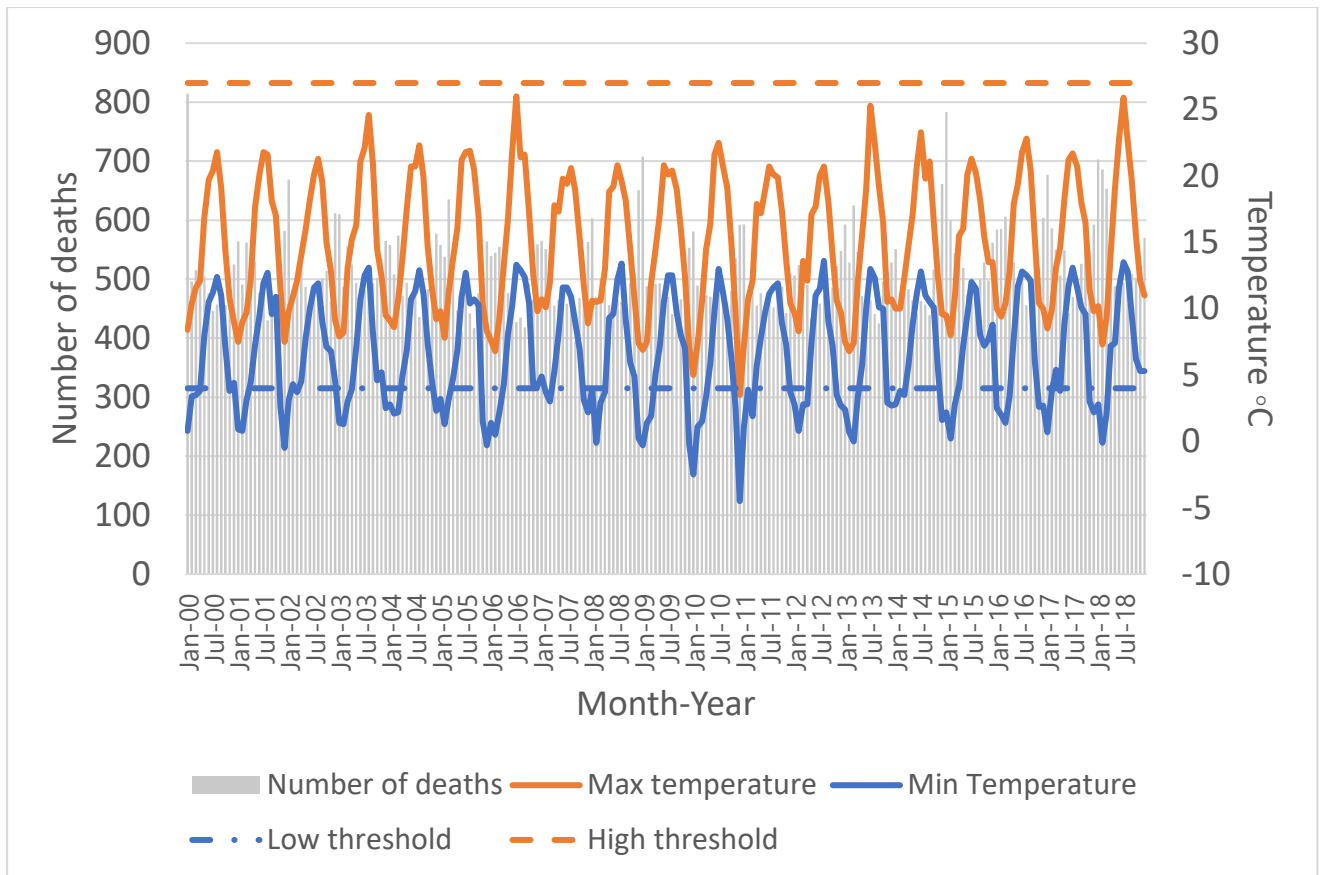


Figure 5: Somerset monthly average temperature series and deaths 2000-2018

This relationship is shown in more detail in Figure 5. This graph shows the variation from month to month, and the simplicity of Figure 3 is less apparent. Firstly, it is notable that the undoubted *global* warming trend cannot be seen at this local scale and relatively short term<sup>15</sup>. Secondly, this is a 'noisy' pattern, with variation from year to year greater than the expected level of average warming. Thirdly, every winter in the period has seen minimum monthly average temperatures fall below the approximate threshold for ill health, while no *months* have crossed the monthly average for heat (even though some days have).

Figure 5 demonstrates that responding to climate change is about a shift in *risks*, with the likelihood and intensity of periods of winter cold reducing, while the likelihood and intensity of summer heat increases. These monthly averages are good indicators, but to understand the impact on health it is necessary to consider the weather in greater detail. A single day of hot or cold weather has significantly less impact than a period of three days or more. These elements of temperature and duration contribute to the declaration of a Heat Health Alert or Cold Weather Alert, as shown in Figure 6.

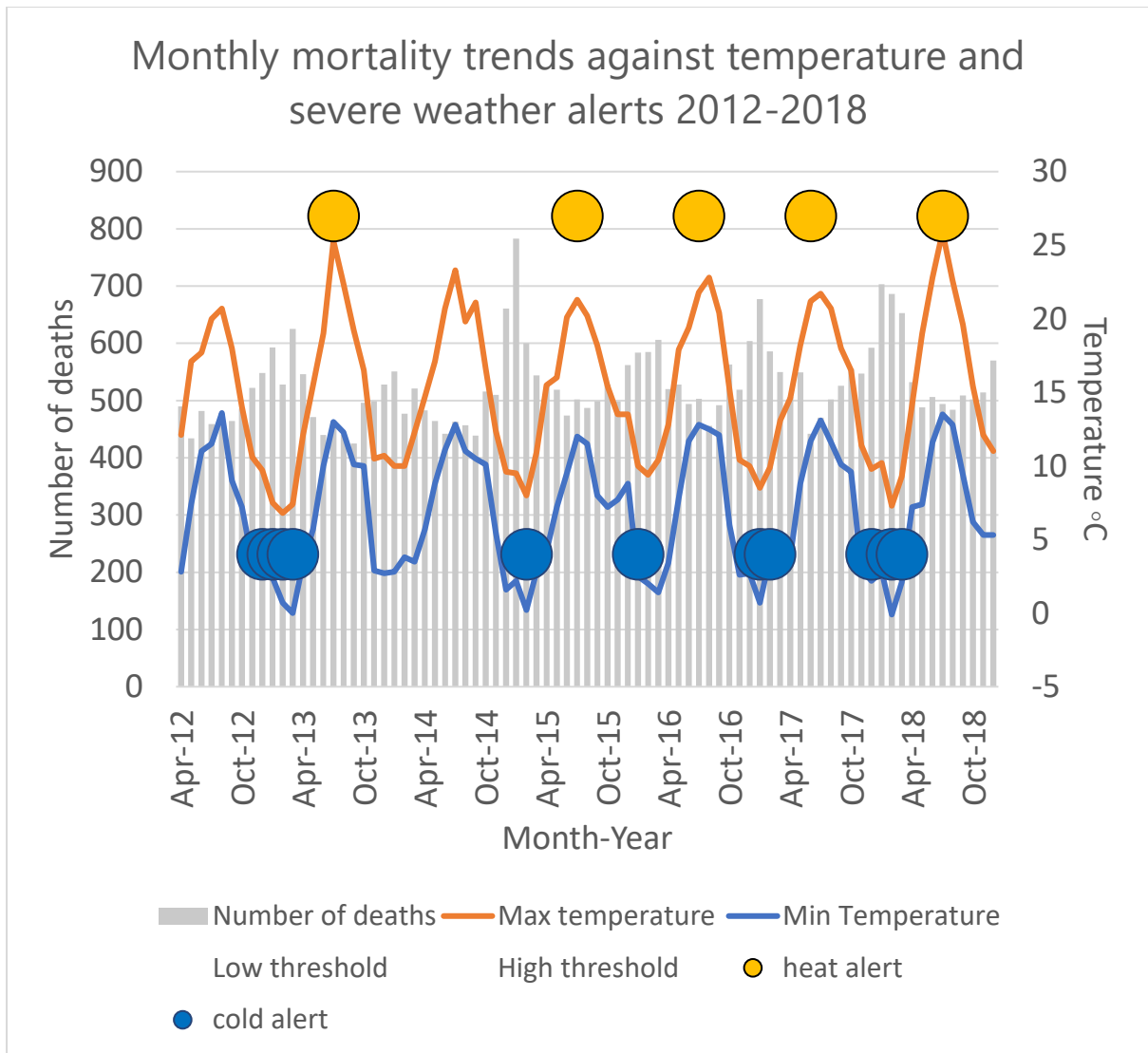


Figure 6: Mortality and severe weather alerts

Figure 6 shows that cold weather alerts are closely associated with spikes in the number of deaths, and that no such spike can be identified for hot weather alerts. Other things being equal, the warming of the Somerset climate will reduce the deaths from cold more than increase the deaths from heat. This will be discussed later; however, things are not equal.

#### Bacteria, Pollen, Mould and Spores

Some pathogens in food, such as Salmonella and Campylobacter show a seasonal pattern, with a higher incidence in the summer than the winter. It is likely then, that in longer, warmer summers associated with climate change these diseases will become more prevalent. The processes of human infection are not simple however, and so this increased risk will only become apparent if there are no changes in behaviour. With greater care taken over storage and preparation of food, these

dangers can be effectively protected against. Similarly, the concentration of pathogens in rivers or at beaches may change to an extent, but this will be a far smaller factor than how people behave there.

An extended summer season may bring earlier pollen allergens for hay fever sufferers and a longer hay fever season.

Wetter conditions are likely to increase the presence of moulds and spores, although with most people spending 90% of their time inside it is the indoor environment that has the most impact. Flooded houses are particularly vulnerable, but others can be affected. This is clearly strongly related to the complex question of housing, which is the subject of its own workstream in the Somerset Climate Emergency Strategy, and considered in terms of mitigation later in this report<sup>16</sup>.

## Precipitation – Flooding and Drought

### Flooding

Rainfall patterns will continue to change as part of the changing climate.

- Summers are likely to be drier and winters wetter, especially for Southern England
- An increase in the intensity of summer and winter precipitation
- Risk of 85% more river flooding by 2080
- Sea level has already risen by 0.17m since 1900; a further rise of about 0.5m by 2100 is expected, although the range is between 0.3 and 1.15m

The impacts are likely to be exacerbated by a continuing rise in sea level. These changes are summarized above, with the increased risk of flooding being a clear consequence of climate change. The risk of major coastal flooding is set to rise, and increasingly stormy weather increases the risk of coastal inundation, and of low-lying land in the Levels and Moors. Higher sea levels make it slower for water to drain off the land.

The lowland levels and moors of Somerset are often wet in winter, but experienced particularly extensive and long-lasting floods from December 2013 until early March 2014. This saw about 600 households affected, with 280 dwellings flooded, especially at Moorland, and more cut off for up to 12 weeks, notably in Muchelney. An area of about 65km<sup>2</sup> was underwater for most of the period, as shown in Figure 7.

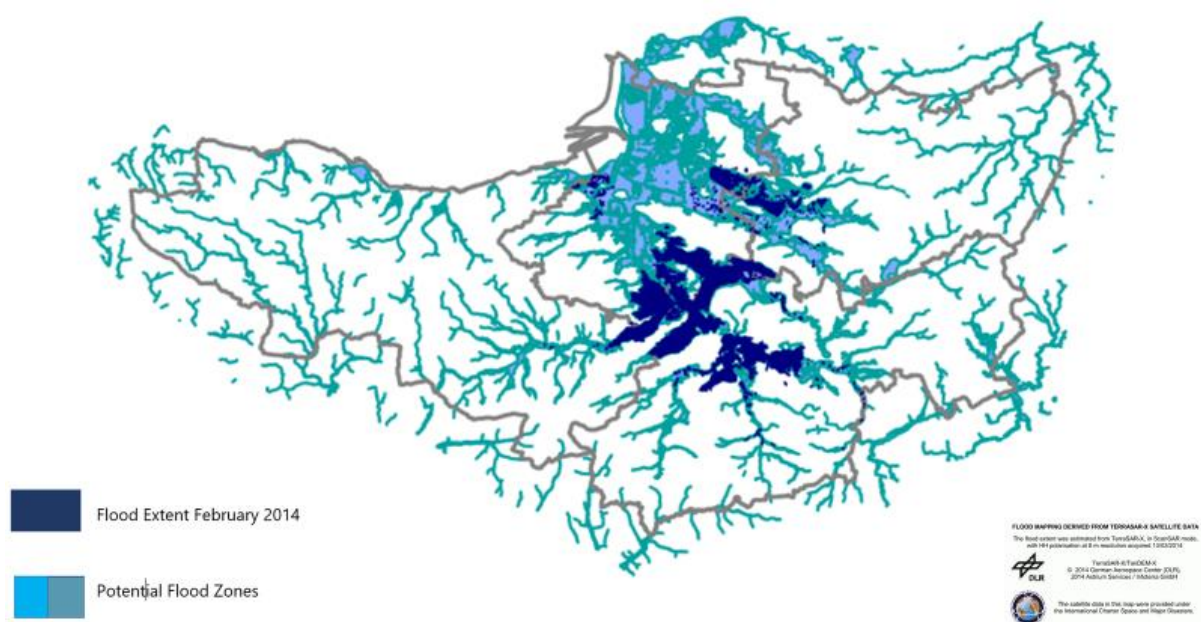


Figure 7: Area flooded in winter of 2013-14

The health impacts of flooding were especially on mental health, with depression, anxiety and post-traumatic stress disorder evident for many. The emotional toll is well described on video<sup>17</sup>. It was found that those households who had to be evacuated or felt a loss of control were particularly hard hit, and the shorter the warning and longer the evacuation the worse it was. Those people and communities who were most socially connected and given longer warning were more resilient in the face of flooding, which reinforces the frequent public health message of community strength being a powerful general protective factor. There is evidence that some community ties were strengthened by the experience of needing to help each other: 1000 people attended 83 community events in the year afterwards.<sup>18</sup>

The severity of the 2013-14 floods has perhaps given those communities some greater resilience for the future. Not only has the physical infrastructure been invested in, such as a causeway linking Muchelney to nearby Drayton, higher riverbanks and more powerful pumps, but also some social ties within the communities have been strengthened.

Flooding risk is also increasing in low-lying coastal areas, because of the steady rise in sea level. This risk is, naturally, highest at times of high tide and storm surge, with the latter potentially exacerbated by stronger winds associated with climate change. The highest risk of coastal flooding in Somerset is around Porlock Weir. Other areas, near the mouth of the River Parrett and Burnham-on-Sea would be similarly vulnerable if it were not for coastal and riverbank defences (which are already being prepared for a 1.0m sea level rise). In this area, the holiday lets that make up a significant proportion of dwellings are at particular risk.

The flooding of low-lying parts of the county when rivers overflow their banks is *relatively* predictable (hours or days in advance). Much less easy to prepare for though, is flash flooding, where short bursts of intense rainfall exceed the capacity of streams and drains, leading to very sudden and massively forceful water flow that can destroy buildings and bridges<sup>19</sup>. With less chance to prepare, this form of flooding can have disproportionately harmful consequences and has been identified by civil contingencies officers in Somerset as a particular developing risk. The catchment areas where steep slopes and impermeable surfaces mean that heavy rain can quickly lead to deep and fast-flowing water are described as 'rapid rise', as shown in Figure 8. There is a concentration of such catchments on the north side of Exmoor around Porlock. This is only 17km from Lynmouth in Devon, where in 1952 a summer storm led to 34 deaths; Porlock's relatively high risk of sea flooding has been identified earlier in this report.

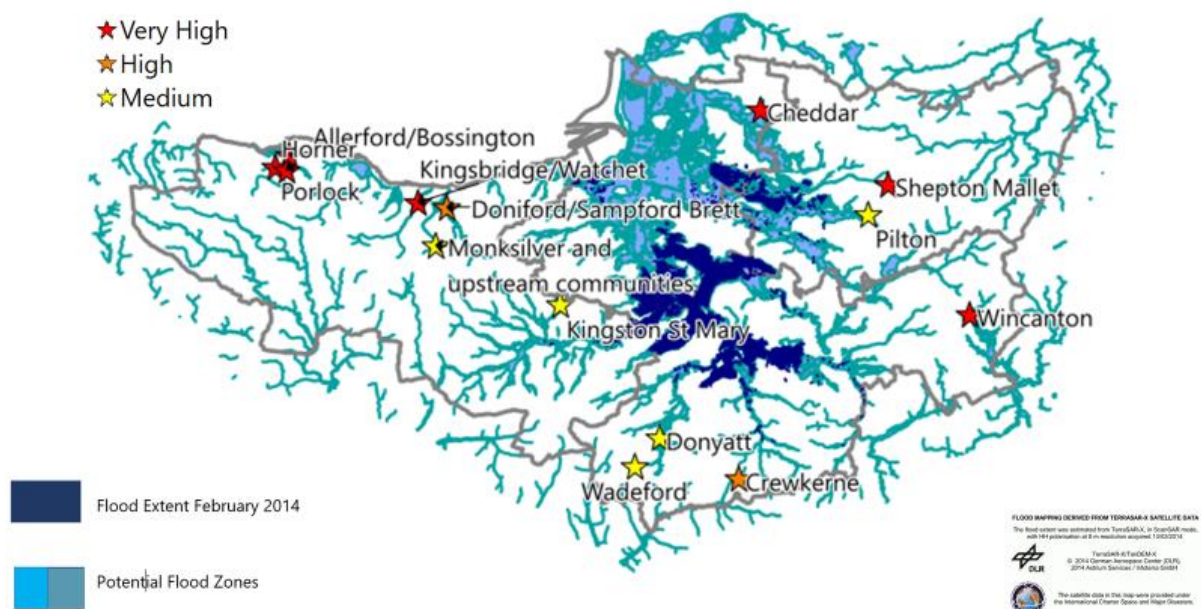


Figure 8: Somerset Rapid Rise catchments

Significantly, however, the location as well as the timing of flash floods is very unpredictable. It is likely that such floods occur rapidly and do damage even before emergency vehicles can arrive. Figure 9 shows an example of flash flooding outside the high and medium risk zones. With increased heavy and intense rainfall in future climate, as well as more hard surfaces with increasing housing and road development, such incidents become more likely. This is simply a further example of the general importance of 'stronger communities', resilient and able to withstand emergencies, in the county's wellbeing<sup>20</sup>.



One way in which flood *risk* (rather than flooding itself) may have an impact on wellbeing and inequality is through its effect on the capital value of dwellings, especially if it renders some uninsurable. This may create, effectively, slums and ghettos, and make it harder for some households to obtain formal credit, and so increase indebtedness.

NEWS

8th February 2016

## PICTURE: Curry Rivel Primary School closed after classrooms flood



Figure 9: Flash flooding in lower-risk area of Somerset<sup>21</sup>

### Flooding impact on services

Whilst some settlements (such as Moorland) were inundated in 2014, others (such as Muchelney) were 'merely' cut off. As well as the inconvenience to everyday life, this also affected their access to health services. The SW Ambulance trust (SWAST) had to use its specialist 'HART' team to get access to Muchelney, for instance. The greatest impact of this sort was perhaps for people receiving regular visits for social care.

### Drought

The increase in winter rainfall is expected to be offset by a decrease in summer rainfall (albeit with more intense convective showers). In drought conditions, the

absence of the cooling effect of water evaporating can make temperatures higher, with the consequences described earlier. Although a drier atmosphere can feel more comfortable than a humid one, humidity is a minor factor in health impact<sup>22</sup>. For most people, it is unlikely that drought will lead to water shortages that have harmful impacts on health, although it can encourage algal blooms and increase dust<sup>23</sup>. However, there is potentially a disproportionate impact on those people who rely on private water supplies. This is a relatively small section of the population, as shown in Table 3, but makes up a higher proportion of the population in Somerset than nationally.

Table 3: Households with private water supplies

Area	Private Water Supplies	Households 2018	Rate
Mendip	145	49,194	0.29%
Sedgemoor	37	52,918	0.07%
South Somerset	431	73,325	0.59%
Taunton Deane	248	50,635	0.49%
West Somerset	713	15,772	4.52%
Somerset	1574	241,845	0.65%
South-West	11,293	2,394,010	0.47%
England	36,450	23,222,538	0.16%
<b>ONS 2016 based household projection mid-year 2018</b>			

Private water supplies have a higher likelihood of being substandard or contaminated. Increased drought and more intense rainfall have the potential to affect water quality, especially if the 'catchment hygiene' is not maintained at the highest level<sup>24</sup>. Dwellings dependent on private sources are disproportionately in isolated rural areas and used as short-term holiday lettings. It may be that long-term residents would develop resistance to local bacteria, whereas temporary arrivals will be at higher risk.

Snow

According to the headline findings of the UK climate forecasts published in 2019,

'By the end of the 21st century, lying snow decreases by almost 100% over much of the UK, although smaller decreases are seen over mountainous regions in the north and west.<sup>25</sup>'

It would, though, be premature to reduce preparedness for lying snow having an impact on health and access to services. It was only in March 2018 that snow associated with Storm Emma led to a red severe weather warning in Somerset.

## Indirect effects of changes in the weather

As well as temperature and precipitation having direct health impacts as just described, there may well be changes in behaviour that have their own strong relationship with health and wellbeing.

### Biodiversity and new diseases

Climate change is only one factor in changes in the number and distribution of wildlife. Changes in weather and land-use have seen, for instance, Great, Little and Cattle Egrets colonize Somerset in recent decades; these changes may also see less desirable creatures establish themselves, with harmful impacts on health. An increase in the number and distribution of sheep and deer ticks is likely to see an increase in Lyme Disease. Potentially, the UK could also see the brown dog tick, which carries Mediterranean Spotted Fever, or *Hyalomma marginatum*, the most important vector of Crimean-Congo haemorrhagic fever, become established. Mosquitoes may increase in number and new species – most likely *Aedes albopictus* may appear. There is a possibility that West Nile virus – for which *A. albopictus* is the vector – will become established, but it is unlikely that malaria will return to Somerset. The potential impact of increased pesticide use in response to these changes will also need to be considered<sup>26</sup>.

The relationships between insects, the environment, disease and its transmission to the human population is complex. For mosquitoes, for instance, the salinity of water and the extent to which water bodies dry up in the coming hotter and drier summers will affect their numbers; the extent to which they suck human blood and transmit disease will vary with how much people keep their windows open at night to keep cool. Where West Nile Fever is established community hygiene measures include checking for standing water in, for example, gutters, old tyres and open water butts. Environmental management that creates habitats and wildlife corridors to help wildlife adapt to change will also need to take into consideration the fact that not all the creatures taking advantage will be beneficial to health.



### Outdoor activity – skin cancer, accidents and exercise

Climate change will probably bring warmer weather for most of the year, and longer dry periods in the summer. Whilst the sunshine itself will be no stronger, and indeed the continuing recovery of the ozone layer after its damage from CFCs and such gases may mean that intensity of dangerous radiation at the surface is reduced, more people may spend longer outdoors. Without protection, this will increase the risk of skin cancer. Somerset has a higher than national incidence of skin cancer, which is mostly a reflection of the age of the population, for whom much of the damage will have been done in their younger years. A relationship between skin cancer and the proportion of the population spending time outdoors in agricultural occupations has been suggested, but not established.

Dry, warm weather may encourage more people to spend time engaged in outdoor exercise and sport or walk or cycle to work. Such physical activity is overwhelmingly good for health but will probably also lead to more accidental injuries. As an illustration, warm Bank Holidays are usually associated with higher demands on urgent care, some from visitors to the county.

### Broad psychological effects

The psychological impact of flooding on individuals has already been discussed; climate change as a whole may also have adverse effects on mental health. The increased uncertainty may have particular impacts on farmers, either through the potential loss of harvests or grazing from drought or flood, inability to plant or damage to crops from new pests such as flea beetle. More generally, the fear of climate change, including landscape changes and loss of biodiversity can increase anxiety about the potential harm<sup>27</sup>. These effects may be more pronounced in a rural county such as Somerset.

### Inequalities

Not all groups in Somerset can expect to be equally affected by climate change, with some at greater risk than others. Examples are shown in Table 4.

Table 4: At-risk groups in Somerset climate change<sup>9</sup>

<b>Likely to benefit in health terms</b>		
<b>Milder winters</b>	<b>Evidence for Somerset</b>	<b>Notes</b>
COPD	2.3% registered patients	Higher than England (1.9%), but reflects elderly population structure in Somerset.
Asthma	6.8% registered patients	Higher than England (6.0%)
Coronary Heart Disease	3.8% registered patients	Higher than England (3.1%), but reflects elderly population structure in Somerset.
Poor health generally, especially elderly	24.5% of the Somerset population are aged 65 and over, an increase of about 3% since the 2011 Census	7% higher than the UK proportion (17.5%)
Those at risk of falls, especially elderly		
Those in fuel poverty	10.2% of Somerset households	Lower than England (11.1%). In Somerset particularly those dependent on expensive heating (oil rather than gas)
Residents of cold but dry housing	Not identifiable from current statistics.	
<b>Drier summers</b>		
Those taking outdoor exercise	35.0% of Somerset adults participate in more than one exercise session/week. Outdoor exercise not separately reported.	Lower than England (36.1%) but may reflect elderly population structure in Somerset. Potential health benefits offset by increased skin cancer risk and incidence of tick-borne disease
<b>Likely to lose out in health terms</b>		
<b>Heatwaves</b>		
COPD	2.3% registered patients	Higher than England (1.9%), but reflects elderly population structure in Somerset.
Coronary Heart Disease	3.8% registered patients	Higher than England (3.1%), but reflects elderly population structure in Somerset.

Poor health generally, especially elderly	24.5% of the Somerset population are aged 65 and over, an increase of about 3% since the 2011 Census	7% higher than the UK proportion (17.5%)
Residents of hard-to-cool housing, especially in urban areas	Not available.	
<b>Drought</b>		
Dwellings dependent on private water supply	1574 households (0.65% of Somerset households)	Visitors to holiday lets at particular risk.
<b>Fluvial and marine flooding, and coastal erosion</b>		
Low-lying dwellings in existing fluvial flood zones	560km out of 3452 km (16%) in Somerset are in the Environment Agency flood zone 3.	Such areas have long been left free from most permanent habitation
Low-lying coastal dwellings		
Coastal settlements vulnerable to erosion		
Communities at risk of being cut off	Many are former islands, such as Muchelney and Oath.	The largest of these in 2014, Muchelney, is now joined to the upland.
<b>Flash flooding</b>		
Dwellings in flood catchments, especially structurally unsound.		Location (and timing) of such flooding is highly unpredictable.

<b>All impacts</b>		
Poorer people	Around 47,000 Somerset residents live in a neighbourhood (LSOA) identified as one of the 20% most deprived in England (index of multiple deprivation).	Making the changes needed to adapt to changing climate will require resources, and those without the money or credit to make them will be disadvantaged.

As a very broad range of changes to a 'noisy', chaotic weather system, and much variation within the groups at risk, it is difficult to quantify the differential impact.

#### Global equity and risk

Hardest of all to predict are the impacts on Somerset that may come from effects elsewhere on the globe. If weather effects, or indirect effects such as locusts<sup>28</sup>, lead to crop destruction, if glacier melting diminishes water supplies or exacerbates international tensions, the consequences could threaten global security (including forced migration within and across borders<sup>29</sup>) and it is unlikely that Somerset would be unaffected by the consequences. Food production is a complex, international system faced with change at an unprecedented scale and pace, and more people are likely to find their access to food becoming precarious. In the longer term, disruption to global oceanic currents may lead to even more dramatic, and perhaps quite different, changes to the climate from the ones described here<sup>30</sup>.

This is highly speculative, but 'thinking globally' is essential in order to understand the extent of the climate emergency. This is also a matter of international equity – Somerset produces more than its fair share of global pollution but is at less risk than, say, Bangladesh, which produces a far smaller proportionate amount. The likely impacts of climate change on health in Somerset, which involve a changing level of risk where some threats decrease (such as winter cold) and others increase (such as flooding and summer heatwaves), do not reflect the global scale of danger. Nor do they suggest the transformational scale of response required; this is considered in Section II.

## Section II:

### Mitigation, Adaptation and Behaviour Change

As is evident throughout the Somerset Climate Emergency declaration and strategy, adapting to the changes, and perhaps even more *acting* to reduce the damage being done to the environment (mitigation) will require wide-ranging changes in how we live. The health impacts of these have been described forcefully in the '*Stern Report*'

'Climate change threatens the basic elements of life for people around the world - access to water, food production, health, and use of land and the environment.'<sup>31</sup>

and by *The Lancet Planetary Health*:

'Climate change is the biggest global health threat of the 21st century.'<sup>32</sup>

However, the 2015 *Lancet* Commission on Health and Climate Change concluded that:

'tackling this threat could be the greatest health opportunity of the 21<sup>st</sup> Century.'

In a world embracing the Paris Agreement's ambition via...uptake of clean energy, electrification of transport, support for plant-rich diets, increased green space, and active commuting opportunities, a child born today will experience cleaner air, decreased chronic disease, strengthened social ties.'<sup>33</sup>

The three most significant areas of change in terms of opportunities in health in Somerset, as nationally, are housing, food and transport<sup>34</sup>. Each of these has its own workstream in the Somerset Climate Emergency Strategy, and so is covered comprehensively there. The health opportunities are summarised below. Energy production is not considered in detail here, but has significant implications globally, notably from reducing the use of oil and coal, which produce major pollutants as well as carbon dioxide<sup>35</sup>.

#### Built environment - housing and workplaces

Those in poor housing have already been identified as a group at risk. Figure 10, taken from the UK government advisory Committee on Climate Change<sup>36</sup> gives a

summary of the recommendations for existing housing stock and new building. To this has been added areas of health where such changes can also be beneficial. These include not only overheating, flooding and fuel poverty, but also physical inactivity and social isolation as harmful factors that can be reduced through the design of dwellings and residential areas – such as tree planting. The benefits of better housing can be felt as widely as in improved child school attendance<sup>37</sup>



Figure 10: Summary housing changes to mitigate and adapt to climate change

Figure 11 shows the patterns of fuel poverty in Somerset. In contrast to many maps of disadvantage, urban housing estates do not appear prominently. Social housing is usually relatively well-constructed; terraced houses and flats ‘keep each other warm’. Urban dwellings typically use mains gas, which is a cost-effective form of heating. Somerset has 76,400 dwellings off the gas network – at 30% this is twice the national rate of 14%<sup>38</sup>. Rural dwellings are often detached, and frequently use heating oil. Both, of course, are fossil fuels and whilst improved insulation can reduce emissions, an affordable source of heat will still need to be found.

Housing that is well prepared for climate change needs insulation, ventilation and shading. These are not contradictory, and dwellings require good design to support good health. For example, ventilation should be mechanical, rather than relying on draughts, and summer shade needs to be combined with winter sun, such as by angled louvres or deciduous trees. Insulation can keep dwellings cool as well as warm. The majority of accommodation in Somerset is, of course, existing stock

rather than new-build, and retro-fitting will be a challenge in many cases. This will be most difficult for low income households (many of whom are renters), but may benefit single households in particular as they spend a higher proportion of income on household energy<sup>39</sup>.

The environment surrounding the dwellings themselves can also have an impact, as is indicated in Figure 10. This can be in encouraging outdoor exercise and active travel, or in the direct air quality impact of vegetation. The Centre for Ecology and Hydrology estimates that vegetation in Somerset removes pollutants from the air to an extent that health costs in the county are reduced by £14.97 per person, close to the national average<sup>40</sup>.

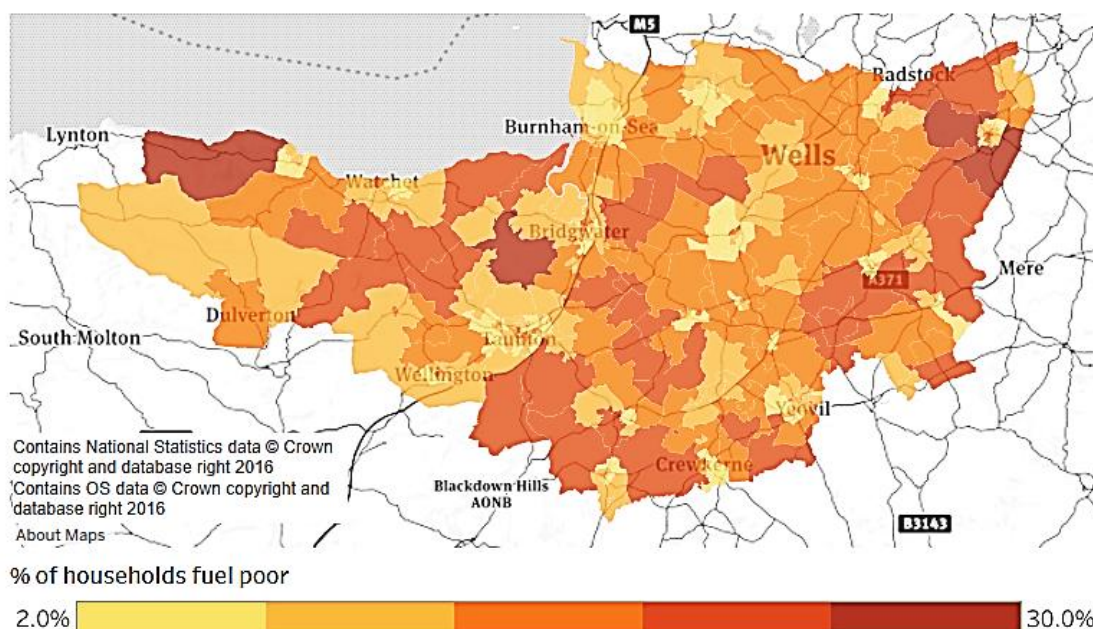


Figure 11: Fuel Poverty - estimates of the proportion of households with low income and high fuel costs<sup>41</sup>

Workplaces and working environments may require as many changes as dwellings, with passive heating and cooling, ventilation and the heat and emissions generated by lights, computers and other equipment all to be considered. Commuting may need to be reduced, with local work hubs having the potential to strengthen geographical communities as well as limiting pollution from travel. Working hours may need to change to mirror those in southern European countries (starting earlier and with a break during the day) to make the working environment more bearable in the hottest weather.

Hospitals may be at particular risk in relation to overheating. The design of their buildings does not typically take account of summer over-heating (the body heat of



patients is a significant contributor to this) and residents are, necessarily, in generally poor health. It is reported that Musgrove Park Hospital in Taunton already has issues of overheating during heatwaves. The NHS has a range of guidance for mitigating the climate emergency<sup>42</sup>. Understanding the potential health gains from mitigation needs to contribute to a full assessment of costs and benefits in making policy on housing and planning.

### Transport

The harm from pollutants such as hydrocarbons in exhaust fumes, and particulates from brakes and tyres, has already been described. Reduction in motor transport generally will lead to a concomitant reduction in all these, and shifting from internal combustion engines to electric will reduce the former. Motor vehicles are also contributors to social isolation, as shown in Figure 12. This well-known map, based on research in San Francisco, shows how comparable streets had very different levels of social contact between neighbours as a result of different traffic density. Where there was only light traffic, most people knew about three of their neighbours, whereas in heavy traffic the average was less than one. Social cohesion has already been identified here as an important defence against the extreme weather events, and it has many other beneficial health impacts as well.



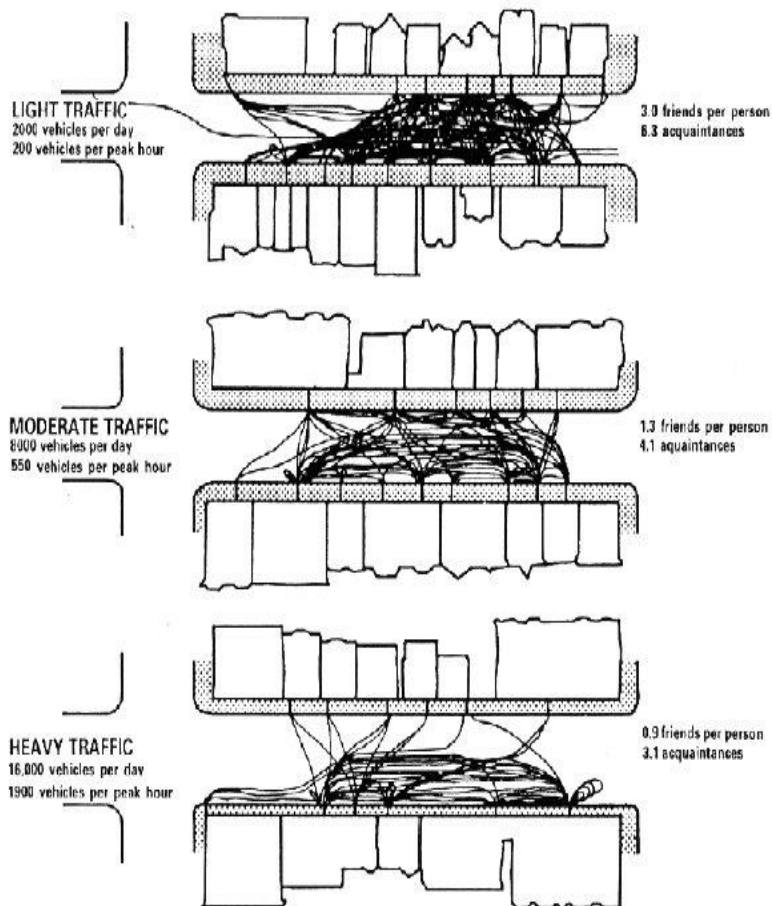


Figure 12: Motor traffic density and social cohesion

The impact of car travel can be reduced by a decrease in use, and by reducing the level of pollution produced by individual cars *in situ*<sup>43</sup>, with a wide range of actions that can produce benefits. These include:

- More charging points for electric vehicles
- Incentives for car sharing
- Integrating transport, such as making it easier to put bicycles on trains or buses, or using 'park and ride' hubs to reduce car-only journeys
- Reducing speeds
- Encouraging on-line work and 'meetings', including out-patient appointments.

Transport, especially rural transport, almost always emerges as a challenge for Somerset health and wellbeing in themed JSNAs. Getting access to employment, services and social events is difficult for many, and especially those without cars. On the principle that one should never fail to take advantage of a period of significant

change, developing a new, low carbon transport system may just be the incentive to make the reforms needed.

## Diet

It is perhaps over-simplistic to think there is a single 'good' diet - this is certainly not an uncontentious area. Whilst fresh fruit and vegetables have undoubted benefits, there is more dispute about the value of carbohydrates, for instance. The current Public Health England advice – the 'eat well plate' - is shown in Figure 13. This shows that a climate change mitigating diet, with reduced consumption of meat to reduce the greenhouse gas emissions from the livestock sector, is also a healthier diet<sup>44</sup>.

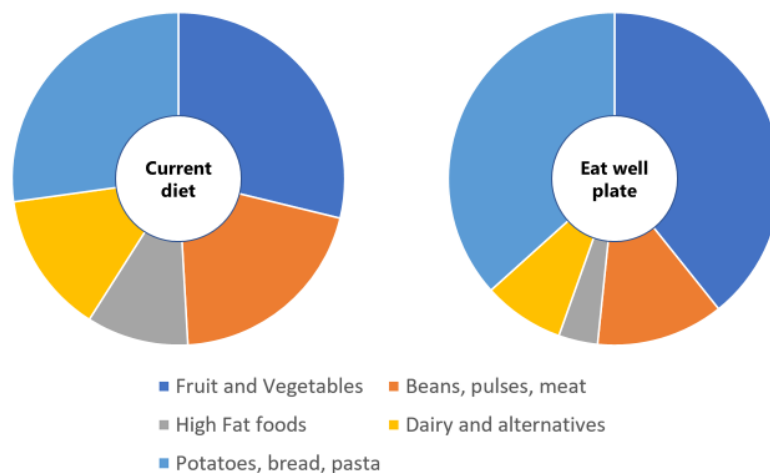
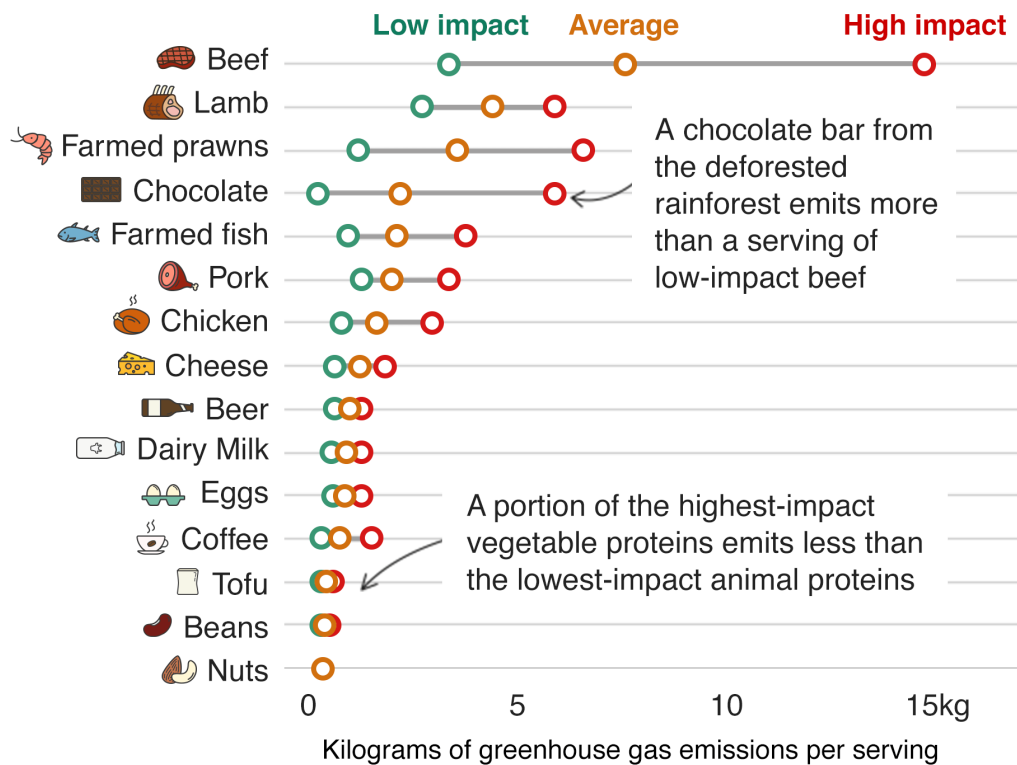


Figure 13: Current average England diet and the 'eat well plate'

It is, though, worth stating that not only is diet debated, but that the type of food alone is an imperfect guide to emissions, as shown in Figure 14. For an agricultural county like Somerset, questions of food production, processing and transport need to be brought into consideration, especially given that many parts of the county are not suitable for arable agriculture. Already there are reports that farmers' wellbeing and mental health is adversely affected by their portrayal as environmentally irresponsible<sup>45</sup>. This may include supporting farmers to diversity and promoting quality (and hence a reduced carbon footprint from local production) over quantity in the most carbon-intensive foodstuffs.



Source: Poore & Nemecek (2018), Science



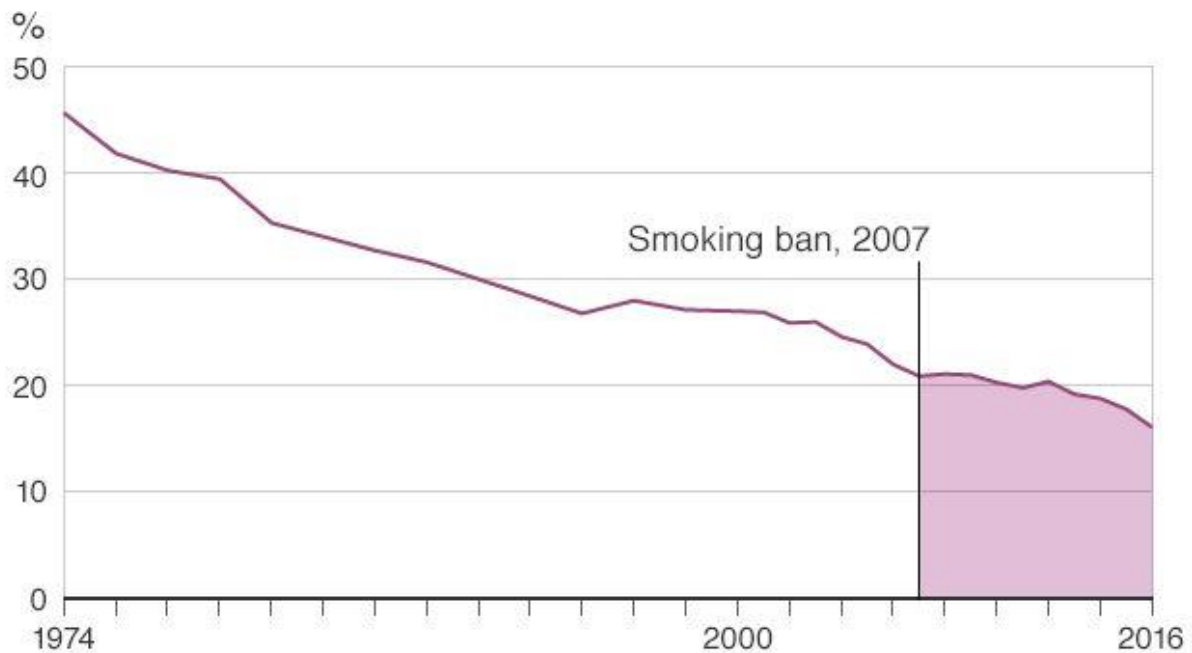
Figure 14: Food types and range of impacts<sup>46</sup>

### Changing behaviour

The brief discussion of these mitigation actions, which achieve health benefits and environmental benefits at the same time, here should not disguise the fact that behaviour change is *difficult*. ‘Loss aversion’ means that most human beings value what is taken away twice as much as what is gained<sup>47</sup>, leading to a natural inertia. Making changes in behaviour involves many elements, covering opportunity, capability and motivation, and within that the interventions can include education, persuasion and coercion, in a policy context ranging from guidelines and taxation through to legislation and regulation<sup>48</sup>.

## Proportion of population who smoke, 1974–2016

Over 16s, Great Britain



Estimates are weighted after 2000 and unweighted prior to that

Source: ONS

BBC

Figure 15: Smoking rates

Figure 15 shows how long the process of reducing the rate of smoking has taken. This is not exactly comparing like with like, but the behaviour changes needed to reach carbon neutrality will have to be brought in with considerably more urgency. Even with clear benefits to individual health from stopping smoking or wearing seatbelts, the changes have required large scale communication and indeed legislative efforts to bring them about.

The photographs in Figure 16 show a shopping street in Walthamstow before traffic calming and pedestrianization were brought in for parts of the Borough (1), and after their implementation (2); photograph 3 shows the largest protests in the borough's history that greeted the changes. After a time, the health and environmental benefits, and economic benefits of increased shop footfall became apparent, and changes were popular (including at the ballot box) – but it was not a smooth transition. Such 'mini-Holland' schemes are to be funded across the country following a recent government announcement<sup>49</sup>.



Figure 16: 'Mini-Holland', Walthamstow, London

A similar example is illustrated in Figure 17. Congestion charging in Stockholm had less than 50% popular support before its introduction and fell as its trial application approached. As commuters saw the effects, so popularity rose. In the words of the city's director of transport, Jonas Eliasson:

'The closer you get to implementation, the more the drawbacks stand out. If you survive this valley of political death, and people actually see the benefits, and also realize that, in addition to the benefits, it's actually not as bad as you thought — it's not so hard adapting to this — then support starts going up again.'<sup>50</sup>

Many of the potential changes discussed here – such as new ways of heating and cooling houses and electric vehicles – give financial savings as well as environmental and health benefits. However, these savings tend to be over the long-term, whereas the costs are up-front and immediate. Behaviour change will require ways of smoothing over the economic cost of investing if they are not to limit the benefits to the wealthy, not only reducing their impact but also *increasing* inequalities.

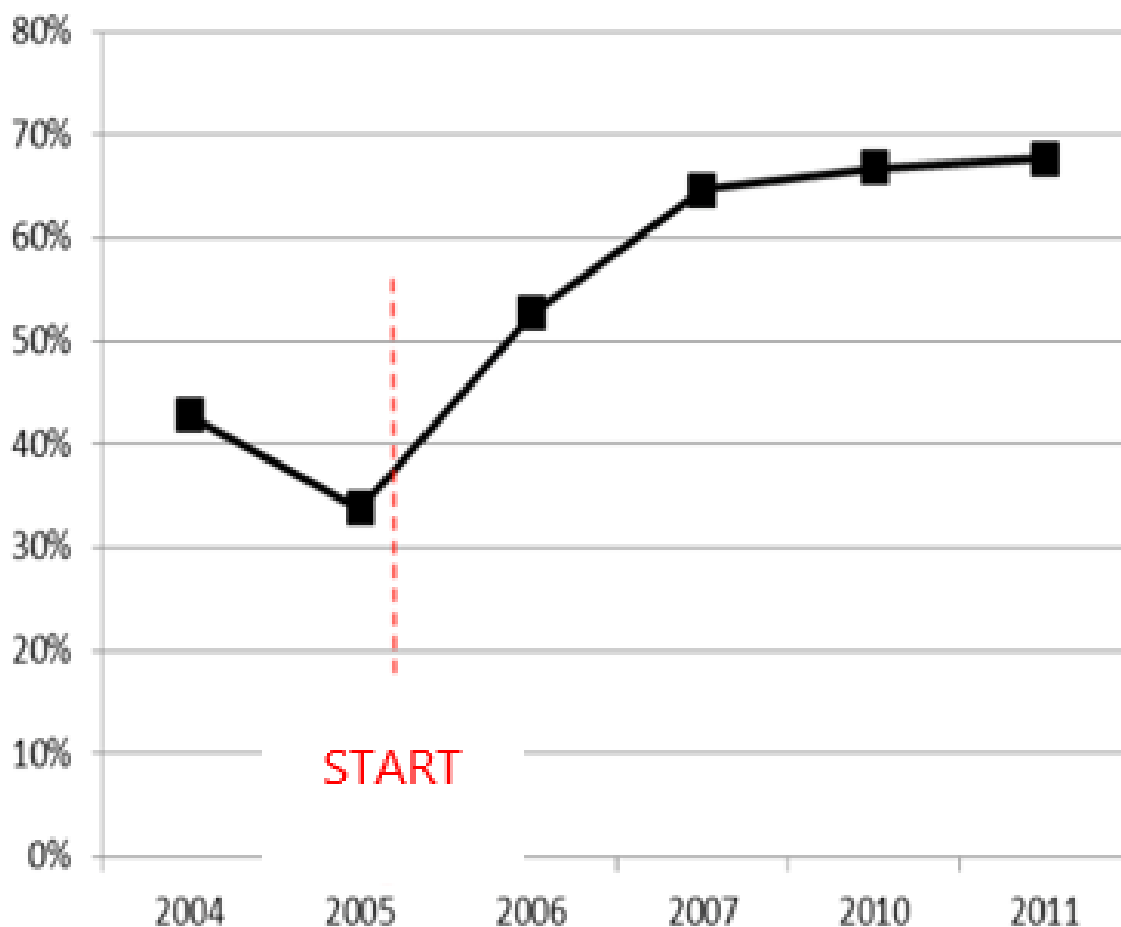


Figure 17: Stockholm - popularity of congestion charging over time

#### Coronavirus/Covid-19

At the time of writing, daily life across the globe is being transformed as governments, communities and individuals try to mitigate the risks from Covid-19. For all its urgent immediacy, this is arguably a less unprecedented and less wide-ranging a threat than the climate emergency. Many of the changes – dramatic reductions in travel, especially by plane, home-working and even limiting meat consumption<sup>51</sup> – are consistent with reducing greenhouse gas emissions. The UK government has set aside 15% of GDP in loans and grants to deal with the economic costs – vastly higher than the 1% of GDP advocated in the Stern Report to mitigate climate change.

Interestingly, Figure 18 shows how the peak of deaths in the French heatwave of August 2003 far exceeded that of April 2020 linked to covid-19. Whilst far from comparing like with like, this points up the relative scale of the two emergencies.

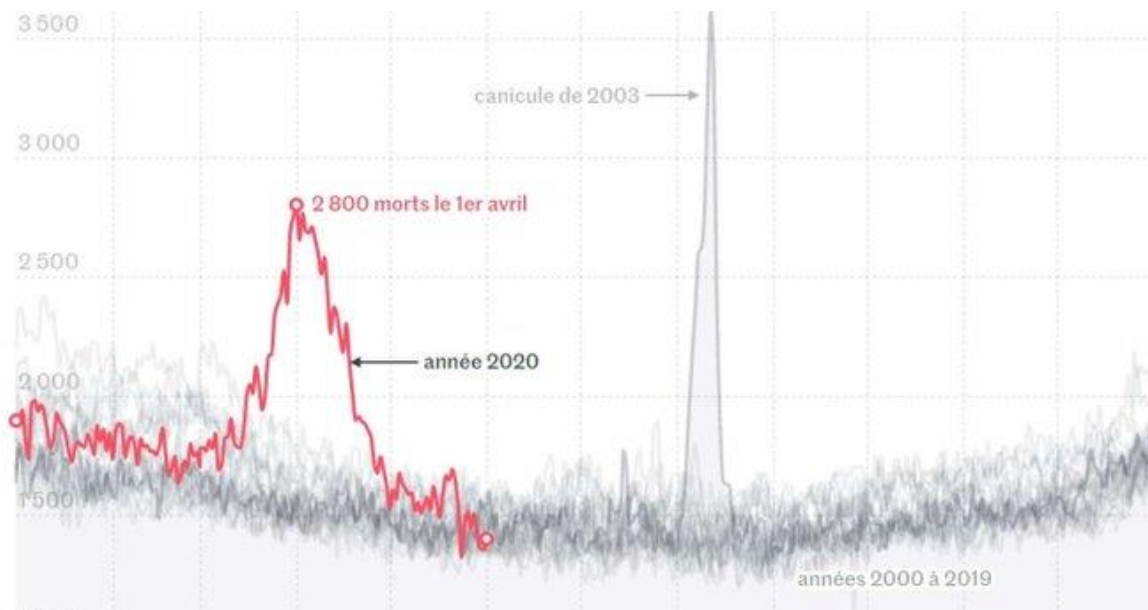


Figure 18: 21st Century Daily Deaths, France<sup>52</sup>

## Conclusion

The expected changes in climate over the rest of the century will see changes in the way that the physical and biological environment will affect health. Some may be beneficial, such as a reduction of winter cold, others will be harmful such as an increased frequency of heatwaves and more active vectors such as ticks. The most harmful impacts may well be from flooding, especially destructive and unpredictable flash floods. The range and intensity of risks is likely to grow, and the health and care system will need to be prepared for the worst.

The changes in our behaviour that will be needed to mitigate and adapt to climate change have a role to play in a preventative, as well as low-carbon, way of life. Actively managed, this could see a reduction in health inequalities.



## Implications for the Health and Wellbeing Board

### **Part 1 – The impact of climate change on health**

**There will be *unavoidable* changes in health need in coming decades** as a result of climate change, and the health and care system will need to respond to them. The weather's variation from year to year, indeed from day to day, means that the necessary responses are best thought of in terms of risk.

- Risk registers and medium-term plans may need to be reassessed to reflect likely changes
- The increased likelihood of flooding shows the value of investment in mental health services
- 'Stronger communities' have a significant role to play in supporting people through crises, including those related to climate change, and should be supported
- Changes in the natural environment and biodiversity may well evince their importance in physical and mental wellbeing
- Poor housing in particular is reinforced as a major 'wider determinant of health'

### **Part 2 – Mitigating and Adapting to Climate change**

**There are *choices* to be made about the response to the climate emergency**, at the international, national and local level. In Somerset, the Climate Emergency Strategy is the principal vehicle for coordinating action, and it is through this that the Health and Wellbeing Board, and its members, will tend to respond.

- Housing  
Improvements to energy efficiency, insulation, ventilation and local planning can bring health benefits and carbon reduction. Health and Wellbeing Board engagement with the Strategy can support those improvements being made by demonstrating the value in health (and so financial) terms.
- Food  
There is a complex set of relationships between diet and health, and food production. The Board can help this aspect of the Strategy by ensuring health and wellbeing of consumers and producers is fully taken into account in decisions about reducing carbon emissions.



- Transport

Active transport can significantly reduce carbon emissions and other pollution if it takes the place of car travel. Other interventions, such as electric vehicles, may reduce greenhouse gases without giving the same level of health benefits. The perennial question of rural transport is even more difficult to resolve than urban. Again, engagement with the Strategy can promote health, wellbeing and community cohesion gains alongside carbon reduction.

- Behaviour change

There is a strong correlation between the health benefits to be gained from carbon reduction and the extent to which we will all have to change the way we live and work. Changing is hard, and the Health and Wellbeing Board could consider the extent to which it wishes to encourage and support these changes.

There are many aspects to behaviour change, and many tools from informing to legislating. The Board may find it useful to consider the levers available to it, from decisions in their own organizations to lobbying central government.

## **Other**

The Board may wish to include a 'Climate Impact Assessment' section within the templates for papers submitted.

## References and notes

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<sup>1</sup> <https://www.un.org/en/chronicle/article/greatest-threat-global-security-climate-change-not-merely-environmental-problem>

<sup>2</sup> [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(09\)60935-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(09)60935-1.pdf)

<sup>3</sup> <https://www.bbc.co.uk/news/science-environment-47122641>

<sup>4</sup> <https://www.theguardian.com/australia-news/2019/dec/18/too-hot-for-humans-first-nations-people-fear-becoming-australias-first-climate-refugees>

<sup>5</sup> <https://www.maplecroft.com/insights/analysis/84-of-worlds-fastest-growing-cities-face-extreme-climate-change-risks/>

<sup>6</sup> <https://www.somerset.gov.uk/waste-planning-and-land/climate-emergency/>

<sup>7</sup> <https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/826/826.pdf>

<sup>8</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/652568/Cold Weather Plan Making the Case 2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652568/Cold_Weather_Plan_Making_the_Case_2017.pdf)

<sup>9</sup> Data from Somerset Intelligence (<http://www.somersetintelligence.org.uk/>) and PHE Fingertips (<https://fingertips.phe.org.uk/>) .

<sup>10</sup> Public Health England *Cold Weather Plan for England*

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/652568/Cold Weather Plan Making the Case 2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652568/Cold_Weather_Plan_Making_the_Case_2017.pdf)

<sup>11</sup>

<https://www.metoffice.gov.uk/binaries/content/assets/metofficegovuk/pdf/research/ukcp/ukcp18-factsheet-local-2.2km.pdf>

<sup>12</sup>

[https://www.who.int/globalchange/publications/WMO\\_WHO\\_Heat\\_Health\\_Guidance\\_2015.pdf?ua=1](https://www.who.int/globalchange/publications/WMO_WHO_Heat_Health_Guidance_2015.pdf?ua=1) ;

<https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/826/826.pdf>

<sup>13</sup> <https://www.nasa.gov/topics/earth/features/heat-island-sprawl.html>

<sup>14</sup> <https://www.carbonbrief.org/climate-change-driving-surge-in-day-night-hot-extremes-in-northern-hemisphere>

<sup>15</sup> And nor can the long-term increase in the number of deaths, as the population grows and ages in structure.

<sup>16</sup> 'Water and food-borne diseases under climate change', G Nichols and I Lake, in *Health Effects of Climate Change*,

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/371103/Health Effects of Climate Change in the UK 2012 V13 with cover accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/371103/Health_Effects_of_Climate_Change_in_the_UK_2012_V13_with_cover_accessible.pdf)

<sup>17</sup> <https://vimeo.com/167347918>

<sup>18</sup> These findings are based on interviews undertaken by Exeter University. Others working in the area have suggested that some who were warned responded with

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denial of the problem, and when their homes were inundated were severely affected. In other words, they felt that they were not warned because they were badly hit by the floods, rather than the other way round (pers. com.).

<http://hdl.handle.net/10871/25565>

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/291430/LIT\\_8904\\_df2d47.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/291430/LIT_8904_df2d47.pdf)

<sup>20</sup> <http://www.somerset.gov.uk/EasySiteWeb/GatewayLink.aspx?allId=134347> . See also PHE on heatwaves ( 7 )

<sup>21</sup> <https://www.somersetcountygazette.co.uk/news/14260933.picture-curry-rivel-primary-school-closed-after-classrooms-flood/>

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/371103/Health\\_Effects\\_of\\_Climate\\_Change\\_in\\_the\\_UK\\_2012\\_V13\\_with\\_cover\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/371103/Health_Effects_of_Climate_Change_in_the_UK_2012_V13_with_cover_accessible.pdf)

<sup>23</sup> Public Health England, *Heatwave Plan for England*

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/429572/Heatwave\\_plan\\_-\\_Making\\_the\\_case\\_-\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429572/Heatwave_plan_-_Making_the_case_-_2015.pdf)

<sup>24</sup> <https://iwaponline.com/jwh/article/7/1/1/9911/Rainfall-and-outbreaks-of-drinking-water-related>

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<https://www.metoffice.gov.uk/binaries/content/assets/metofficegovuk/pdf/research/ukcp/ukcp-headline-findings-v2.pdf>

<sup>26</sup> <https://www.theccc.org.uk/wp-content/uploads/2016/07/UK-CCRA-2017-Chapter-5-People-and-the-built-environment.pdf>

<sup>27</sup> <https://www.apa.org/news/press/releases/2017/03/mental-health-climate.pdf>

<sup>28</sup> <http://www.fao.org/emergencies/resources/photos/photo-detail/en/c/1258345/>

<sup>29</sup> <https://www.unhcr.org/uk/climate-change-and-disasters.html>

<sup>30</sup> <https://www.nature.com/articles/s41598-019-56435-6>

<sup>31</sup> [https://webarchive.nationalarchives.gov.uk/+http://www.hm-treasury.gov.uk/media/4/3/executive\\_summary.pdf](https://webarchive.nationalarchives.gov.uk/+http://www.hm-treasury.gov.uk/media/4/3/executive_summary.pdf)

<sup>32</sup> <https://storage.googleapis.com/lancet-countdown/2019/10/briefing-for-the-global-health-community.pdf>

<sup>33</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32596-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32596-6/fulltext)

<sup>34</sup> <https://www.theccc.org.uk/wp-content/uploads/2019/10/Behaviour-change-public-engagement-and-Net-Zero-Imperial-College-London.pdf>

<sup>35</sup> <https://jamanetwork.com/journals/jama/fullarticle/2762321>

<sup>36</sup> <https://www.theccc.org.uk/publication/uk-housing-fit-for-the-future/>

<sup>37</sup> New Zealand saw a 21% fall in children's absence from school in areas where housing was improved

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(<https://www.dropbox.com/sh/tvc0ao7bxw2wx0m/AAC2NQhI-sEB-gw18lr90Tida?dl=0&preview=Ashden+Toolkit+launch+Bristol+PDF.pdf>)

<sup>38</sup> <http://www.gov.uk/government/statistics/sub-national-estimates-of-households-not-connected-to-the-gas-network>

<sup>39</sup>

[https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/articles/thecostoflivingalone/2019-04-04?utm\\_source=govdelivery&utm\\_medium=email](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/articles/thecostoflivingalone/2019-04-04?utm_source=govdelivery&utm_medium=email)

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[https://www.ons.gov.uk/economy/environmentalaccounts/articles/ukairpollutionremovalhowmuchpollutiondoesvegetationremoveinyourarea/2018-07-30?utm\\_source=govdelivery&utm\\_medium=email](https://www.ons.gov.uk/economy/environmentalaccounts/articles/ukairpollutionremovalhowmuchpollutiondoesvegetationremoveinyourarea/2018-07-30?utm_source=govdelivery&utm_medium=email)

<sup>41</sup> <http://www.somersetintelligence.org.uk/fuel-poverty.html>

<sup>42</sup> NHS planning guidance for 2020/21 includes:

- All organisations to consider signing up for a free Green Fleet Review.
- Ensure all fleet vehicles purchased or leased after 1 April 2020 support transition to low and ultra-low emission.
- Ensure that car leasing schemes restrict availability of high-emission vehicles.
- End business travel reimbursement for any domestic flights within England, Wales and Scotland.
- Move to purchasing 100% renewable electricity by April 2021.
- Providers replace lighting with LED alternatives during routine maintenance.
- All NHS organisation to ensure new build and refurbishment projects are delivered to net zero carbon standards.
- Reduce single use plastics in the NHS by signing up to and delivering the NHS Plastics Pledge.
- Reduce carbon impact of Metered Dose Inhalers by:
  - increasing inhaler prescriptions that are for Dry Powder inhalers where clinically appropriate;
  - reducing overall carbon impact of all inhalers; and
  - encourage patients to return spent devices.
- Appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 20% by volume.
- Systems and providers to assess the potential to reduce unnecessary emissions of nitrous oxide.

See also:

- Video from Barts Health NHS trust  
<https://www.bartshealth.nhs.uk/sustainability>;
- Reducing the carbon footprint of hospital-based care  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6465872/> ;

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- NHS Sustainable Development Unit tool for quantifying impact: <https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx>
  - Case study here of a community trust saving 1/3 on mileage in a year: [https://www.sduhealth.org.uk/documents/case\\_study/Sussex%20community%20-%20travel%20-%20designed.pdf](https://www.sduhealth.org.uk/documents/case_study/Sussex%20community%20-%20travel%20-%20designed.pdf)
  - Cornwall community trust investment in electric vehicles: <https://www.sduhealth.org.uk/resource/register.aspx?ResourceID=406&token=74429587-9085-4076-858e-bfa6e3006803>

<sup>43</sup> A car using a battery will not produce hydrocarbons or carbon dioxide itself, but if the battery has been charged using energy from, say, coal, the global environmental impact may be same or greater than using petrol.

<sup>44</sup> Reduced fat in the diet, reducing 'fatbergs' that can block drains, may help reduce flooding.

<sup>45</sup> <https://www.theguardian.com/society/2020/feb/25/celebrities-promoting-veganism-damages-farmers-mental-health-says-nfu-river-phoenix>

<sup>46</sup> <https://science.sciencemag.org/content/360/6392/987>; graphic from <https://www.bbc.co.uk/news/science-environment-46384067>

<sup>47</sup> Compare the pleasure from finding a £5 note with the disappointment of losing £5. See Kahneman, D. *Thinking Fast and Slow*, 2011.

<sup>48</sup> <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42>

<sup>49</sup> <https://www.bbc.co.uk/news/uk-politics-51453457>

<sup>50</sup> <https://nyc.streetsblog.org/2017/11/28/congestion-pricing-was-unpopular-in-stockholm-until-people-saw-it-in-action/>

<sup>51</sup> <https://www.theguardian.com/business/2020/mar/17/four-items-per-shopper-restrictions-at-uk-supermarkets-as-demand-soars>

<sup>52</sup> Insee, [https://www.lemonde.fr/sante/article/2020/06/12/coronavirus-la-mortalite-est-revenue-a-un-niveau-normal-en-mai-selon-l-insee\\_6042674\\_1651302.html?utm\\_medium=Social&utm\\_source=Twitter#Echobox=1591977043](https://www.lemonde.fr/sante/article/2020/06/12/coronavirus-la-mortalite-est-revenue-a-un-niveau-normal-en-mai-selon-l-insee_6042674_1651302.html?utm_medium=Social&utm_source=Twitter#Echobox=1591977043)

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Somerset County Council  
 Scrutiny for Scrutiny for Policies, Adults and Health  
 Committee  
 – 12/11/2020

## Somerset Safeguarding Adults Board: Strategic Plan (2020/2021) and Annual report (2019/20)

Lead Officer: Keith Perkin, Independent Chair, Somerset Safeguarding Adults Board  
 Author: Stephen Miles, Service Manager, Somerset Safeguarding Adults Board  
 Contact Details: smiles2@somerset.gov.uk / 07976 699233  
 Cabinet Member: Cllr David Huxtable, Cabinet Member for Adult Social Care  
 Division and Local Member: Not applicable

### 1. Summary

- 1.1. The Somerset Safeguarding Adults Board (SSAB) operates as an independently chaired, multi-agency body under The Care Act 2014. It became statutory from April 2015.
- 1.2. The SSAB’s role is to have an oversight of safeguarding arrangements within the County, not to deliver services or become involved in the day to day operations of individual organisations, including those of Somerset County Council. Any questions from committee members regarding operational matters, including individual safeguarding enquiries, should therefore be directed to the representative of the organisation that has the lead for this work.
- 1.3. The Board is required by The Care Act 2014 to produce and publish an Annual Plan and Report each year. The plan is normally considered by the Scrutiny for Scrutiny for Policies, Adults and Health Committee in the spring (this did not happen in 2020 due to the Coronavirus Public Health Crisis) and the Annual Report in the autumn.
- 1.4. The purpose of this report is to present both the Board’s Annual Plan for 2020/21 and Annual Report for the 2019/20 financial year to the Scrutiny for Scrutiny for Policies, Adults and Health Committee.
- 1.5. Links to County Plan: "*Protect vulnerable children and adults and support them to reach their potential*"

2. Issues for consideration / Recommendations		
2.1.	1	<b>That the Scrutiny for Scrutiny for Policies, Adults and Health Committee receives and considers the Somerset Safeguarding Adults Board’s 2020/21 Annual Plan and 2019/20 Annual Report (Appendices A and B).</b>
	2	<b>That the Scrutiny for Scrutiny for Policies, Adults and Health</b>

	<p><b>Committee notes progress highlights during 2020/21 to date</b></p> <p><b>3 That the Scrutiny for Scrutiny for Policies, Adults and Health Committee continues to promote adult safeguarding across the County Council and in the services that are commissioned</b></p>
<p><b>2.1.</b></p>	<p>Reason for recommendations: The purpose of this report is to present the Board's Annual Plan for 2020/21 and Annual Report for the 2019/20 financial year to the Scrutiny for Scrutiny for Policies, Adults and Health Committee.</p>

### **3. Background**

- 3.1.** The main objective of the Somerset Safeguarding Adults Board (SSAB) is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:
- have needs for care and support; *and*
  - are experiencing, or at risk of, abuse, neglect or exploitation; *an*
  - are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs
- 3.2.** The SSAB is required by The Care Act 2014 to produce and publish an Annual Plan and an Annual Report for each financial year.
- 3.3.** The Annual Plan must set out what the Safeguarding Adults 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 (SABs), the Board chose to develop a three-year plan in 2019 that is refreshed annually.
- 3.4.** The Annual Report must set out what has been done to help and protect adults at risk of abuse and neglect in Somerset during that timeframe. It provides an opportunity to both reflect on achievements over the past year and to formally identify priorities for the year ahead. It also offers a chance to demonstrate the SSAB's fulfilment of its role and ongoing commitment to safeguard vulnerable adults in the county.
- 3.5.** Safeguarding is everybody's business, and the SSAB has a strategic role that is greater than the sum of the operational duties of the core partners. It means protecting an adult's right to live in safety, free from abuse and neglect.
- 3.6. The SSAB's Annual Plan**
- The SSAB developed a new 3-year strategic plan for 2019-2022 in early 2019, incorporating comments from Scrutiny for Scrutiny for Policies, Adults and Health Committee, and this has been refreshed for 2020-21. This refresh was originally due to be considered by the Committee in the spring, but this did not happen due to the Coronavirus Public Health Crisis. As part of the refresh the plan has been amended to reflect the competing demands on partners during the



ongoing crisis.

By its very nature a strategic plan will be high-level and contain objectives that will be updated as work progresses. Our plan also does not reference specific groups of adults in recognition that, while the general level of risk may vary, safeguarding work is rarely group specific. Our overarching priorities for 2020-21 are:

- a) Listening and learning:
  - Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
  - We use learning from within Somerset and elsewhere to enhance practice across the system in Somerset.
  - Identified best practice will be embedded throughout the partnership
  - We will be open to constructive criticism, and take appropriate action to reduce risk and improve safeguarding practice.
- b) Enabling people to keep themselves safe:
  - People are aware of what abuse is and how to keep themselves and those that they care for safe
  - People know what to do if they think that they or others are experiencing abuse or neglect
- c) Working together to safeguard people who can't keep themselves safe:
  - Organisations, including the third sector, work together to ensure that multi-agency arrangements are effective, and that people who are unable to keep themselves safe are supported in the least invasive way
  - Policy and guidance reflects best practice and takes a positive approach to risk
  - There is effective working across local, regional and national partnerships on areas on mutual interest
  - The number of inappropriate referrals is reduced through people raising other types of concern in an appropriate way
- d) Board Governance:
  - Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning
  - The Board uses data appropriately to understand where risk exists within the system
  - The Board can demonstrate progress through the regular monitoring of performance

**3.7.** Further information on the work that it is proposed will underpin these priorities can found in Appendix A.

### **3.8. Assurance in relation to Adult Safeguarding Arrangements in Somerset**

The SSAB undertook its annual multi-agency organisational self-audit process during the autumn of 2019. All SSAB members were invited to complete the audit, which was also published on the SSAB website. In a change to previous years it was agreed to pilot an audit tool used by the other SABs working within the Avon & Somerset Constabulary footprint, with the addition of a section to monitor the implementation of recommendations from local Safeguarding Adult Reviews.

- a) Organisations were asked to complete an agreed audit tool during Quarter 2 2019/20 encompassing 50 areas of safeguarding activity and practice, and to submit this for initial discussion by the Quality Assurance Subgroup.
- b) Nine organisations returned a completed audit, an increase of one over the previous year. This was an increase of two organisations from 2018/19.
- c) Overall, an aggregated total of 396 responses were received from the 9 organisations. Those areas where a response was not received were primarily where an area was not applicable to an organisation. For example, a number of the questions on learning from serious cases were only applicable to organisations with a commissioning function.
- d) Due to the change of audit tool the only section that is comparable to previous years is 'Learning from Serious Cases'. Within this section increased confidence was shown in most, but not all areas. No areas showed a decrease in confidence.
- e) The results were reviewed by the SSAB's Quality Assurance subgroup, which included representation from Healthwatch.
- f) Areas of development identified through the audit processes centred on:
  - Ensuring the voice of people who experience safeguarding is heard and listened to within processes
  - The application and understanding of the Mental Capacity Act across the whole adult workforce
  - Raising awareness of abuse, neglect and self-neglect with the public, adults with care and support needs and their families.

Those areas where development is required are understood and work is taking place, for example the development of new information for the public and people with care and support needs for all partners and the public to use.

An exception remains where services are commissioned by commissioners external to Somerset, which was highlighted in our last report in to the Scrutiny for Scrutiny for Policies, Adults and Health Committee in 2019. We have now reached the point locally and regionally where further progress requires action to be taken on a national level to address the broader concerns about the practices of some commissioners when they place adults into services outside of their local area.

### 3.9. Key Progress, 2019/20

During 2019/20 the Somerset Safeguarding Adults Board concentrated its efforts on improving its overall effectiveness in order to better coordinate activity, learn from serious cases locally, regionally and nationally; and raise its local profile and the value of what it offered through high quality communications with both professionals and the public. Particular highlights worth noting during the year are as follows:

- a) The SSAB welcomed its new Independent Chair, Keith Perkin, who took over the role in January 2020
- b) The SSAB continued to promote information about current safeguarding 'hot topics' including areas such as county lines, scamming and modern slavery through both its newsletter and social media in order to raise awareness among both professionals and the public. It has also sought to raise awareness of the work of partners, for example Devon, Somerset and Torbay Trading Standards, and national initiatives such as [Friends Against Scams](#)..
- c) The SSAB held its third multi-agency [annual conference](#) for safeguarding leads in May 2019. Attendees represented a broad range of organisations from across the health and social care sector. The conference was well received, with feedback on the day indicating that participants felt that it would have a positive impact on their practice.
- d) The Board's Policy and Procedures subgroup reviewed and enhanced its online guidance, including updating guidance on a number of areas [including self-neglect](#). It has also adopted guidance developed regionally on allegations against [people in a position of trust](#) and developed new guidance – ["What to do if it's not safeguarding"](#) – following learning about the effectiveness of multi-disciplinary working when a safeguarding response was not required.
- e) The SSAB once again led the development of a new sub-regional [Joint Safeguarding Adults Multi-Agency Policy](#) in partnership with colleagues in Bristol, Bath & North East Somerset, North Somerset and South Gloucestershire to ensure standards are clarified and refreshed in light of more recent statutory developments or good practice. This was published in June 2019.
- f) The SSAB actively supported and contributed to "Stop Adult Abuse Week" during June 2019 with other Boards in the Avon & Somerset Constabulary area. In 2019 the focus of the week was the Mental Capacity Act which had been highlighted as an area for development by all the Boards involved, as well as nationally, and the SSAB published promoted information on this area of work as well as running a 'Myth Buster' promotion on the day that it led. The SAB also supported a new, national, week focusing on Safeguarding Adults in November. Throughout the year the SSAB continued to highlight particular areas of adult safeguarding.
- g) The Mental Capacity Subgroup began work to ensure that the Somerset

system is as well prepared as possible for the introduction of the new Liberty Protection Safeguards which, at that point, were expected to be implemented nationally in October 2020, but which have now been delayed until 2022.

- h) The SSAB continued to pursue the implementation of recommendations from the [Mendip House Safeguarding Adults Review](#). This included supporting the implementation of a notification process for external commissioners to use when placing into Somerset, and involvement with wider regional work to agree a single regional approach. The SSAB Executive Group also continued to monitor assurance from partners of the arrangements when people were placed outside of Somerset by local commissioners during the financial year.
- i) The SSAB's Learning and Development Subgroup developed an [Adult Safeguarding Learning Framework](#) that identifies the safeguarding knowledge that staff working at different levels within organisations should have, and continues to routinely consider learning from Safeguarding Adult Reviews regionally and nationally.
- j) A [practice briefing was published for 'Kevin'](#). This related to a referral that did not meet the threshold for a SAR to be commissioned, but which felt valuable learning had been identified from while considering the referral.
- k) The SSAB contributed to training for commissioners and senior managers from Somerset County Council on its work including learning from SARs, and is looking at how this could be made available more widely with Somerset County Councils Adult Safeguarding Service and Adult Quality Assurance Team.

### **3.10. Key Progress, 2020/21**

As a result of the demands that were placed on key partners in relation to responding to the Coronavirus Public Health Crisis, in common with the approach taken by many other SABs nationally, the SSAB took the difficult decision to suspend all of its subgroups at the start of the financial year and also to cancel its annual conference. The subgroups have now been restarted with a focus on the system's recovery and learning from the crisis. Highlights during the year so far include:

- a) The SSAB has supported the local system during the public health crisis by hosting, and maintaining on a daily basis, information to support organisations providing care and support to adults in Somerset on its [website](#). It has also supported work in relation to Personal Protective Equipment and Infection Prevention in the local system, and the development of Somerset's Adults Social care Winter Plan.
- b) Each of the SSAB's subgroups has looked to identify learning from the system from the crisis. The vast majority of this learning has been that, so far, the local system performed well, with good examples of partners working together effectively. However, this will continue to be monitored.
- c) The SSAB Executive and Quality Assurance subgroups have been closely

monitoring performance data to ensure that any trends in the types and locations of abuse and neglect are identified. This has identified that, while some areas of England have seen significant rises in some types of abuse and neglect, this has not been the case in Somerset to date. The Quality Assurance Subgroup has also taken a decision to move to a biennial audit cycle, with the next audit planned for 2021.

- d) At its meeting in June 2020 the SSAB Board received a report from the South West Audit Partnership (SWAP) which had undertaken a review of its operations during the spring. While stating that "*Overall, this audit has found that the Somerset Safeguarding Adults Board has satisfactory arrangements across most of the key areas, to ensure that it operates as an effective partnership*" there were a relatively small number of areas identified by SWAP where improvements were recommended, and work is in progress to address them.
- e) A [Safeguarding Adults Review into the death of 'Luke'](#) was published in August 2020, and the Safeguarding Adults Review (SAR) Subgroup has continued to consider referrals for SARs when they are received.
- f) The Policy and Procedures subgroup has continued to review existing guidance, and develop new guidance in areas where it is identified that it would be beneficial. Documents under development include "Medication Management Guidance for Providers" and a regional Organisational Abuse Policy that the SSAB has taken the lead in developing.
- g) The SSAB once again actively supported and contributed to "Stop Adult Abuse Week" during June 2019 with other Boards in the Avon & Somerset Constabulary area. This year the focus of the week was focus is "Looking after your community" as we all work together to support our neighbours during the national pandemic and its aftermath. The SSAB will also support the national week of focus on Safeguarding Adults in November.

**3.11.** The Annual Report can be read in full in Appendix B.

#### **4. Consultations undertaken**

- 4.1.** As part of refreshing the Strategic Plan and developing its Annual Report the SSAB sought feedback from all of its partners following its meeting in June 2020. This includes seeking feedback from representatives of people who use services, carers and the third sector, and Healthwatch. Partners were also invited to contribute content to the Annual Report, and this can be found in section 9 of Appendix B.

#### **5. Implications**

- 5.1. Financial implications:** The majority of the SSAB's funding is provided by Somerset County Council, with contributions from Avon & Somerset Constabulary and NHS Somerset Clinical Commissioning Group. Safeguarding

Adults Reviews (SARs) are resourced by the partnership as and when required and an agreement is now in place between the three statutory partners to resource all SARs from outside the SSAB's core budget. In addition, a new approach that we have developed of asking a senior representative from a partner organisation that has not had involvement in a case to chair a locally led approach is likely to reduce the proportion of instances when an Independent Reviewer needs to be commissioned.

The SSAB continues with its decision not to professionally print the Annual Plan or Report to save on costs and environment impact. All reports are publicly available on the website [www.ssab.safeguardingsomerset.org.uk](http://www.ssab.safeguardingsomerset.org.uk), including both appendices to this Report.

- 5.2. Legal implications:** The Care Act 2014 represented the most significant change to adult social care in more than 60 years, putting people and their carers in control of their care and support. For the first time the Act placed Safeguarding Adults, and the role and functions of a Safeguarding Adults Board, onto a statutory framework from 1st April 2015.
- 5.3. Partner organisations:** Somerset Safeguarding Adults Board benefits from strong partnership commitment. Organisations represented on the Board had the opportunity to detail their achievements and contributions in 2018/19 and all Board members are encouraged to take the Annual Report through their own internal governance routes.
- 5.4. Equalities Implications:** None. This report does not relate to a decision and has therefore not been impact assessed.
- 5.5. Risk Assessment:** Safeguarding activity by its nature is an inherently risky area and has the potential to bring a Council's reputation, and the wider safeguarding system, into question, when failings are identified. The Annual Plan and Report, both a legal requirement by the Care Act 2014, provide partner organisations and the public with assurances that adult safeguarding is being monitored and scrutinised in Somerset. The Board also has a robust risk register in place which identifies and tracks risk.

## 6. Background papers

- 6.1.**
- Appendix A, SSAB Strategic Plane, 2020/21
  - Appendix B, SSAB Annual Report, 2019/20

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

## 1: Listening and learning

### Desired outcomes:

- Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
- We use learning from within Somerset and elsewhere to enhance practice across the system in Somerset.
- Identified best practice will be embedded throughout the partnership
- We will be open to constructive criticism, and take appropriate action to reduce risk and improve safeguarding practice.

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
A	Develop consistent and effective processes and communication channels to inform our work. We will do this by using the views of, and learning from, people who have experienced safeguarding and their carers, both provided directly to the Board and through partner organisations, including the third sector.	Board/ Exec Group	Due to their nature, these are pieces of work will continue throughout the life of the	<ul style="list-style-type: none"> <li>• Feedback from people who experience safeguarding and their carers, performance data and organisational audits demonstrate a greater focus on outcomes</li> <li>• Feedback from people who experience safeguarding and their carers is proactively sought and acted upon</li> </ul>
B	Develop mechanisms to identify and share best practice to improve safeguarding practice. This will include commissioning and supporting Safeguarding Adults Reviews (SARs), and learning emerging from other local, regional or national reviews. It will also include using an expanded range of methodologies to undertake SARs, including, where appropriate, the adoption of accelerated approaches used elsewhere to identify learning more quickly.	Learning and Development Subgroup/SA R Subgroup	plan as part of a continuous approach to learning and improvement	<ul style="list-style-type: none"> <li>• Best practice is identified and shared on a regular basis through the SSAB website, social media and newsletters</li> <li>• Monitoring the levels and types of safeguarding concerns for adults at risk</li> <li>• Use of an expanded range of methodologies</li> </ul>
C	Deliver multi-agency Safeguarding Adults learning opportunities to raise the profile of adult safeguarding, address areas of practice improvement and share lessons learnt from Reviews.	Learning and Development Subgroup		<ul style="list-style-type: none"> <li>• Multiagency practitioner feedback demonstrates awareness of safeguarding issues, risks and commitment to develop own practice.</li> </ul>

D	Identify learning for the adult safeguarding emerging from the ongoing Coronavirus public health crisis, including if there are any new and/or emerging Safeguarding Adults priorities that have arisen both as a result of the pandemic and the reducing lockdown measures	Board and Executive Group	At each meeting of the Board and Executive Group	<ul style="list-style-type: none"> <li>Learning identified, actions agreed, and arrangements put in place for their implementation</li> </ul>
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## 2: Enabling people to keep themselves safe

### Desired outcomes:

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

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No.	Task	Lead/s	Timescales	What Will Demonstrate Success
A	Raise public awareness of: <ul style="list-style-type: none"> <li>the different types of abuse</li> <li>how people can keep themselves and those that they care for safe, including on-line</li> <li>how to seek support when they or others are experiencing abuse or neglect</li> </ul>	Board/ Exec Group	Due to their nature, these are pieces of work will continue throughout the life of the plan as part of a continuous approach awareness raising across the system Ongoing	<ul style="list-style-type: none"> <li>Public feedback demonstrates improved awareness of safeguarding issues</li> <li>Targeted campaign reach and feedback</li> <li>Increase in number of referrals made by the person who needs safeguarding themselves</li> <li>Website analytics and feedback</li> <li>Social media reach and feedback</li> <li>Newsletter reach and feedback</li> <li>Engagement with campaigns including: <ul style="list-style-type: none"> <li>World Elder Abuse Awareness Day</li> <li>'Stop Adult Abuse' awareness week</li> <li>16 days of action</li> <li>Rogue trader's week</li> <li>Safeguarding adults week</li> </ul> </li> <li>Implementation of plan of plan</li> <li>Continued promotion of the SSAB 'Thinking it, Report it' campaign</li> </ul>
B	Through partner organisations, including the third sector, provide bespoke information to specific groups/sectors that are identified as being at greater risk	Board/ Exec Group		
C	Work together with Devon, Somerset and Torbay Trading Standards Service to raise awareness of financial abuse and scams	Business Manager		



D	Work together with the Safer Somerset Partnership and Avon & Somerset Constabulary to support work to reduce the harm caused by abuse such as County Lines activity, domestic abuse & modern slavery.	Board/ Exec Group		<ul style="list-style-type: none"> <li>• There is effective joint working to raise public awareness of County Lines and support the disruption of this type of criminal activity.</li> <li>• Support the work of the Somerset Violence Reduction unit in their efforts to reduce the impact of serious violence on vulnerable adults.</li> </ul>
E	Develop and publish a communication plan of that is aligned with local, regional and national campaign. The development will include a review of how public messages have been disseminated through the Coronavirus Public Health Crisis to identify if there are other methods that the board could consider adopting.	Business Manager	By the end of Q3 2020	<ul style="list-style-type: none"> <li>• A plan is in place and is used as the basis of SSAB communications</li> </ul>

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

### Desired outcomes:

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

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
A	Work as a partnership to identify guidance and standards for areas of new and evolving adult safeguarding practice to keep people safe and minimise risk of harm, while supporting them to live their lives as they wish	Policy and Procedures Subgroup	Due to their nature, these are pieces of work will continue	<ul style="list-style-type: none"> <li>• Reduction in the number of inappropriate referrals</li> <li>• Any policy or guidance changes required are agreed and implemented</li> <li>• There is guidance in place to support</li> </ul>

B	Work jointly with the other strategic Partnership Boards in Somerset to keep people safe from harm and improve their health and wellbeing in support of the prevention agenda, reducing duplication of effort and maximising effectiveness.	Independent Chair / Business Manager	throughout the life of the plan as part of a continuous approach to learning and improvement	<ul style="list-style-type: none"> <li>application of the Mental Capacity Act and Deprivation of Liberty Safeguards</li> <li>Appropriate mechanisms are in place to address deficits in multi-agency working, should they occur</li> <li>There are effective arrangements in place for joint working that can be demonstrated through the monitoring of member organisation performance data</li> </ul>
C	Enhance local understanding and application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (and the proposed replacement Liberty Protection Safeguards). This will include seeking assurance that the application of the principles of the MCA, including the need to safeguard people who are deprived of their liberty, are being complied with.	Mental Capacity Subgroup		
D	Work jointly locally, within the region, and through national networks, to both develop our local approaches to safeguarding adults within the wider system, learn from others, and share good practice and learning.	Independent Chair / Business Manager	Quarterly throughout the year	<ul style="list-style-type: none"> <li>The Board contributes to the development of local, regional and national policy, and adopts learning from other local partnerships and elsewhere</li> </ul>

## 4: Board Governance

### Desired outcomes:

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

No.	Task	Lead/s	Timescales	What Will Demonstrate Success
A	Monitoring the implementation of best practice, standards, policies and actions emerging from Reviews (including, but not limited to, SARs, Serious Case Reviews, Domestic Homicide Reviews, and Learning Disability Mortality Reviews)	Exec Group  L&D Subgroup	Q2/3 Annually	<ul style="list-style-type: none"> <li>Monitoring of implementation of recommendations emerging from Reviews</li> </ul>

B	Monitor the implementation of recommendations made by the South West Audit Partnership in its audit of the SSAB's work (April 2020) and actions identified from the 2020 SSAB members survey			<ul style="list-style-type: none"> <li>• Actions agreed, implemented and monitored</li> </ul>
C	Monitor performance across the system	QA Subgroup MCA Subgroup	Quarterly throughout the year	<ul style="list-style-type: none"> <li>• Performance is monitored quarterly, and indicators regularly reviewed</li> <li>• Monitoring of Advocacy take up</li> <li>• Monitoring of Deprivation of Liberty Safeguards referrals (and the proposed Liberty Protection Safeguards)</li> </ul>
D	Develop effective processes which use data as part of an 'intelligent safeguarding' approach to understand where risks exist within the system and seeks assurance on the implementation of action(s) to address it	Board / Exec Group / QA Subgroup	Quarterly throughout the year	<ul style="list-style-type: none"> <li>• Data on patterns of referrals and types of abuse is used to inform the work of the Board</li> </ul>
E	Review work led by Public Health Somerset on arrangements for people with multiple vulnerabilities, and seek assurance appropriate arrangements are in place to address any weaknesses in the adult safeguarding system identified through this.	Exec Group	Q3 2020/21	<ul style="list-style-type: none"> <li>• Levels of assurance are established</li> <li>• Appropriate auditing and monitoring arrangements are agreed for any areas of low assurance</li> </ul>
F	Support Somerset County Council Elected Members and Somerset County Council Committee functions to better understand their roles and responsibilities in effectively scrutinising and monitoring the effectiveness of the Board in protecting adults at risk from abuse, and maintain links with NHS England Improvement	Exec Group / Independent Chair	Due to its nature, this will continue throughout the life of the plan	<ul style="list-style-type: none"> <li>• Elected Members of Somerset County Council and Members of NHS Somerset Clinical Commissioning Group have the information they need to effectively scrutinise the work of the Board</li> </ul>

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# Annual Report

# 2019-20

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# 1. Introduction

The Somerset Safeguarding Adults Board (SSAB or “the Board”) is required under the Care Act 2014 to produce an annual report each year.

The report must set out what we have done during the last year to help and protect adults at risk of abuse and neglect in Somerset.

Our annual report tells you:

- The profile of adult safeguarding in 2019/20;
- How we have done in delivering our objectives during the year;
- The findings and impact of any Safeguarding Adults Reviews we carried out;
- The contributions of our member organisations to adult safeguarding;
- Our priorities looking forward.

This report will be published on the SSAB website, [www.ssab.safeguardingsomerset.org.uk](http://www.ssab.safeguardingsomerset.org.uk), for all partners, interested stakeholders and members of the public to access.

As required by the Care Act, it will also be shared with the Chief Executive and Lead Member of the Local Authority, the Police and Crime Commissioner and the Chief Constable, the local Healthwatch organisation, and the Chair of the Health and Wellbeing Board. A copy will also be shared with the Chief Officer of the Clinical Commissioning Group.

It is expected that those organisations will consider the contents of the report alongside how they can improve their contributions to both safeguarding in their own organisations, networks and in partnership with the Board.

**‘Working in partnership to enable adults in Somerset to live a life free from fear, harm and abuse’**

## 2. Foreword

### **Keith Perkin, Independent Chair – Somerset Safeguarding Adults Board**



I had the privilege of becoming the Somerset Safeguarding Adults Board Chair in January 2020, following on from Richard Crompton. I would like to thank Richard for his valuable contribution to safeguarding vulnerable adults in Somerset over the previous six years. With his leadership and the joint efforts of all partners, it is clear that those in need of safeguarding, are receiving excellent support to keep them safe.

However, there is always more we can do, and 2020 has brought the care and support to vulnerable adults to the forefront of our work and thinking. As Independent Chair, I have a responsibility to ensure that partners work together to keep people safe. The coronavirus pandemic has impacted on so many, whether you are in need of care and support or if you work with those who need your help. I would like to pay tribute to all those who have been working tirelessly during the pandemic to keep vulnerable people safe. I know it hasn't been easy, but the fantastic partnership work happening in Somerset is a consistent message that I hear.

This report sets out our 3 year strategic plan. I am keen to develop how we continue to listen to the views of those who receive a safeguarding service, to make it even better, and tailored to individuals. The coronavirus pandemic has led to restricted face to face meetings, and changes in working practices. As a Board we need to learn how we adapt to ensure people can receive support when required, but also how people can keep themselves safe. Somerset is fortunate in having excellent partnerships. This will be even more critical as we move into 2021, with statutory and voluntary organisations needing to work together to protect those who are unable to keep themselves safe.

One of the Boards statutory responsibilities is to carry out and publish Safeguarding Adult Reviews. Although no such reviews were published this year, we have learnt from other types of reviews, whether they were local, regional or national. Board members were enthused about the



safeguarding outcomes when a victim of 'County Lines' spoke directly about their experiences in a recent Board meeting.

I am pleased that the SSAB is a proactive partnership, and is innovative in how it safeguards vulnerable people. The Board has published an Adult Safeguarding Learning and Development Framework and also guidance on Allegations Against People in a Position of Trust. Both will be valuable in improving the service provided to those who need our support.

The Board also held a successful conference which covered a wide range of safeguarding matters. This was complemented by a focus on the Mental Capacity Act during 'Stop Adult Abuse' week.

The coronavirus pandemic will remain as an influencing factor in our work for the foreseeable future. Despite the challenges and risks this brings to us all, the safeguarding of those who have care & support needs who are at risk of harm and abuse will continue to be at the heart of the service we provide. I am confident that those who provide this support will continue to meet the demands of this unprecedented challenge.

Keith Perkin

Independent Chair

Somerset Safeguarding Adults Board

## 3. The Board

### **Safeguarding is everybody's business**

The Board's role is to have an oversight of safeguarding arrangements, not to deliver services

The Somerset Safeguarding Adults Board (SSAB) is a multi-agency partnership which became statutory under the Care Act 2014 from 1<sup>st</sup> April 2015.

The role of the Board is to assure itself that local safeguarding arrangements and partner organisations act to help and protect adults in its area.

This is about how we prevent abuse and respond when abuse does occur in line with the needs and wishes of the person experiencing harm.

The Boards' main objective is to assure itself that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over in the area who:

- have needs for care and support; and
- are experiencing, or at risk of, abuse or neglect; and
- (as a result of their care and support needs) are unable to protect themselves from either the risk of, or experience of, abuse or neglect.

The Board has a strategic role that is greater than the sum of the operational duties of the core partners, overseeing and leading adult safeguarding across the county and interested in a range of matters contributing to the prevention of abuse and neglect. The Board does not work in isolation, nor is it solely responsible for all safeguarding arrangements.

## Membership of the Board

Board members as at 31 March 2020:

<b>Name</b>	<b>Organisation</b>	<b>Job Title</b>
Keith Perkin		Independent Chair
Stephen Miles		Business Manager
<b>Lead Statutory Partners</b>		
Mike Prior	Avon & Somerset Constabulary	Superintendent
Victoria Caple		Partnership Liaison Manager
Sandra Corry	NHS Somerset Clinical Commissioning Group	Director of Quality and Nursing
Val Janson		Deputy Director of Quality and Nursing
Mel Lock	Somerset County Council	Director, Adult Social Services
Mike Hennessey		Director of Operations

<b>Partner Members</b>		
Paul Chapman	Care Quality Commission	Inspection Manager
Deborah Penny	Carers' Voice Somerset	Carers' Voice Somerset Partnership Board Officer
Lucy Martin	Department for Work and Pensions	Partnership Manager for Bristol and North Somerset Department for Work and Pensions
Vacant as at 31/03/2020	Devon & Somerset Fire and Rescue Service	Safeguarding Manager
Janet Quinn	Devon, Somerset and Torbay Trading Standards Service	Trading Standards Project Officer
Luke Joy-Smith	Discovery	Managing Director
Kathy Smith	Golden Lane Housing	Housing Officer
Hannah Gray	Healthwatch Somerset	Healthwatch Somerset Manager
Julie Bingham	LiveWest (rep. housing providers)	Executive Director Housing Support

Tracey Aarons	Mendip District Council (rep. District Councils)	Deputy Chief Executive
Liz Spencer	National Probation Service	Head of the National Probation Service - LDU Somerset Cluster NPS South West South Central Division
Rosie Luce	NHS England and NHS Improvement	Regional Safeguarding Lead / Assistant Director for Quality and Safeguarding
Charlotte Brown	NHS Somerset Clinical Commissioning Group	Designated Nurse for Safeguarding Adults
Simon Blackburn	Registered Care Providers Association	Chief Executive
Richard Pitman	Rep. people who use services and the Voluntary Sector	Chief Executive – Compass Disability
Nicola Kelly	Somerset Care Ltd	Head of Quality and Clinical Governance
Lucy Macready	Somerset County Council (Public Health - Community Safety)	Public Health Specialist – Community Safety
Cllr David Huxtable	Somerset County Council	Lead Member – Adult Services
Alison Bell	Somerset County Council (Public Health)	Consultant in Public Health
Richard Painter	Somerset Partnership & Taunton and Somerset NHS Foundation Trusts	Director of Safeguarding
Amanda Robinson	South Western Ambulance Service NHS Foundation Trust	Safeguarding Business Manager
Anna Temblett	Swan Advocacy	Somerset Area Manager
Bernice Cooke	Yeovil Hospital NHS Foundation Trust	Head of Governance and Assurance
Glen Salisbury		Head of Safeguarding Team

## Board attendance

The Safeguarding Adults Board met on 3 occasions during 2019/20 – June, October and February.

In brackets below is the number of times each organisation was represented during the year at these meetings<sup>1</sup>.

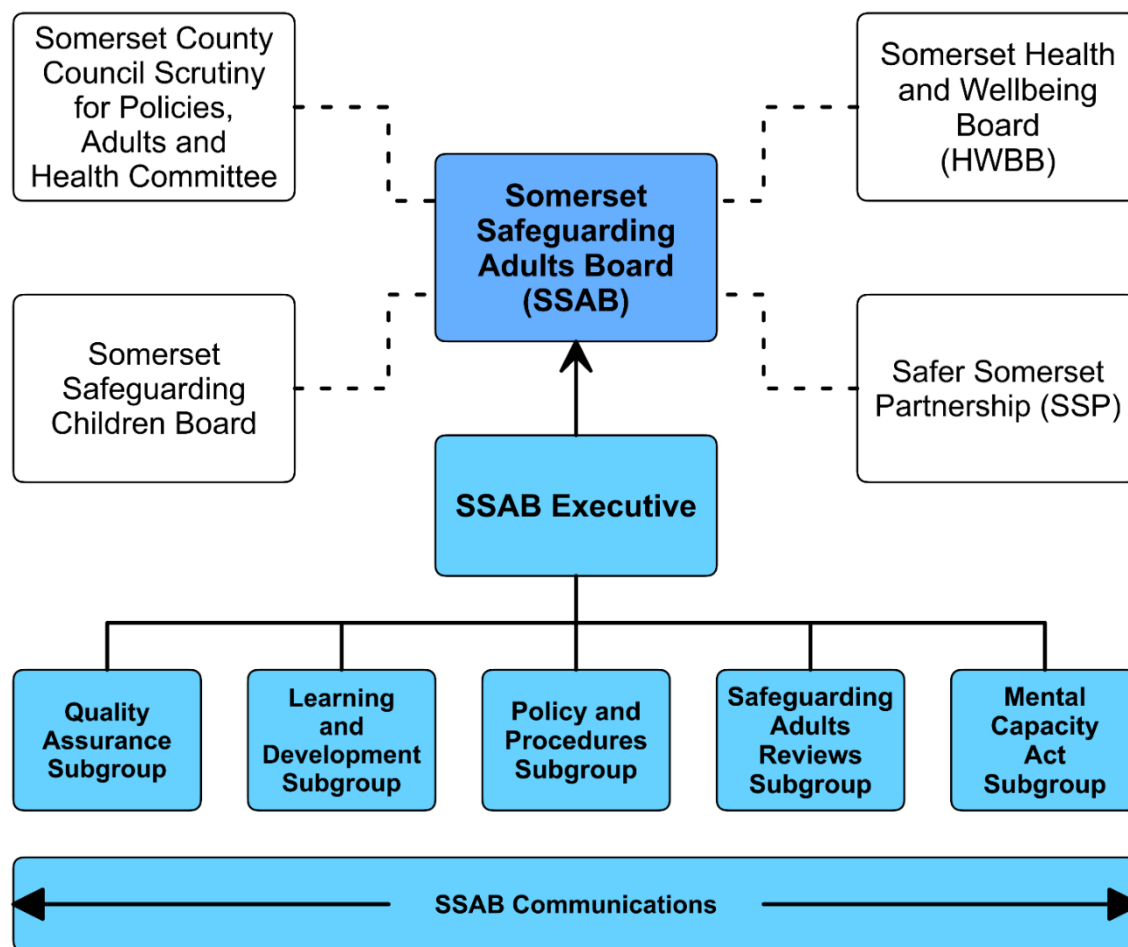
<b>Organisation</b>	<b>Attendance</b>
Avon & Somerset Constabulary	100% (3/3)
Care Quality Commission	0% (0/3)
Carers' Voice Somerset	0% (0/3)
Department for Work and Pensions	33% (1/3)
Devon & Somerset Fire and Rescue Service	0% (0/3)
Devon, Somerset and Torbay Trading Standards Service	0% (0/3)
Discovery	100% (3/3)
District Council representative	66% (2/3)
Golden Lane Housing	33% (1/3)
Healthwatch Somerset	66% (2/3) <sup>2</sup>
Housing representative	66% (2/3)
Musgrove Park Hospital	100% (3/3)
National Probation Service	66% (2/3)
NHS England	0% (0/3)
NHS Somerset Clinical Commissioning Group	100% (3/3)
Public Health	100% (3/3)
Public Health (Community Safety)	66% (2/3)
Registered Care Providers Association	0% (0/3)
Representative of people who use services	66% (2/3)
Somerset Care Ltd	66% (2/3)
Somerset County Council	100% (3/3)
Somerset Partnership NHS Foundation Trust	100% (3/3)
South Western Ambulance Service NHS Foundation Trust	0% (0/3)
Swan Advocacy	100% (3/3)
Voluntary sector representative	66% (2/3)
Yeovil District Hospital	100% (3/3)

<sup>1</sup> By the agency representative themselves or an appropriate agency substitute

<sup>2</sup> One meeting missed while the Healthwatch Somerset Manager post was vacant

In June 2020 the Board received an audit report produced by the South West Audit Partnership (SWAP) that found that there “has been inconsistent attendance at SSAB meetings by certain partners, and instances where deputies who do not have sufficient seniority have attended in place of the main representative” and the Board will be implementing actions to address the recommendations made by auditors in relation to this finding during 2020/21.

### Board structure



There are strong synergies between the work of the SSAB and other key partnerships in the locality, including the statutory Safeguarding Children Board, Health and Wellbeing Board and local Community Safety Partnership.

It is important the Board has effective links with these groups in order to maximise impact, minimise duplication and seek opportunities for efficiencies in taking forward work.

## The Safeguarding Principles

The work of the SSAB is underpinned by six safeguarding principles, which apply to all sectors and settings including care and support services. The principles inform the ways we work with adults, and are:

- 1. Empowerment** – the presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination
- 2. Prevention** – It is better to take action before harm occurs, including access to information on how to prevent or stop abuse, neglect and concerns about care quality or dignity
- 3. Proportionality** – proportionate and least intrusive response appropriate to the risk presented
- 4. Protection** – support and representation for those in greatest need, including identifying and protecting people who are unable to take their own decisions or to protect themselves or their assets
- 5. Partnership** – local solutions through services working with their communities. Communities have a part of play in preventing, detecting and reporting neglect and abuse.
- 6. Accountability** – accountability and transparency in delivering safeguarding, with agencies recognising that it may be necessary to share confidential information, but that any disclosure should be compliant with relevant legislation.

## What is adult safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult's wellbeing is promoted.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.

## Who is an adult at risk?

An adult at risk is someone who is over 18 years of age who, as a result of their care and support needs, may not be able to protect themselves from abuse, neglect or exploitation. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/informal carer for a family member or friend.

## What is abuse?

Abuse is when someone treats an adult in a way that harms, hurts or exploits them. It can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it.

Abuse and neglect can include:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
- **Domestic violence** – psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence
- **Sexual abuse** – rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions; the misuse or misappropriation of property, possessions or benefits
- **Modern slavery** – including slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment



- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment (because of race, gender and gender identity, age, disability, sexual orientation, religion)
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practices as a result of the structure, policies, processes and practices within an organisation
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care and support or educational services; the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – covering a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a safeguarding response is required will depend on the adult's ability to protect themselves by controlling their own behaviour.

[Read further information on the signs, symptoms and indicators of each type of abuse](#)

### **What does Making Safeguarding Personal mean?**

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded.

MSP about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process. The extent to which local services are adopting an MSP approach has been monitored by the SSAB via its annual organisational self-audits, designed to give assurance to the Board of local practice.

## 4. Safeguarding in numbers

### How much abuse and neglect was reported during 2019/20?

#### Safeguarding concerns reported to the Local Authority in 2019/20



2018/19  
3198  
Concerns



2019/20  
3038  
Concerns

3038 concerns were reported. This was a drop of 160 compared to the previous year

Of the 3038 concerns, 19 were raised by the adult themselves.

#### Safeguarding concerns received that required a statutory response in 2019/20



2018/19  
1148

**Section 42 enquiries**

**(35.90% of all concerns received)**



2019/20  
1144

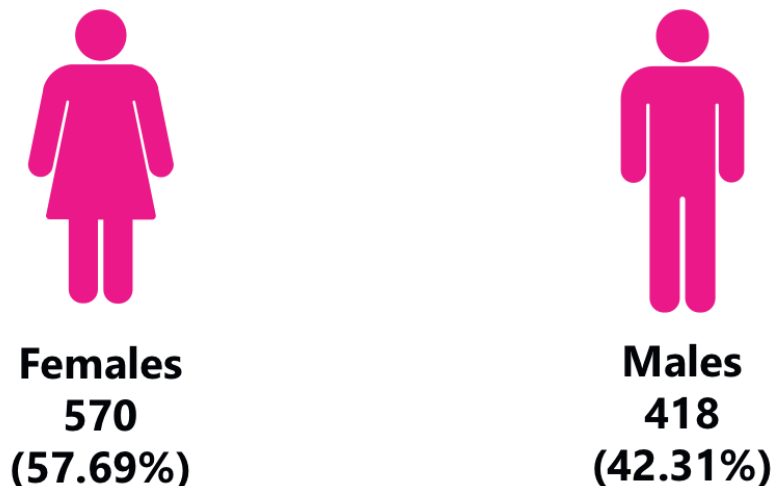
**Section 42 enquiries**

**(37.66% of all concerns received)**

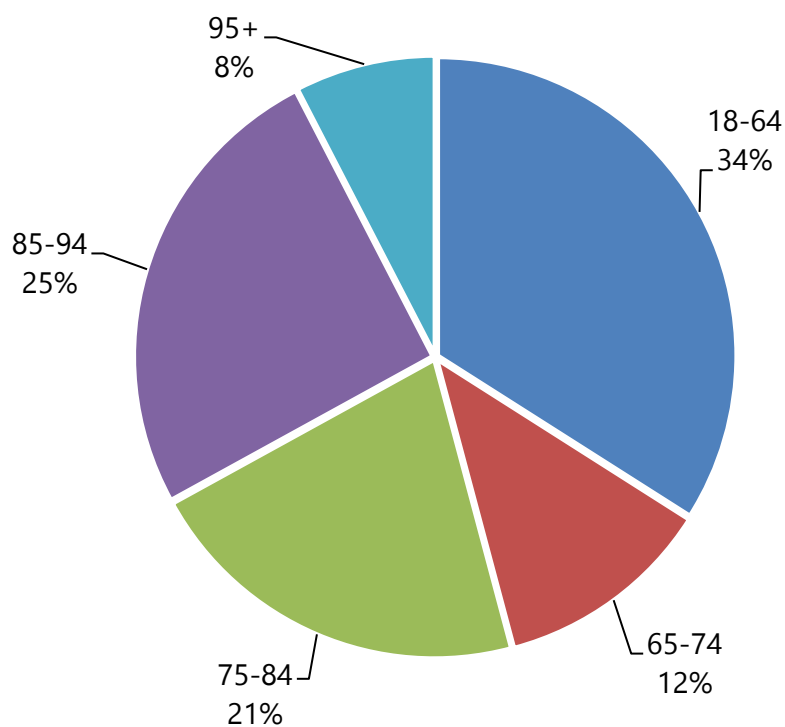
1144 (37.66%) of concerns resulted in an enquiry under Section 42 of the Care Act (2014). This was a small decrease compared to the previous year but. In addition, a further 36 non-statutory enquiries were carried out.

## Who was at risk of abuse and neglect in 2019/20?

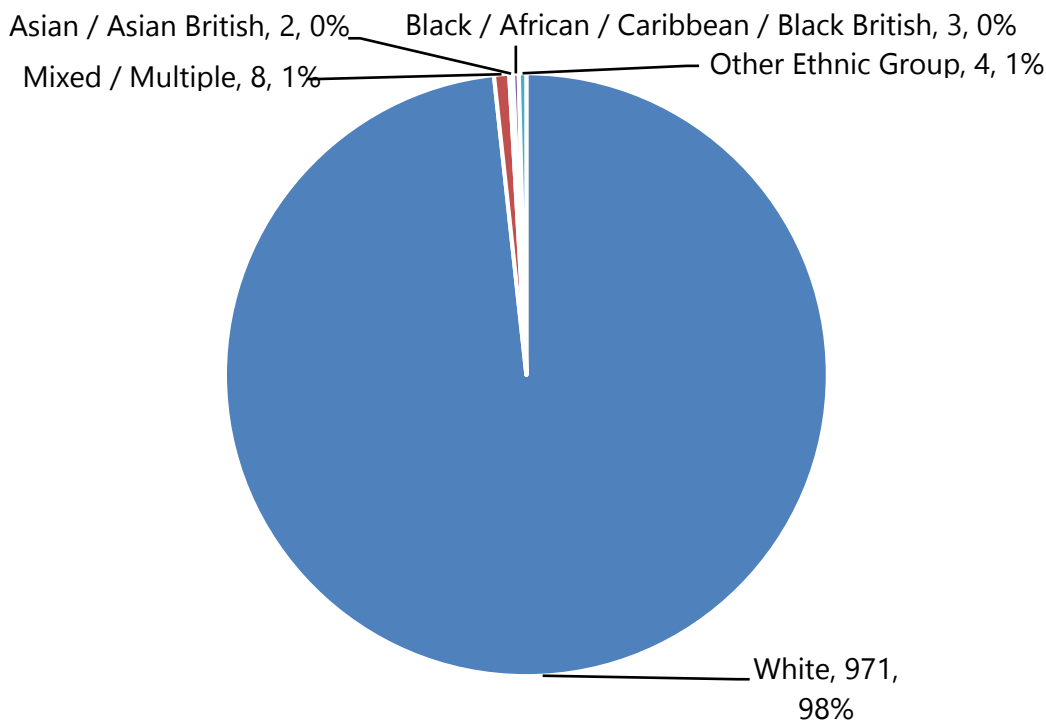
The majority of individuals that required a statutory response were female



The majority of individuals where the concern resulted in an enquiry under section 42 of the Care Act (2014) were aged 65 and over

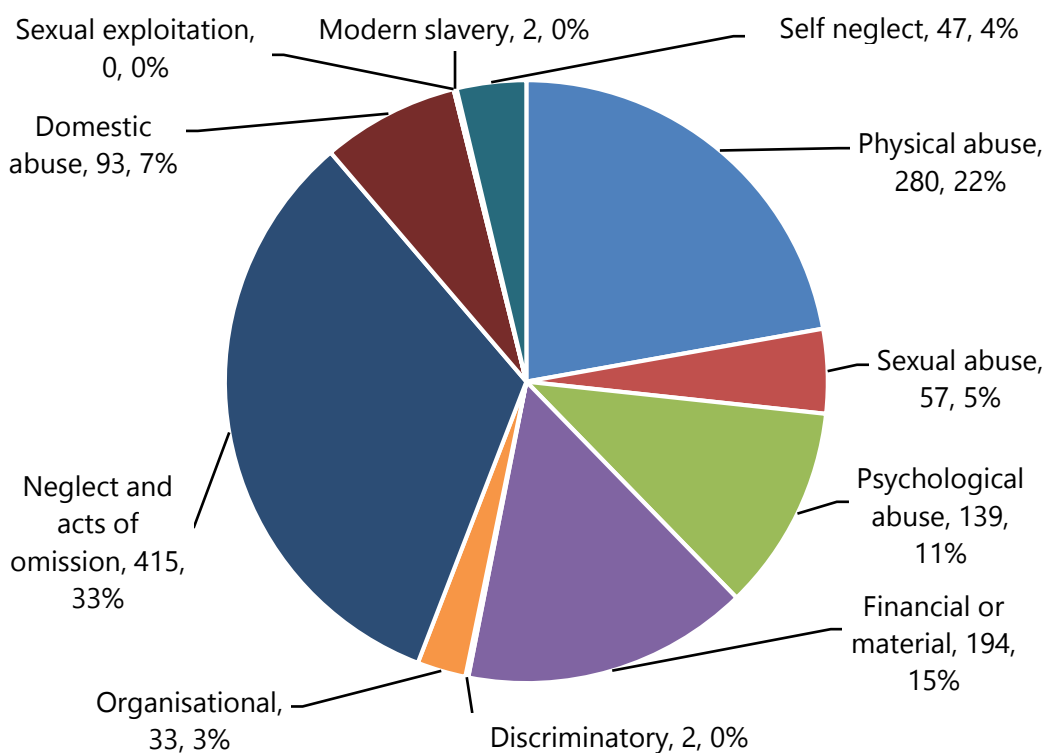


**The majority of individuals where the concern resulted in an enquiry under section 42 of the Care Act (2014) were from white ethnic backgrounds**

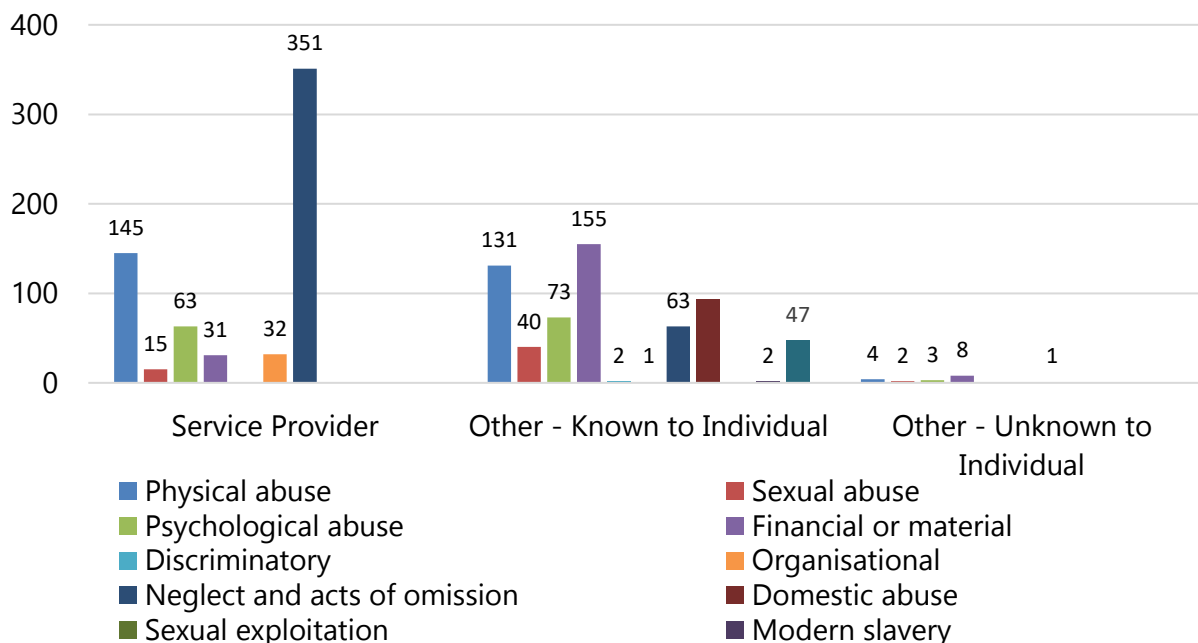


**Type of abuse and source of risk**

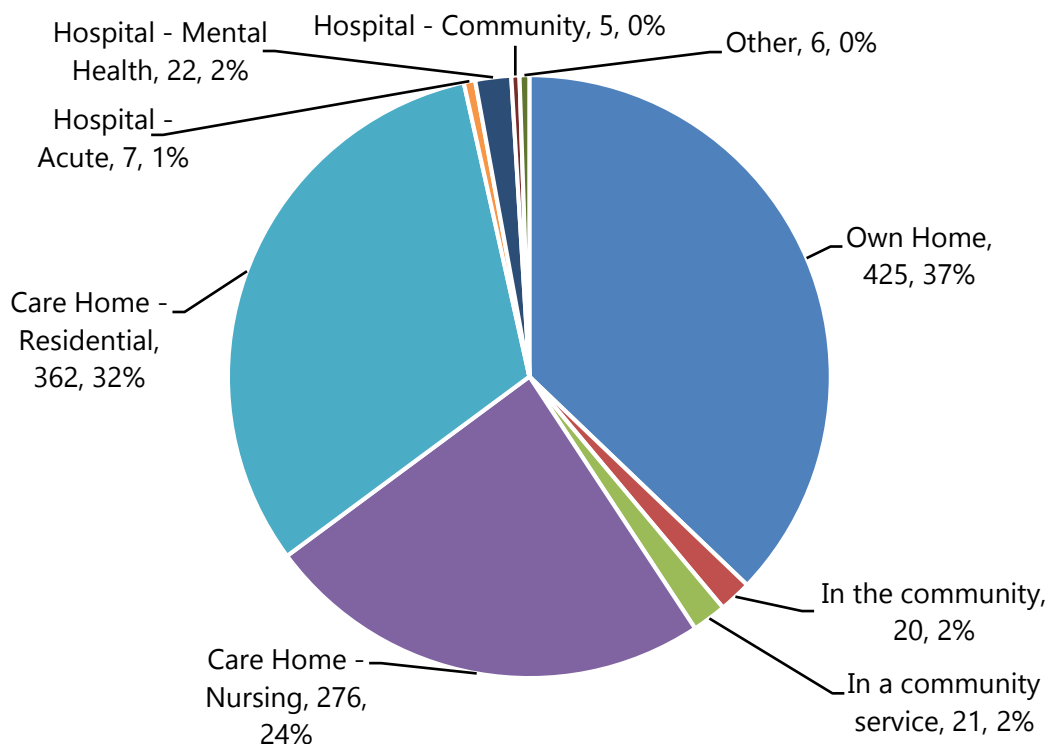
**The most common risk type was Neglect and Acts of Omission, which accounted for 33% of risks, followed by Physical Abuse at 22%.**



**The majority of cases of Neglect and Omission and Organisational Abuse were recorded as being caused by a Service Provider. Other people known to the individual, but not in a social care professional capacity, were the most common source of risk for all other types of abuse other than physical abuse**

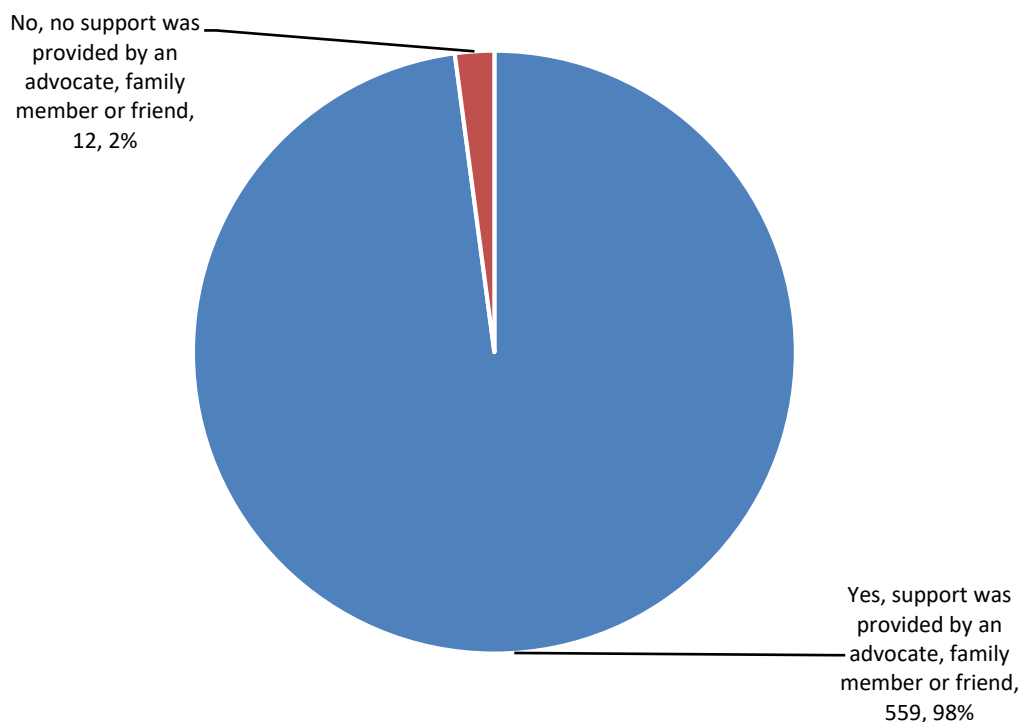


**The most common location where people were identified as being at risk was their own home (37%) followed by residential care homes (32%)**



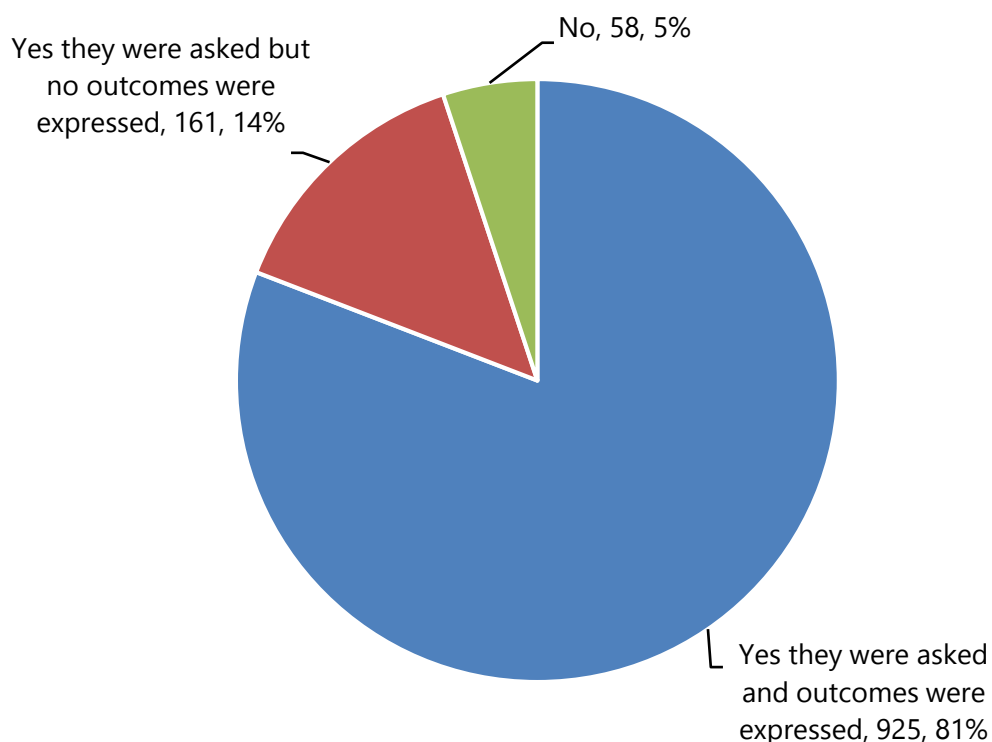
## Mental Capacity

**In 571 cases the adult at risk was assessed as lacking capacity to make decisions related to the safeguarding enquiry. In the majority of these cases they were supported by an advocate, family or friend**

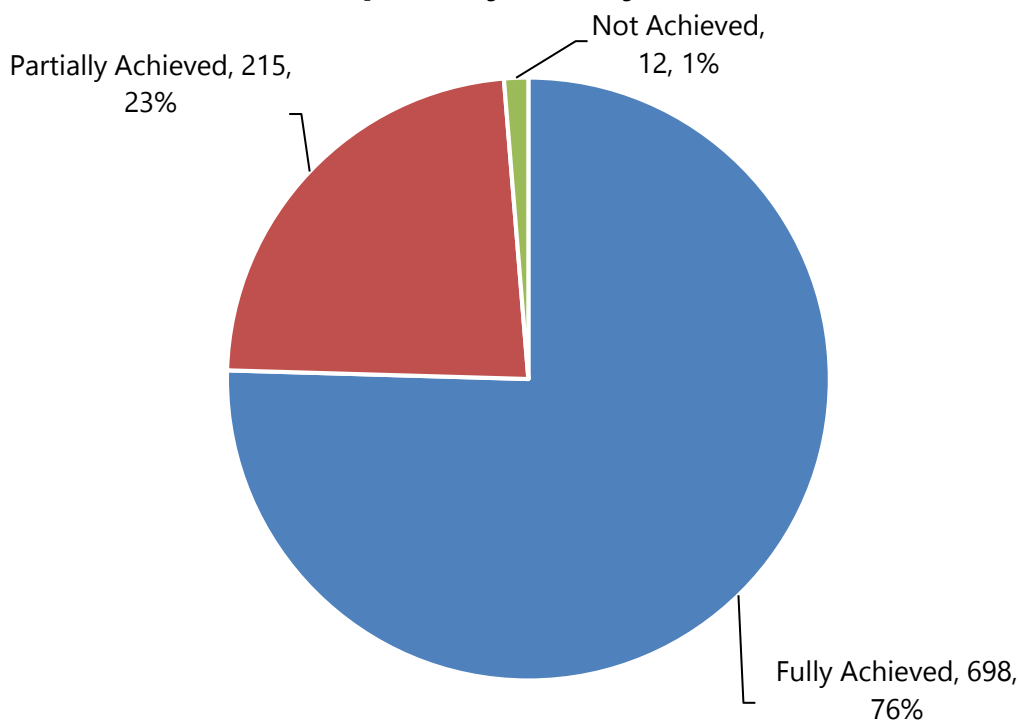


## Making Safeguarding Personal

**The majority of people, or their representative, were asked what their desired outcomes were**

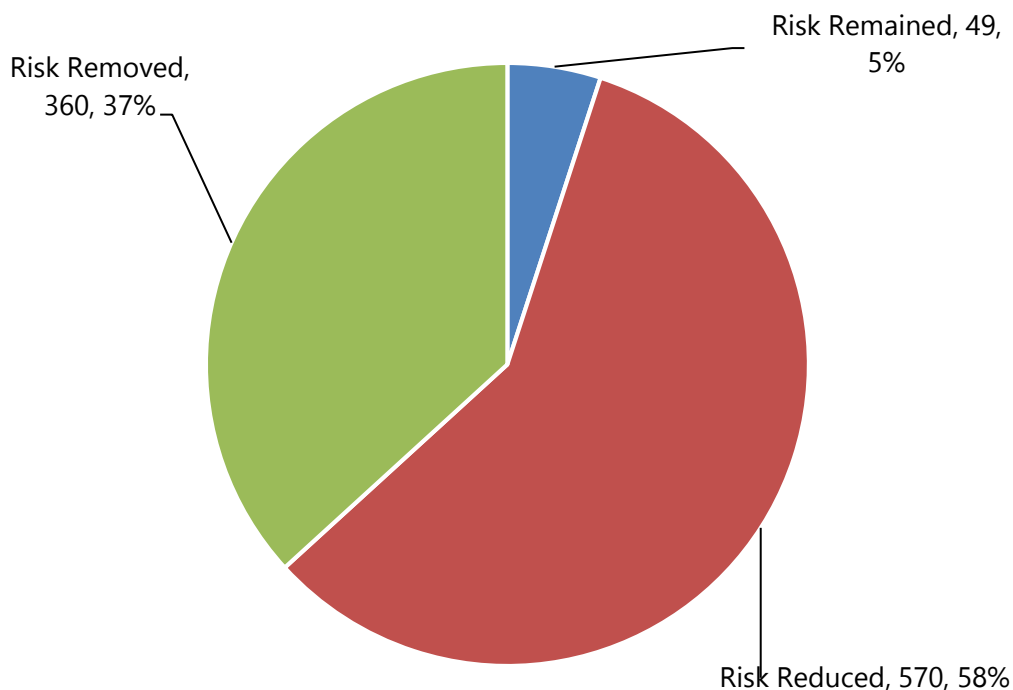


**In 99% of cases where desired outcomes were stated they were either partially or fully achieved**



**Outcomes of enquires made under Section 42 of the Care Act (2014)**

**In the majority of cases the risk was removed or reduced. Where this was not the case this was usually where the person was assessed as having capacity and, for example, chose to remain in contact with the alleged abuser**



## 5. Our work during 2019/20

The SSAB identified the following four objectives within its Strategic Plan for 2019-22:

1. Listening and learning
2. Enabling people to keep themselves safe
3. Working together to safeguard people who can't keep themselves safe
4. Making sure we do what we said we would do

### Priority Area 1: Listening and learning

#### What SSAB said it would do

Use the views of, and learning from, people who have experienced safeguarding and their carers, both provided directly to the Board and through partner organisations, including the third sector, to inform the work of the Board

#### What the SSAB did

- Following receipt of a report by Healthwatch Somerset at the end of 2018/19 the Board has been working with Somerset County Council, as the agency with lead responsibility for adult safeguarding, to monitor the implementation of the agreed actions. While some progress was made with this, the agreed level of sampling of cases for follow-up contact and gathering of feedback had not been reached prior to the work being suspended to enable resources to be freed up to support the Council's response to the Coronavirus Public Health Crisis. The Board will therefore be further monitoring progress during 2020/21.
- The Board has also been monitoring the extent to which people are reporting their desired outcomes have been



## What SSAB said it would do

Develop, then monitor, quality assurance standards for learning and development

## What the SSAB did

achieved as part of its performance reporting mechanisms. Figures for the 2019/20 year are shown Section 4 (page 14) with 99% of people, or their representatives, reporting their desired outcomes had been wholly or partially achieved.

- During 2019/20 one person who had direct experience of safeguarding in Somerset talked to the Board in person, and on a second the board received a written case study on behalf of someone who it was not possible to arrange to attend. While it was planned that this would be a feature of all meetings, this was not achieved this year due to one person who had been due to speak to the Board being unable to do so on the day of the meeting due to illness.

- 
- A [Learning and Development Framework](#) was developed during the year by the Board's Learning & Development Subgroup and signed off and published by the Board in October 2019.
  - It has been agreed that the Board's Quality Assurance Subgroup will monitor the use of this framework by those partners that it is applicable to, through

## What SSAB said it would do

## What the SSAB did

Share best practice to prevent, minimise and respond to harm.

the Board's annual self-audit process.

Deliver multi-agency Safeguarding Adults learning opportunities to raise the profile of adult safeguarding, address areas of practice improvement, share lessons learnt from Reviews, and offer workshops to local Safeguarding Leads.

- The Board has continued to share best practice in adult safeguarding through [newsletters](#), and its [website](#) and via [social media](#).
- The SSAB has supported work by Somerset County Council to analyse data on the geographical distribution of different types of abuse and neglect on a weekly basis. Data is also monitored by SSAB partners at each meeting of the Board's Quality Assurance Subgroup.

Commission, participate in and support Safeguarding Adults

- The 2019/20 SSAB Conference took place on 01/05/2019, covering a broad range of topics related to adult safeguarding, and the [presentations from the day are available on the SSAB website](#).
- The SSAB contributed to training for commissioners and senior managers from Somerset County Council and is looking at how this could be made available more widely with Somerset County Councils Adult Safeguarding Service and Adult Quality Assurance Team.

- The Board has continued to receive and consider new

### What SSAB said it would do

Reviews (SARs), ensuring learning from both local and national reviews is widely shared, including supporting the development of the National SAR Library.

### What the SSAB did

referrals for SARs through it's SAR Subgroup. Further information on SARs can be found on page 36.

- In November 2019 the SSAB [published a practice briefing for 'Kevin'](#). This was a serious case that while not meeting the criteria for a Safeguarding Adults Review, did result in significant learning being identified and new guidance on "[What to do if it's not safeguarding?](#)" being developed and published.
- Learning from a Domestic Homicide Review (DHR 019) was summarised in the Boards [September newsletter](#) and the Board has continued to highlight learning from other Boards through a 'Learning from Elsewhere' section in each newsletter.
- The progress monitoring of the implementation of recommendations of published SSAB SARs is a standing item at each meeting of the Board's Executive Group. Specific questions were also again included in the Board's annual self-audit process. Further information on the self audit process can be found on page 3436.
- The SAR Subgroup routinely considers whether any referrals it

### What SSAB said it would do

### What the SSAB did

receives should also be referred to the [Learning Disabilities Mortality Review \(LeDeR\) Programme](#), and the SSAB Business Manager is a member of the Somerset LeDeR steering group.

- While, nationally, work on a National SAR Library has not progressed as expected when the SSAB published its Strategic Plan it remains committed to supporting its development

## Priority Area 2: Enabling people to keep themselves safe

### What SSAB said it would do

- Raise public awareness of:
  - the different types of abuse
  - how people can keep themselves and those that they care for safe, including on-line
  - what to do if they think that they are experiencing abuse or neglect, including how to refer themselves to the County Council for safeguarding help and support
  - what to do about other types of concern; for example, service quality
- Through partner organisations, including the third sector,

### What the SSAB did

- An important and ongoing role of the SSAB is to raise public awareness so that communities play their part in preventing, identifying and responding to abuse and neglect.
- As in previous years each Safeguarding Adult Board in the Avon and Somerset Constabulary area undertook to promote adult safeguarding through the now annual 'Stop Adult Abuse Week'. The focus in 2019/20 was The Mental Capacity Act for which resources including a series of 'Myth Busters', were developed for use during the week and

provide targeted information to specific groups/sectors that are identified as being at greater risk

also published on the [SSAB website](#).

- Throughout the year the SSAB has worked to raise awareness of abuse and neglect. This has included using our website and growing [social media profile](#) to promote local and national publications and initiatives, including [National Safeguarding Adults Week](#), along with the signs, symptoms and indicators of abuse and neglect (which form part of a regional [multi-agency policy](#), the updating of which was once again coordinated by the SSAB).
- The SSAB once again ran a campaign on social media - #12DaysOfSafeguarding - over the Christmas and New Year period that saw good levels of engagement.
- The SSAB also maintains a [website](#) that contains information on its structure and work, as well as publications and links to those of other organisations. Use of this site has averaged 2676 users each month following on from the significant growth that was achieved during 2018/19. New content has continued to be added and existing content is regularly reviewed by the Board's Policy and Procedures Subgroup.

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Work together with Devon, Somerset and Torbay Trading Standards Service to raise awareness of financial abuse and scams

- The SSAB has raised awareness and promoted initiatives throughout the year. This included using social media to alert people of specific scamming activity in the local area, raising awareness of the different types of scams, promoting information from [Devon, Somerset and Torbay Trading Standards](#) and national initiatives such as [Friends Against Scams](#).
- The Board has featured information about scams and financial abuse its newsletters, and promoted initiatives by Devon, Somerset and Torbay and [National Trading Standards](#).

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Work together with the Somerset Community Safety Partnership and Avon & Somerset Constabulary to support work to raise public awareness of, and disrupt, County Lines activity

- The SSAB Business Manager has represented the SSAB in supporting work to establish a Violence Reduction Unit in Somerset, and the Board received a detailed update on progress at its meeting in February 2020.
- The SSAB continues to raise awareness of County Lines via social media and of the work of the Violence Reduction Unit through newsletters.

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

### What SSAB said it would do

Work together to make sure adult safeguarding standards keep people safe and minimise risk of harm, with policies and guidance that supports adults at risk to live their lives as they wish, whilst their rights to freedom from harm are actively supported.

### What the SSAB did

- A new section on [differentiating between poor care and potential safeguarding issues](#) has been added to on-line guidance in order to help people who might otherwise have submitted a safeguarding referral for a quality issue to understand the best approach to raising it.
- The Board contributed to the development of regional guidance on [People in a Position of Trust](#).
- The Board's Policy and Procedures Subgroup developed and published revised guidance on Self Neglect, new guidance on "What to do if it's not Safeguarding" safeguarding and a revised risk decision making tool (formerly threshold tool). [These documents have all been published](#).

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Enhance local understanding and application of the Mental Capacity Act and Deprivation of Liberty Safeguards (and the proposed

- The Board's Mental Capacity Act Subgroup has continued to develop the information available in the ['Putting the Mental Capacity Act into](#)

replacement Liberty Protection Safeguards)

[Practice](#)' section of the SSAB website

- Information about key issues in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards have been promoted using social media
- The Mental Capacity Act was the focus of the 2019 'Stop Adult Abuse week' in June 2019.
- Presentations on 'Sexual Activity and the Mental Capacity Act', 'The Mental Capacity Act', 'The Mental Capacity Act and Social Media' and the transition from 'DoLS to Liberty Protection Safeguards (LPS)' were included in the [SSAB conference in May 2019](#).

Work jointly with the other strategic Partnership Boards in Somerset to keep people safe from harm and improve their health and wellbeing in support of the prevention agenda, reducing duplication of effort and maximising effectiveness.

- Effective working relationships between the key partnership boards that have oversight of the work undertaken to support the residents of Somerset ensures a clearer understanding of respective roles and responsibilities, improve joined up working between partners, reduce duplication, and develop collaborative efforts to improve the resilience of Somerset communities, families and individuals. The SSAB continued to support these arrangements during 2019/20



- The SSAB has continued to be represented on a number of other multi-agency partnerships, including the Somerset Safeguarding Children Board's Child Exploitation Subgroup (whose Terms of Reference were expanded during the year to cover the ages 0-25), Domestic Abuse Board, Somerset LeDeR Steering Group and Suicide Prevention Advisory Group. It also supported work to establish a Violence Reduction Unit.

Work jointly within the region, and through national networks, to both develop our local approaches to safeguarding adults and share good practice and learning with others.

- The Board is represented on regional groups by the Independent Chair and Business Manager. A member of the SAR Subgroup is also a member of the regional SAR Champions group.
- The Board's Policy and Procedures Subgroup once again coordinated a review of the Joint Safeguarding Adults Multi – Agency Policy which is shared with four other Boards
- The Board agreed to lead work on behalf of the region to take forward the development of Organisational Abuse guidance

## Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) have been in operation since April 2009. Since April 2013 the functioning of the safeguards has been the sole responsibility of local authorities. Each year all local authorities make a

statutory return about DoLS activity to the Department of Health and Social Care (DHSC). At a national level the statistics continue to confirm that the system is not working as it should because large numbers of requests for assessment cannot be addressed as shown in the following table showing Somerset's figures. As with many other local authorities the numbers of applications have continued to rise, in our case by 18% over the previous year.

	2017/18	2018/19	<b>2019/20</b>	% change
Total applications	2130	2354	<b>2781</b>	+18%
From Care Homes	1645	1723	<b>1953</b>	+13%
From Hospitals	485	631	<b>828</b>	+31%
Assessments completed	705	675	<b>739</b>	+ 9%
Authorisations granted	613	593	<b>687</b>	+16%
Authorisations not granted	1155	1906	<b>2033</b>	+7%

*Explanatory note: A high proportion of the 'authorisations not granted' were the result of death or discharge from hospital or care home prior to assessments taking place. The majority of the cases actually assessed resulted in an authorisation being granted.*

In May 2019 the Mental Capacity (Amendment) Act 2019 received Royal Assent and the proposed date for the implementation of the Liberty Protection Safeguards - to replace the current DoLS scheme – was set as October 2020. However, there was been significant delay in the publication for consultation of the Code of Practice and secondary legislation which has been further affected by the Coronavirus Public Health crisis. The Department of Health and Social Care has therefore advised local authorities and NHS bodies that the implementation of the legislation will be postponed until April 2022.

In the meantime Somerset's DoLS service has continued to prioritise for assessment those situations which are most critical and to ensure that, despite the practical challenges created by the pandemic – for example needing to carry out assessments remotely – the quality of assessments and authorisations remains high. Somerset has continued to take a proactive stance in taking cases to the Court of Protection for review and decision-making when there are objections or disagreements. The Council works closely with Swan Advocacy to ensure that whenever necessary

vulnerable people who lack capacity are provided with the support of a qualified advocate.

## Priority Area 4: Making sure we do what we said we would do

### What SSAB said it would do

Monitoring the implementation of best practice, standards, policies and actions emerging from Reviews (including, but not limited to, SARs, SCRs, DHRs and LeDeR) through an annual audit and peer challenge process

### What the SSAB did

- The progress monitoring of the implementation of recommendations of published SSAB SARs is a standing item at each meeting of the Board's Executive Group. Specific questions were also again included in the Board's annual self-audit process.
- To support local agencies, the SSAB once again used an Organisational Adult Safeguarding Self-Audit Tool to help it evaluate the effectiveness of internal safeguarding arrangements, and to identify and prioritise any areas in need of further development to support local organisations in their continuous improvement of adult safeguarding work. This year it was agreed that a tool used by the other four Boards within the Avon & Somerset Constabulary footprint would be piloted, to which additional questions were added to audit the implementation of recommendations from Safeguarding Adults Reviews. A peer challenge day was planned for March 2020 to consider each organisation's submission, but had to be cancelled due to

representatives involved needing to prioritise responding to the Coronavirus Public Health Crisis.

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Implement and monitor a multi-agency quarterly performance monitoring process

Metrics on Safeguarding performance based on annual Safeguarding Adults Collection (SAC) statutory return have been adopted as a standing item by the Board's Quality Assurance Subgroup, with other organisations who are members of the Subgroup, including Avon & Somerset Constabulary, NHS Somerset CCG and NHS providers, reporting any exceptions to expected levels of organisational performance.

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Use data as part of an 'intelligent safeguarding' approach to understand where risks exist within the system and seeks assurance on the implementation of action(s) to address it

This is an area where the Board has struggled to make the progress that it wished to during the year. At its meeting on February 2020 the Board review progress and agreed that it would progress this work through a new initiative led by the Somerset Health and Wellbeing Board

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Monitor progress of the Mental Health Crisis Concordat to improve the experience of people in mental health crisis.

The Board monitored progress twice during 2019/20 and, following a presentation to its meeting in February 2020, agreed that its future monitoring would be focused on the progress of the implementation of the arrangements that will supersede the Concordat with the aim of improving the experience of people in mental health crisis.

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Seek assurance that young people experience a safe transition to adult services

This work was initiated during 2019/20 but had not made the progress expected before being suspended due the need for representatives to prioritise responding to the Coronavirus Public Health crisis. As part of the Board's recovery roadmap from the crisis a task and finish group will be established during 2020/21 to take this work forward.

Seek assurance that people with multiple vulnerabilities, including those who do not meet safeguarding thresholds, are enabled to keep themselves safe and, if they are unable to, organisations work together effectively to reduce risk.

There was a change to this priority during the year with work identifying pathways for people with multiple vulnerabilities being led by Public Health Somerset. As part of the Board's recovery roadmap from the crisis a task and finish group will be established to take this work forward.

Seek assurance that there are appropriate arrangements in place for people who are a risk to others, but who may also require safeguarding themselves

Unfortunately, it was not possible to take this work forward during the year as originally planned. As part of the Board's recovery roadmap from the Coronavirus Public Health crisis a task and finish group will be established during 2020/21 to take this work forward.

Seek assurance regarding the assurance and monitoring arrangements that commissioners placing people from other parts of the UK in to Somerset have in place

- This was progressed with other SABs where one or more of their members had made placements in to Somerset and had not reviewed them for 2 or more years.
- Arrangements have been agreed by Local authority commissioning leads for the notification of people placed in to another area within the

South West, which the SSAB supported work to agree along with establishing arrangements within Somerset County Council to record these notifications.

Support Elected Members and Committee functions to better understand their roles and responsibilities in effectively scrutinising and monitoring the effectiveness of the Board in protecting adults at risk from abuse

The work of the SSAB is reported to the [Scrutiny for Policies, Adults and Health Committee](#) and [Somerset Health and Wellbeing Board](#) twice yearly – at the publication of the Strategic Plan in the Spring and Annual Report in the Autumn. In order to support Elected Members, the SSAB has provided resources to members.

### **SSAB Annual Self-Audit 2019/20**

- All SSAB members were invited to complete the audit, which was also published on the SSAB website. In a change to previous years it was agreed to pilot an audit tool used by the other Boards working within the Avon & Somerset Constabulary footprint, with the addition of a section to monitor the implementation of recommendations from Safeguarding Adult Reviews
- Organisations were asked to complete an agreed audit tool during Quarter 2 2019/20 encompassing 50 areas of safeguarding activity and practice, and to submit this for initial discussion by the Quality Assurance Subgroup ahead of a peer challenge process led by members of the SSAB Executive Group.
- Nine organisations returned a completed audit, an increase of one over the previous year. This was an increase of two organisations from 2018/19.
- The organisations that returned an audit were:
  - Avon & Somerset Constabulary
  - Discovery
  - NHS Somerset Clinical Commissioning Group
  - Public Health Somerset
  - Somerset Care Ltd
  - Somerset County Council Adult Social Care

- Somerset Partnership NHS Foundation Trust
- Taunton & Somerset NHS Foundation Trust
- Yeovil Hospital NHS Foundation Trust
- A Peer Challenge day was planned to take place in March 2020 but was cancelled due to the organisations involved needing to focus on responding on the Coronavirus Public Health Crisis.
- The key features assessed within the audit related to:
  - Empowerment
  - Prevention
  - Protection
  - Proportionality
  - Partnership
  - Accountability
  - Learning from serious Cases
- Overall, an aggregated total of 396 responses were received from the 9 organisations. Those areas where a response was not received were primarily where an area was not applicable to an organisation. For example, a number of the questions on learning from serious cases were only applicable to organisations with a commissioning function.
- Due to the change of template the only section that is comparable to previous years is 'Learning from Serious Cases'. Within this section increased confidence was shown in most, but not all areas. No areas showed a decrease in confidence.



# 6. Safeguarding Adults Reviews

All safeguarding is complex, challenging work but this is never more so than when an individual dies or is seriously harmed through abuse or neglect. The impact on families, carers and the professionals involved should not be under-estimated, and is never taken lightly by any organisation or professional.

A vital role of the Board is to seek assurance on the effectiveness of local safeguarding activity and to ensure practice continually improves. It is required to commission Safeguarding Adults Reviews (SARs) to identify whether lessons can be learnt about the effectiveness of multi-agency working to safeguard adults at risk.

The Care Act 2014 states that a Safeguarding Adults Review (SAR) must be arranged by the Safeguarding Adults Board when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and when there is concern that partner agencies could have worked more effectively to protect the adult. A SAR must also be arranged if an adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Please note that Safeguarding Adult Reviews were known previously as Serious Case Reviews.

SARs are demanding pieces of work and are dependent on the openness and reflection of agencies involved to identify what worked well and what could have been better.

The SSAB has a multi-agency SAR subgroup whose role it is to ensure statutory requirements are met in relation to reviews, and the quality assurance of review reports. The subgroup is chaired by Somerset County Council's Strategic Manager Mental Health & Safeguarding.

During 2019/20 the SAR Subgroup commissioned one new review and considered potential cases against the criteria for conducting one. Where a case meets the criteria, and it is not possible to demonstrate the necessary degree of independence from within the partnership, the



Subgroup will oversee the appointments of an independent, external Chair and/or Review Author. Where independence can be demonstrated from within the partnership, for example where the review can be chaired by a senior representative from a partnership agency with no involvement in the case, the Board has developed a new local review process. This process, which is similar to that used by some other Boards, is being used for all new reviews commissioned during 2019/20.

No Safeguarding Adults Reviews concluded during 2019/20. One SAR that was expected to conclude during 2019/20 had its publication delayed. A further three reviews are at different stages and are being progressed by the SAR Subgroup.

# 7. Our priorities 2020/21

**This section will be updated with any changes made to the strategic plan for 2020/21**

The Board recognises more can be achieved by working together in partnership, and remains committed to its four strategic objectives for the year ahead, based on feedback, learning and analysis of current strengths and areas for development:

## 1. Listening and learning

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

## 2. Enabling people to keep themselves safe:

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

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

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

## 4. Board Governance:

- Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning

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

You can read our 2020/21 Strategic Plan in full **insert link when published**

## 8. Board Budget

<b>SOURCE OF FUNDS</b>	<b>2019/20</b>	
	<b>CONTRIBUTION S £</b>	<b>%</b>
SOMERSET COUNTY COUNCIL - SAB MANAGER & CHAIR	50,290	62.90%
- SAFEGUARDING ADULTS REVIEWS	0	0.00%
AVON & SOMERSET POLICE - SAB MANAGER	15,900	19.90%
- SAFEGUARDING ADULTS REVIEWS	0	0.00%
SOMERSET NHS CCG - SAB MANAGER	10,000	12.50%
- SAFEGUARDING ADULTS REVIEWS	0	0.00%
CONTRIBUTIONS TO THE SSAB ANNUAL CONFERENCE	3,721	4.70%
<b>TOTAL CONTRIBUTIONS</b>	<b>79,911</b>	<b>100.00%</b>
<b>APPLICATION OF FUNDS</b>	<b>EXPENDITURE £</b>	<b>%</b>
<b>PAY</b>		
SAFEGUARDING BOARD MANAGER	58,885	76.10%
INDEPENDENT CHAIR	16,790	21.70%
<b>NON PAY</b>		
SAFEGUARDING ADULTS REVIEWS	0	0.00%
SSAB ANNUAL CONFERENCE	1,357	1.80%
INSURANCE	71	0.10%
BT CHARGES/MOBILE CHARGES	254	0.30%
<b>TOTAL EXPENDITURE</b>	<b>77,357</b>	<b>100.00%</b>
<b>ANNUAL OVERSPEND / (UNDERSPEND)</b>	<b>(2554)</b>	

An agreement is now in place to split the costs of any Safeguarding Adult Review equally between Avon & Somerset Constabulary, Somerset Clinical Commissioning Group and Somerset County Council separately to the Board's core funding.

# 9. The Work Of Our Members



## Avon and Somerset Constabulary

### Safeguarding adults and children through the COVID-19 pandemic in 2019/20

- We worked closely with partner agencies to achieve joint consideration of changed demand and risk to vulnerable adults as a result of measures to slow the spread of COVID-19, and to coordinate action, including action to deal with the anticipated spike in demand as measures are removed.
- We promptly developed and implemented through the latter part of 2019/20 a COVID-19 Vulnerability Response Tracker through which we identified increased risks to vulnerable people, and managed and monitored activity to mitigate those risks.
- We took steps to mitigate the impact upon investigative outcomes of measures to slow the spread of COVID-19, with assurance activity showing no negative impact across the 9 strands of vulnerability examined, including abuse and exploitation offences against vulnerable adults.

### Safeguarding Achievements during 2019/20 in

- We established, with the Office for the Police and Crime Commissioner (OPCC) and Victims of Crime Advocacy Service (VOCAS), a cross-directorate Adults at Risk Assurance Panel. The panel is owned by the Adults at Risk Thematic lead and conducts reviews of force performance for victims and disseminates learning and good practice as appropriate. VOCAS have presented two case studies which provided useful insights (learning and positive feedback) into Adults at Risk experiences of the police. Both victims were offered the opportunity to meet with the Adults at Risk Thematic Lead to relay their experiences and resolve any issues.
- We completed an internal audit of 30 safeguarding adult investigations to provide a benchmark of comparison to assure the effectiveness of future improvement activity. Good practice was identified in relation to:
  - quality of vulnerability BRAG assessments

- victims being seen in a timely manner
- allocation of cases to the most appropriate department
- recording of victims wishes
- needs of Adults at Risk considered
- victim updates VCOP compliant

The learning identified was in relation to:

- use of Body Worn Video
- dealing with the suspect appropriately
- compliance with BRAG completion
- setting an initial investigation plan
- opportunities for ABE
- timely supervisor reviews
- positive investigative outcome

The learning identified has been disseminated to relevant departments.

- We introduced a 'Chat Bench' in Vivary Park in Taunton, and on the Sea Front in Burnham-on-Sea, facilitated by local Police Community Support Officer (PCSO) for World Elder Abuse Awareness Day in June 2019. The aim of the Chat Bench Initiative is to offer a practical solution for communities to help relieve loneliness. It encourages communities to adopt local benches as designated locations where anyone can stop and have a chat. The campaign was well received on our social media channels and also received coverage on local, national and international media outlets. The Sergeant responsible has since been awarded an MBE "for services to charity and to older people in South West England and South Wales" in the 2020 New Year's Honours
- Our Adults at Risk Delivery Plan was re-drafted ready for the introduction of the new 20/21 Constabulary Single Delivery Plan. This is a big step forward for the force – as previously there were a complex network of plans held in various

formats with a variety of owners. This development brings all of the directorate, department and thematic ambitions into one place, and allows the force to more easily understand the scale of improvement and change activity happening across the organisation.

### **Safeguarding Adult Objectives for 2020/21**

- Raise awareness and improve the Force response to Adults at Risk victims by improving Officers ability to identify AAR at first point of contact.
- Identify patterns of abuse and neglect related to the same victim/location to provide early intervention against institutional abuse and prolific offenders targeting vulnerable people.
- Develop robust Problem Solving Plans around AAR victims and locations.
- Improve the quality and quantity of BRAG assessments to ensure AAR incidents are escalated appropriately.

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### **Somerset County Council**

#### **Our work during 2019/20**

- Somerset County Council (SCC) has the lead role for adult safeguarding in Somerset, which it primarily discharges through its adult Safeguarding Service.
- The Safeguarding Service (the Service) has continued to receive a high demand of referrals, the majority of which stem from private care settings across Somerset, which is similar to previous years. Our close liaison with Somerset Direct (SCC's 'front door') has positively enhanced the experience that people receive when they first make contact with the Local Authority. During 2019/20 61.19% of all contacts handled by Somerset

Direct were resolved or directed to a different service that would be the most appropriate to response at this point. The Service continues to be committed to upskilling and increasing the safeguarding awareness of the call advisors. This ensures that the response at our front door signposts the alert to the most appropriate service within SCC. The Service

has also retained a direct consultation line to the safeguarding triage team and provides monthly peer supervision to maintain and enhance the quality of safeguarding screening at Somerset Direct.

- During 2019/20 38.81% of safeguarding alerts received were accepted as requiring a safeguarding response. Our ambition during 2019/20 was to reduce the number of alerts received into the service that are not accepted as needing a safeguarding response, and while there was an increase of 8.1% of we acknowledge that there will always be more work to do. An example of the type of contact where this may happen is when a caller to Somerset Direct states that they are worried that something may be a safeguarding concern but, on talking it through with them, it is identified that it isn't and a response from a different service or organisation is more appropriate.
- Our work during the year has included working with our partners in system-wide responses to concerns regarding an education/residential setting, a GP practice and choking incidents involving people with learning disabilities as well as instances of organisational wide concerns for a small number of providers.
- To provide governance and oversight of the standard of practice in the Service we are continually undertaking quality assurance audits internally and as part of the SSAB's Quality Assurance subgroup to assess the effectiveness of the Service. The Service has benefited from continued professional development learning and conferences covering topics such as mental capacity and sexual consent, MSP, defensible decision making, learning from safeguarding adult reviews undertaken locally and elsewhere, alongside formal safeguarding training and conferences regionally and nationally.
- The Adult Social Care service introduced system wide quality audits from September 2019, with safeguarding triage and enquires being discrete areas for audit. The feedback from these audits has been positive, as has the learning, to develop and further enhance the service delivered. The audits revealed particularly strong practice in relation to:
  - In 80% of audited cases there was evidence that the person or their advocate had been consulted about their wishes and desired outcomes;
  - All audited cases evidenced that advice or information had been given to minimise or prevent the risk of further harm or abuse;
  - In all but one case it was evident that actions taken were the least intrusive response to the risk presented, and clear enquiries had been completed within the service's 60 working day target timeframe;

- Where applicable to do so, audits confirmed evidence that the person/organisation posing a risk had been given the opportunity to respond to the allegations against them;
- There was good evidence that clear documentation was available outlining the protective actions taken and the protection plan in place
- In 87% of cases, auditors confirmed that the person's own strengths, family support and available community/universal services were considered when planning protective actions
- All audits evidenced that appropriate people and agencies had been involved in the safeguarding enquiry in a coordinated and timely way, either fully or in part
- Where protective actions had been declined by the person, or their desired outcomes not been met, this was been documented/considered consistently
- Where relevant, audits demonstrated that appropriate onward referrals had been made
- There was good evidence of self-auditing processes being used as part of routine learning & development
- The audits also highlighted the following opportunities for improvement:
  - Ensuring that the person's capacity to contribute to the safeguarding process was consistently documented, and consideration given to an advocate (where applicable)
  - Ensuring a sufficiency and breadth of appropriate information for any enquiries accepted and concluded at triage stage. Cases should not be closed whilst any documentation or information is awaited to confirm outcome.
- In March 2019 Healthwatch Somerset published a [report](#) looking at the way in which the Service captured the experiences, outcomes and feedback from the people we support and to temperature check the implementation of Making Safeguarding Personal (MSP) in the Service. Healthwatch piloted a 'test and learn' questionnaire with a small sample of individuals. The Service accepted the finding of the report in full, and began moving forward with implementing a process of conversations with individuals, however this work has more recently had to be paused in light of the service needing to prioritise resources to the response to the Coronavirus Public Health crisis. One of the Services main objectives as it moves forward from the crises will be to re-establish this work.



- Our links with the SSAB and the wider SSAB network is invaluable, having representation on all SSAB groups, including the executive and subgroups, as committed members to implement change across the multi-agency safeguarding adult system. We have actively participated in multi-agency peer audits of triage and enquiry standards, and been key members of the safeguarding adult reviews taking place in the County.
- We actively support the following forums: MAPPA, MARAC, MASH, PREVENT Board, High risk police liaison, CQC liaison, provider quality improvement meetings, the Safer Somerset Partnership Board and any domestic homicide reviews taking place in Somerset. We routinely triangulate and promote multi-agency learning within these forums to improve people's experience, to reduce abuse and to work preventatively across the county, including with colleagues from Children's Social Care.
- Throughout 2019/20 the service has proactively engaged with care providers across Somerset to enhance people's safety. This work closely dovetails with our Quality Assurance team to ensure that regulated and non-regulated services in Somerset consistently deliver high quality outcomes for the people they support and to act when the service falls short of our expectations. This work is enhanced by our close working partnerships with the Care Quality Commission, NHS Somerset Clinical Commissioning Group, Somerset Partnership NHS Foundation Trust and our care provider network. Our ethos being that people receiving care and support, whether in their own homes or provider settings, should be among the safest in Somerset, not the most vulnerable. To support this work, we continue to participate in quality improvement meetings, raising concern meetings and home closure processes alongside our quality assurance service and the NHS Somerset Clinical Commissioning Group Quality Assurance team.
- As a Safeguarding service we continue to be keen to work with all partners across the system, including through regional networks, SPARK Somerset and the Registered Care Providers Association. We have also been working with the Office of the Public Guardian to assist in a pilot of a new adult safeguarding approach that it has developed.
- Our 4 Safeguarding Adult Leads that were appointed during 2018/19 are settling into their roles and responsibilities.
- We have led the development of a workshop approach to training commissioners and senior managers within the Council on safeguarding, which has been supported by Somerset Direct, the Council's Quality Assurance Team and the

Safeguarding Adults Board. We have received positive feedback on the content of this approach and hope to make it available to more staff in the future, including those external to our organisation.

- As a service we are instrumental in ensuring that the Local Authority continues to commission and deliver exceptional safeguarding adult training to our workforce. During 2019/20, it commissioned and delivered the following training across Adult Social Care:

<b>Course</b>	<b>Number of delegates</b>
Recognising Adult Abuse (½ day)	29
Enquiry Skills (2 days followed by 1 day follow up)	43
Mental Capacity Act (2 day)	46
Mental Capacity Act Legal and Practice Update (1 day)	61
Sexual Activity and Mental Capacity Act (1 day)	76
LPS Information sessions (½ day)	231
Safeguarding workshop – open to Service Managers and Commissioning (1 day)	23
Locality Leads workshop (facilitated by Safeguarding leads) ½ day	16
Developing safeguarding practice (St Thomas training) 1 day	41

### **Objectives for 2020/21**

- Fully implement the safeguarding experience feedback process that was piloted by Healthwatch Somerset
- Continue to work to increase awareness of what is/isn't an adult safeguarding, and what members of the public, professionals and providers need to do when they are worried about something
- Work with partners to identify and address new and changing concerns emerging as a result of the Coronavirus Public Health Crisis



## NHS Somerset Clinical Commissioning Group

Somerset

**Clinical Commissioning Group**

- Our key aim for safeguarding adults is ensuring that both the CCG and its commissioned providers protect the rights of adults to live free from abuse and neglect; working effectively in partnership with other agencies in a way that supports adults in making choices and having control about how they want to live.
- The CCG works with NHS hospitals, community services and other commissioned providers and monitors how they support adults who need safeguarding; including how they work with other agencies. We do this in a number of ways including working collaboratively with our providers and with other key partners in the system for example the County Council. We provide support and strategic direction and we monitor information that has been agreed via our contractual process including a safeguarding dashboard for our community and hospital trusts; and an annual safeguarding report for all providers. The CCG monitors safeguarding adults training compliance against the 2019/20 target of 95%.

### **Somerset CCG has undertaken a number of specific safeguarding adult's activities this year.**

- We supported our senior leadership team to maintain their knowledge about safeguarding adults. This included providing training sessions to our governing body about their safeguarding duties and briefing sessions about the Mental Capacity Amendment Act (2019). Our executive lead for safeguarding attended a national safeguarding leadership course funded by NHS England and NHS Improvement.
- We have also supported our staff who work in specialist safeguarding adults roles to maintain and extend their knowledge and expertise. This year, these staff have participated in training about safeguarding adults, domestic abuse, prevent, safeguarding leadership, exploitation, deprivation of liberty safeguards, Court of Protection, safeguarding legislation and statutory frameworks.
- By supporting training and development, we aim to ensure our staff are able to work effectively with the Board.
- A review of our CCG safeguarding adults workforce capacity was undertaken; which resulted in the agreement of funding for a new post of Named GP for Safeguarding Adults; combined with the existing post of named GP for Safeguarding

Children. This joint post will support a safeguarding 'Think Family' approach across the whole life journey. The review will inform our plans for further developments in 2020/21.

- Our Designated Nurse for Safeguarding Adults has supported national development work by regular attendance at the NHS England and NHS Improvement Safeguarding Adults National Network; which acts a clinical reference point for Safeguarding Adults for the NHS across the country.
- The CCG holds contracts with all its NHS providers and refreshed the safeguarding schedule of these contracts to ensure the content reflects current safeguarding legislation and aligns with the functions of the Safeguarding Adults Board. We also developed and implemented a safeguarding adults dashboard to monitor safeguarding activity within our trusts. Our safeguarding staff attended the Trusts' safeguarding committees to provide support, advice and to also seek assurance of safeguarding arrangements, practice and policy development.
- We have also undertaken work with our GP practices. The CCG safeguarding team undertook a training needs analysis of safeguarding adults in GP practices to inform our training strategy for next year. In conjunction with NHS England and NHS Improvement, we developed a joint safeguarding adults and children safeguarding audit tool for primary care. The roll out was paused at the onset of the pandemic and will be one of our priorities for next year.
- As a commissioner of care, we continue to work collaboratively with Somerset County Council and other partners when there are concerns about abuse or neglect within a commissioned service. For example, our Continuing Healthcare (CHC) team undertook a Section 42 enquiry in relation to a person who lived in a residential home that provides care for people with learning disabilities. The person had been visited by a health professional who had written a care plan to help the care home staff look after the person. The plan was not followed and the person experienced serious harm. The section 42 enquiry identified that staff needed further training in this particular area of care. In partnership with our community services provider, a training package was developed that is now available to all health and social care staff working in Somerset. In addition, clinical oversight is routinely provided by our CHC team into some enquiries solely being made by Adult Social Care, which has improved the quality of enquiries and the outcomes for people; through collaboration and sharing of skills. Another example of collaboration relates to situations when there are whole service safeguarding concerns about care providers. Our CHC safeguarding team worked in partnership with Adult Social Care, Children's

Social Care, and Education Services to improve the care in a service looking after young people in residential accommodation.

- By implementing proactive quality monitoring systems, our CHC team have identified when there are themes or concerns about service provision, and are working in partnership with the Local Authority to support improvements.
- In preparation for the implementation of the Liberty Protection Safeguards, as set out in the Mental Capacity Amendment Act (2019), we led a Deprivation of Liberty audit across the three trusts and the CCG. The outcome of the audit will inform how health, as a system, will implement the safeguards; when required.
- The CCG were successful in a bid for funding from the Pathfinder Consortium to support improvements in how NHS hospitals and community services respond to and support people who use our services and are experiencing Domestic Abuse. Utilising this funding, we led the Pathfinder Domestic Abuse Project across our three trusts; in collaboration with our partners. As part of the project, work to commence a Domestic Abuse Link Worker network across our hospitals and community services was initiated. The link workers will receive additional training in Domestic Abuse and can provide advice and support to colleagues who are responding to Domestic Abuse. This includes responding to people who have care and support needs. A resource pack has been developed to support the workers in a Domestic Abuse Link Role. Two Domestic Abuse training packages have also been developed to support the health workforce to identify and respond to people who are experiencing Domestic Abuse.
- The CCG is a statutory partner of the Safeguarding Adults Board, and as such has provided representation at the Safeguarding Adults Board, the executive group, and all five sub groups. The CCG has also contributed to the Safeguarding Adults Reviews and other learning reviews that the board have undertaken this year.
- The NHS long terms plan requires the CCG and Health Providers; together with Local Authorities to collaborate to ensure people receive local, joined up services, that improves outcomes and experiences for people. This collaboration is provided through an integrated care system, which includes integrated care providers. As Somerset moves towards and integrated care system in 2020/21, these developments provide opportunities for enhanced and integrated system working.

## CCG Case Study

- The CCG deals primarily with contracts, funding, commissioning and assurance of health providers within the Somerset area; and other than its Continuing Healthcare team has little direct contact with patients and service users. We do, however, have a duty to ensure our staff are able to recognise the signs of abuse. We also have a duty to provide an appropriate response to enable the person experiencing abuse to access the appropriate support services.
- A contract officer received a request from a provider for a bespoke funding request to enable 'Janet' (not her real name) to access a health service. The contracts officer read the reasons behind the funding request and recognised that as well as the clinical needs for the request, the circumstances suggested that 'Janet' may have been experiencing coercion and abuse by a partner. They were concerned that the partner may be preventing Janet from accessing services. The contract officer raised her concern with the CCG Safeguarding Adults Team who then contacted the provider concerned. The provider provided advised that the bespoke funding request would enable Janet to overcome the barrier of coercion and provided reassurance that the necessary steps had been taken to provide Janet with support in relation to the alleged abuse. The funding was agreed, and Janet received the health service she needed, along ongoing support from Domestic Abuse Services.

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- At Somerset Care we have embraced our involvement in the Somerset Safeguarding Adults Board and have used this multi-agency learning to drive organisational improvement through our own Safeguarding Committee.
  - We have revised and re-defined our company values linking these to behaviours that we would like to see all colleagues demonstrating. We worked together with all colleagues to develop these new values that are fit for our future mission and vision and will support our ambitions to grow the business and ensure that we all deliver high quality, innovative services and work together to provide person-led care to our customers. We are embedding the values in

everything that we do to ensure that we are all working in the same way, valuing each other and acknowledging when people behave in-line with our values.

- We have reviewed and revised the membership and purpose of our Safeguarding Committee to enable it to effectively monitor and evaluate the Company's processes and performance in relation to safeguarding practices and incidents. Membership now draws on the knowledge and experience of individuals from across our diverse range of services.
- The Safeguarding Committee has a reporting line to the Board via the Quality Committee. Updates are cascaded to all services following meetings of the Quality Committee to facilitate shared learning from any incidents or other areas discussed. This ensures that any actions are followed up to prevent re-occurrence.
- The Safeguarding Committee has completed a full and thorough self-assessment of our safeguarding processes already in place. This has helped Somerset Care to identify where there may be opportunities for us to enhance our processes and to identify actions to close these gaps and to develop our policies accordingly. Implementation of these actions is being monitored closely by the Safeguarding Committee.
- We have also reviewed the safeguarding training provision and all staff are required to undertake safeguarding adults training via eLearning. Compliance is closely monitored by our Learning and Development Team. This training must be refreshed at least 3 yearly and by completing this course, staff develop greater awareness of common types of abuse and understand the role that staff play in managing the risks associated with this abuse. We have also introduced a new, enhanced safeguarding course for managers; the aim of the course is to enable managers in provider settings to fulfil their safeguarding responsibilities effectively, and to work with their partners in the statutory sector to achieve, wherever possible, the outcomes service users wish to achieve for themselves.
- Safeguarding concerns reported by our services are scrutinised by our central Quality Team and this involves analysing incidents to identify trends, as well as ensuring that steps are taken to protect any of our customers considered to be at risk and ensuring that we are working in partnership with other organisations to protect these individuals where appropriate.
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risk and ensuring that we are working in partnership with other organisations to protect these individuals where appropriate.



Public Health

### Somerset County Council – Public Health

- Somerset Public Health (SCC PH) team provide and commission a range of public health services, safeguarding both adults and children are at the heart of everything we do and managed through a 'Clinical Governance assurance process' each commissioned specialist service undergoes a quarterly performance review using a standardised template that details safeguarding and patient safety incidents. This details where the right support for clients has not been immediately available, what escalations have been undertaken and with what outcome.
- SCC PH receive adults safeguarding board newsletters and these are cascaded to our services to ensure that learning is shared and where there are actions for individual services identified from either Safeguarding adult reviews or inspections, progress against these are requested at each quarterly contract review
- SCC PH team members who have client or commissioning responsibilities have undertaken adult safeguarding training appropriate to their role. Additionally, during 2019/20 our sexual health promotion manager worked with the provider of adult learning disability services to provide training on sexual health, including consent and effective contraception.

### Provider services

- In 2019 the public health nursing services moved into Somerset County Council, alongside other operational public health services (stop smoking and healthy weight services).

### Stronger Communities Team

- The Stronger Communities Team in Public Health includes work with the Armed Forces Covenant, support to the Voluntary and Community Sector and the Central Volunteer Team. The following has been achieved in adult-safeguarding

- Through the VCSE Strategic Forum website, we have shared the Adult Safeguarding Newsletter to voluntary sector organisations
- A VCSE workshop was held in July 2019 that related to Adult Social Care
- We have linked Spark Somerset our VCSE Infrastructure provider into Adult Safeguarding Team which led to Louise White running a session for voluntary sector groups to raise awareness and Spark Somerset are keen to build on this and to be able to provide further support and raising awareness sessions.
- Adult safeguarding e-learning (and associated resource links) is part of the Volunteer e-learning suite. It is available to all SCC volunteers and is now compulsory for the relevant volunteer roles (Leaving Care Volunteers, Kilve Outdoor Activity Volunteers, all Duke of Edinburgh Volunteer roles, Unstoppables Volunteer, new Voluntary Drivers, Syrian Resettlement ESOL Volunteers and Public Health Nursing Volunteers). Fifteen volunteers have undertaken this training.
- All members of the Central Volunteer Team have completed the adult safeguarding module as well
- The adult safeguarding e-learning has been reproduced in paper format, for those who do not have access to IT.
- We have also added other adult related content (Awareness of Mental Health, Dementia and Learning Disabilities, oral health and Making Every Contact Count)
- There are not many current adult facing volunteer roles, but links have been made with Adult Social Care to explore the possibilities
- When a new volunteer role is being developed, the need for adult safeguarding training is always considered.
- Through the Armed Forces Covenant we have also linked local SSAFA contacts into Adult Social Care as part of developing closer working and provided information to Somerset Direct regarding the Armed Forces Covenant.
- **Future Development**
  - Spark Somerset are organising a new programme of webinars to support some of the Covid-19 response groups they are working with and are keen to provide for volunteers an online run through of the basics of Adult Safeguarding / supporting 'vulnerable adults', plus an opportunity for some Q and A around the specific issues they might come across when delivering food parcels, fetching prescriptions etc.

## Public Health Nursing

- All Public Health Nursing practitioners undertake 3 yearly adult safeguarding including PREVENT training. Accessed via the SCC learning platform and in line with SCC colleagues.
- This training supports the practitioners to know their own safeguarding responsibility including how to recognise signs of neglect and abuse and what safeguarding adult actions to take.
- Training compliance is monitored.
- PHN service have a PHN specific Incident reporting system.
- Incidents relating to safeguarding adults will be assigned for corrective/preventative actions and tracked for completion. Where indicated, thorough Root Cause Analysis will take place and learning from investigations will drive continuous improvements in safeguarding adult practice.
- The PHN Safeguarding Children team are commissioned from Somerset Foundation Trust where they work alongside the wider safeguarding children and adult service. As such the PHN Safeguarding Children service are in a position to utilise expert support and guidance from the Named Professional for Safeguarding Adults, MCA/DoLS/consent lead and Domestic Abuse Coordinator. This expertise is transferred to PHN specific adult safeguarding matters including 1:1 case advice and supervision always in line with safeguarding adult processes.
- PHN service works within the SCC Safeguarding adults at risk policy in line with other SCC colleagues where there are identified concerns or risk to vulnerable adults.
- The PHN service follow the same domestic abuse referral pathway as their partner health service Somerset Foundation Trust. This includes the quality assurance of all SIDAS referrals for PHN practitioners, mitigating against any delay to the receipt of a referral by SIDAS which contains all the relevant information needed for the victim to receive the right support service at the right time.
- A PHN specific domestic Abuse Standard Operating Procedure is being developed by the PHN service to promote and evidence a consistent and effective approach to domestic abuse. This SOP will be informed by both the Somerset Foundation Trust and the CCG domestic abuse policies both of which are respectively informed by the National Institute

for Health Care and Excellence (NICE guidance), issued the PH50 Domestic Violence and Abuse Multi-Agency Response in February 2014 with further guidance detailing high priority areas in the [Domestic Violence and Abuse Quality Standard](#): in February 2016

- The PHN safeguarding children service promotes the importance of considering the intended or unintended consequences of domestic abuse on the entire family, "THINK FAMILY" The service both guide and direct practitioners to the evidence of impact on children and the effective use of the safeguarding children processes, alongside the safeguarding adult processes
- PHN staff where it is indicated they have a role, do actively contribute to multi agency learning through safeguarding adult reviews and domestic homicide reviews (there has be no role in the reporting period of 2019-2020).
- Learning from previous domestic homicide reviews continues to be embedded in PHN practice for example practitioners will offer follow up appointments out with the home where the abuse may be occurring.
- Domestic abuse has been identified as a complicating factor in the case of a most recent child death (2020). The involved PHN practitioners will participate in the SSCP commissioned Child Safeguarding Practice Review and identified key learning will be disseminated and time bound actions agreed to mitigate against the same tragedy in the future. Whilst the review will be focused on the experience of the child and child safeguarding related learning, the responses to safeguarding adults and children from domestic abuse are inextricably linked and wider adult safeguarding learning may require dissemination.

### **The Somerset Integrated Domestic Abuse Service**

- Somerset Integrated Domestic Abuse Service supports victims, their families and those who cause harm to be safe and recover from their experience. The service includes a number of elements from emergency accommodation, Independent Domestic Violence Advisors (IDVAs), peer support work and Young Peoples Domestic Violence Advisors (YPVAs). The service was delivered by lives West, contracted until 31st March 2020.
- The service is based around a single hub, where clients are triaged, and allocated to the appropriate service. The hub coordinators agree this with the client to ensure they are happy and willing to participate in the support offered.

- The domestic abuse system, spanning beyond the specialist service is overseen by the Somerset Domestic Abuse Board, which includes the progress of Domestic Homicide reviews and Multi-agency Risk Assessment Conferences. Both these functions offer insight in to practice, and highlights challenges and gaps in service that can then be improved. Adults social care is a key player in these activities to ensure that any vulnerable adults is quickly identified and supported.
- As part of the SIDAS contract, the service runs regular Identifying the Signs of Domestic Abuse training for front lien staff across all agencies who feel they might benefit. There are two levels of training on offer. In addition, the Somerset Survivors website hosts information for professionals and the public.
- This year, a new process was trialled called the Domestic Abuse Triage (DAT) process, whereby, colocated staff would triage all domestic abuse reports which included children and make careful decisions as to how each should be processed between the Specialist domestic abuse service, education, police and children's social care. The process worked well to ensure cases were appropriately escalated and severely reduce the number of cases heard at MARAC meetings.
- The Somerset Domestic Abuse Board, of which the SAAB is represented, monitors a comprehensive data scorecard to demonstrate performance and rates of demand across the domestic abuse system.

### **The Somerset Drug and Alcohol Service**

Somerset Drug and Alcohol Service offers support to adults, young people and their family and friends across Somerset who are experiencing difficulties around substance misuse. The service is designed to help reduce the harm that drugs and alcohol cause to the individual and those around them and ultimately achieve recovery from addiction and re-integration back into community life.

Somerset Drug & Alcohol Service is run by Turning Point. We create individual recovery plans from a range of services, no matter what the situation is. We offer confidential, non-judgement advice, information and support in a flexible manner. There is a significant emphasis on ensuring safety and safeguarding is our priority.

- We use learning to enhance practice internally through our Clinical Governance, Morbidity and mortality meetings. We continually to look at ways of improving our processes, including implementing new processes by reviewing when things

go wrong and looking at how we can do things differently to reduce the risk. We disseminate learning to staff from Domestic Homicide Review's, Health safeguarding partnership meetings, Suicide Prevention Partnership Board, Serious Case Reviews, Somerset Domestic Abuse Board all of which SDAS are part of.

- Somerset Drug and Alcohol Service have a full-time designated Safeguarding Manager a role which commenced May 2019. The Safeguarding Manager who is part of the senior team works closely with the YP and Families Manager supporting families around inter-generational substance misuse and seamless transitioning to adult services. Governance and oversight of safeguarding pathways/partnerships, ensuring safeguarding is a key priority for all staff/peer mentors/volunteers. They will support in delivering enhanced Safeguarding training and supporting with Safeguarding compliance/competency. SDAS regularly attend multi-agency safeguarding meetings.
- Our Safeguarding Manager has oversight of safeguarding within the service for adults and young people which includes ensuring that the service is adhering to Turning Points safeguarding processes and management system. The role provides support to managers and staff across the service regarding management of safeguarding and complex cases. Provision of training to staff, supporting in meetings and chairing of local safeguarding meetings, developing staff regarding attendance to external safeguarding meetings and report writing, promoting safeguarding within the service, developing partnerships with external safeguarding services Leading on safeguarding audits and quality checks. We have a robust internal SG policy which staff follow regarding any SG concerns. The service has designated safeguarding leads in each hub across the county who oversee any day to day safeguarding concerns. Our safeguarding leads attend a monthly meeting with the safeguarding manager to look at new processes, discuss new external services, new external/internal safeguarding development initiatives, safeguarding trainings, audits, performance.
- Our Safeguarding Manager will ensure the service is aligned to the Early Help assessment as detailed in SSCB's Effective Support for Children and Families in Somerset. The safeguarding manager delivers safeguarding inductions to staff, attends/chairs safeguarding meetings, oversee safeguarding audits and acts as the first point-of-contact with SSCB and SSAB.



### Healthwatch Somerset

- Healthwatch Somerset enables the views and experiences of people who use services to influence and improve the way that health and social care services are provided and delivered.
- Healthwatch Somerset has statutory powers under the Health and Social Care Act 2012, to 'Enter and View' publicly funded health and social care premises to speak to people about their experiences of using the service. This allows us to create a report that identifies areas for improvement and share areas of best practice. Any potential safeguarding issues are escalated through the suitable channels.
- Healthwatch Somerset undertook three Enter and View visits in early 2020 to care home providers in Chard, Shepton Mallet and Taunton. These visits were to support Somerset County Council's care quality monitoring and findings have also been shared with the CQC. Full reports produced following our visits can be seen at [www.healthwatchsomerset.co.uk](http://www.healthwatchsomerset.co.uk)
- Healthwatch Somerset uses staff and volunteers to speak to people about their experiences of health and social care. All staff and volunteers speaking to Adults at Risk are required to have completed Adult Safeguarding training and be DBS cleared.
- Healthwatch Somerset provides an information, advice and signposting service to members of the public on a variety of health and care issues. Any potential safeguarding issues are escalated by our staff and volunteers using the appropriate protocol.

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### Taunton and Somerset NHS Foundation Trust

- **We have worked with Somerset Partnership Foundation Trust to bring together our respective safeguarding services.** This new Integrated Safeguarding Service has amalgamated both adult and children's safeguarding across both organisations to create one seamless Safeguarding Service. This Safeguarding Service is supported by a staff structure that encompasses a wide range of experience, skills and backgrounds, which has greatly improved the safeguarding support service that we offer to all Trust staff across both trusts. This service embraces the Think Family approach through the provision of a core Safeguarding duty team service



whereby safeguarding professionals are trained to provide advice and support across the lifespan, considering the wider impact of the abuse on wider family / carer networks incorporating contextual safeguarding approaches. The duty team are able to provide a single point of advice to staff on all elements of both adult and child related safeguarding concerns.

- **Impact of service:** Throughout the year we have supported staff with 753 internal safeguarding alerts and referrals covering all elements of safeguarding adults related work.
- **Safeguarding Training:** As part of our work with Somerset Partnership, we have developed a co-ordinated approach to training, which has enabled us to launch the higher levels of safeguarding training required within the Trust so that training provision is consistent across both organisations. Funding has been approved for the creation of a new Learning and Development Lead within the Safeguarding service who will be in post from April 2020 to support further development in this area.
- **The merger of the two trusts former safeguarding teams** has enabled the implementation of the innovative integrated Safeguarding service with generic duty team, incorporating the Think Family approach, has been in place since October 2018. The Director of Safeguarding has presented this progressive, collaborative way of working at a number of national and regional events.
- **Implementation of Safeguarding Team Supervision:** we have commenced the roll out of quarterly team safeguarding supervision to key frontline services this year and anticipate expansion of this provision in the next financial year. This compliments the revised training package now provides to all Trust staff and enables discussion and learning from ongoing cases plus feedback on local / national trends in relation to all aspects of Safeguarding Adults.
- **The MCA/DoLS and Consent Lead** has continued to expand the provision of Mental Capacity Act training in line with the Somerset Safeguarding Adults Board Mental Capacity Act Competency Framework. We continue to work towards developing MCA awareness and competencies throughout the Trust. Preparation work is underway for the implementation of the Liberty Protection Safeguards anticipated for implementation in October 2020.



- **The Domestic Abuse Co-ordinator post** sits within the integrated Safeguarding service and has been leading on the work relating to Domestic Abuse Link workers across the organisation, raising the profile of domestic abuse across all frontline services and improving the organisation response to Domestic Abuse.
- **We participated in and completed work on the Domestic Abuse Pathfinder Project.** The Project provided the funding of two posts within the Somerset Health sector for the 12 months (April 2019-March 2020). These posts were recruited to in April 2019 and consisted of a Complex Needs Independence Domestic Violence Provider (IDVA- employed and working within TST) and a Pathfinder Project Lead (employed and working within CCG). Work was undertaken to support those most vulnerable experiencing domestic abuse, had mental health concerns and other factors which reduced their ability to engage with services designed to support victims of domestic abuse.
- **We continue to be an active member of the Somerset Multi-Agency Risk Assessment Conference (MARAC).** As well as regular attendance, we have also been involved in ongoing the multi-agency development of the process most recently adapting to accommodate working restrictions imposed as a result of the COVID19 pandemic.
- **We continue to play an active role on the Somerset Safeguarding Adults Board.** This has included membership on the Board and a number of the Board sub-groups.
- **We have continued to participate in S42 enquiries, Safeguarding Adult Reviews and Domestic Homicide Reviews as required,** the learning from which we disseminate to Trust staff vis Trust newsletter, Safeguarding team supervision and through integration into all levels of the newly revised training programme.
- **The Joint Safeguarding Committee** (new Governance arrangements) replaced the previous Safeguarding Governance Groups for Taunton & Somerset and Somerset Partnership in June 2018. The Joint Safeguarding Committee holds us to account with regards to our duties and responsibilities regarding all areas of Safeguarding including our Safeguarding Plan, Policy review and development, and ensures that we are compliant with SSAB policy, learning and guidance.
- **Our collaborative working with external Safeguarding Agencies** has increased since the integration of the two Safeguarding teams. Through the Integrated Safeguarding Service we are able to be an active member of the weekly adult MASH meetings held between ourselves, Adult Social Care and the Police.

- **We have continued close collaborative working with external agencies** such as the Police, Somerset County Council safeguarding colleagues and the CCG.
- **We have revised the Safeguarding Adults at Risk Policy** for Sompar and Taunton and Somerset Trusts and have unified and updated them in to one overarching Policy for both Trusts. This will ensure continuity of Safeguarding Adult processes, practices, guidance and advice.
- **We have introduced a new policy Supporting colleagues who experience Domestic Violence** which ensures the Trust fulfils its statutory duties and has a procedure in place on how to respond to reported incidents or allegations of domestic violence and abuse involving a colleague or volunteer, whether perpetrator or victim.



### Board Effectiveness

- The Trust safeguarding committee meets quarterly and is chaired by the Chief Medical Director, who holds the statutory role of Named Doctor for Safeguarding Children. The standing agenda consists of the following: review of key performance indicators, learning to prevent reoccurrence, children and adult safeguarding updates, prevent, mental capacity and deprivation of liberty.
- The Trust Safeguarding Committee reports to the Governance Quality and Assurance Committee and subsequently to the Trust Board, a Safeguarding Quality report is provided on a quarterly basis, this is also supported by an annual amalgamated adult and children safeguarding report.
- The trust is represented at Somerset Safeguarding Adult Board and subgroups by the Deputy Director Safeguarding or designated deputy (Head of Safeguarding)

## Prevention

The trust board acknowledges their responsibility for safeguarding vulnerable individuals and have invested in a trust wide safeguarding service through the development of a dedicated team. The safeguarding team composition currently is as follows:

- Deputy Director Safeguarding
- Head of Safeguarding / Named Nurse Safeguarding Children
- Named Doctor Safeguarding Children
- Named Midwife Safeguarding Children
- Safeguarding Children Practitioner
- Health Independent Domestic Violence advisor
- Mental Capacity / Deprivation of Liberty Lead Practitioner
- Learning Disability and safeguarding adults practitioner
- X 2 safeguarding adult practitioners
- Safeguarding team administrator.

As an organisation we continue to support the multiagency training across the county and fully participate in the training strategy development for the Somerset Safeguarding Adults Board.

- Trust staff are able to identify issues of a safeguarding nature and this is reflected in the number of alerts and referrals being raised from various departments, the incident reporting system is used to manage these alerts/referrals. During this reporting period 253 safeguarding incident reports for adult patients have been made to the safeguarding team. This demonstrates staff awareness of the system for raising concerns and the confidence the staff have in this system for provoking a response from the safeguarding service and for the need for safeguarding the vulnerable individual within the organisation.

- Combined adult and child safeguarding training sessions are delivered by safeguarding team members at induction and mandatory training to all trust staff. These sessions are aligned with the level 2 training requirements as identified in the Intercollegiate Document – Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.
- The safeguarding team members facilitate the safeguarding adults level 3 training modules for trust staff (as identified in the Intercollegiate Document). The modules currently include, Learning from serious case reviews, The Care Act, The Mental Capacity Act and Deprivation of Liberty – (this includes case reviews and documentation), Domestic Abuse, Prevent, Learning Disabilities and reasonable adjustment.
- We continue to provide a high-quality response for victims of Domestic Abuse, sexual violence and Honour Based Violence.
- The Health IDVA works in partnership with the Children Safeguarding Practitioner and specialist midwives where Domestic Violence and Abuse has been identified during pregnancy.
- 81 Domestic abuse cases were referred to the safeguarding team during this reporting period. 15 (18.5%) of these cases were referred to MARAC or other community support agencies.
- During this reporting period 2 cases of female genital mutilation were identified and reported by the midwifery service as per national guidance.
- The Health IDVA works in partnership with the trust Dementia team and Safeguarding Adult practitioners in cases where it is identified that dementia is a lead factor in some domestic abuse cases. Within the organisation we have noted an increase in the number of elderly patients disclosing domestic abuse due to the behavioural changes occurring in their partners / carers as a result of Dementia and other medical changes.
- The Safeguarding team actively responded to serious case reviews and section 42 requests where safeguarding concerns have been identified. In this reporting period we have participated in 3 section 42 reviews in respect of patient from Somerset and Dorset when safeguarding concerns have been raised to the organisation.
- We ensure that learning from reviews are published and shared with staff.

## Making Safeguarding Personal

- The Learning Disability Practitioner continues to develop and maintain links with carers and community agencies.
- 149 referrals for patients with learning disabilities were received by the Learning Disability Practitioner during the reporting period.
- The practitioner has become an integral part of pre admission processes for patients with learning disabilities who require reassurance and reasonable adjustments being made to accommodate their needs for any inpatient / outpatient processes.
- All members of the team encourage staff members to 'listen to the patients voice' and document the patient's wishes and feelings in respect of their care needs and future planning
- Mental capacity assessment process has been embedded in practice and this has been further strengthened through the appointment of the Mental Capacity / DOLs lead. In this reporting period a total of 414 DOLs application were made from this trust to Somerset and Dorset local authorities
- We continually review the YDH safeguarding training programme to provide a more integrated approach to safeguarding awareness and making it personal for the vulnerable individual.

## Think Family

- As a trust we continue to fully support the Safeguarding Boards 'Think Family' approach
- The amalgamated Children and Adult safeguarding team has strengthened our 'Think Family' response within the Trust to identified safeguarding issues.



### Golden Lane Housing

- In the spring of 2019, Golden Lane Housing launched its approach to safeguarding – 'It Matters!' The approach was designed to ensure that tenants continue to understand the role that we play as their

landlord in helping to keep them safe and to further embed our open and honest culture where staff are encouraged to speak out about their concerns. Alongside IT Matters, Golden Lane Housing launched an e-campaign which gave tenants an opportunity to take part in social media and talk about the importance of keeping safe, a vital message that reached many more people with a learning disability.

- Following the implementation of outcome focused Key Performance Indicators (KPIs) in June 2019, which specifically looked at recording tenants' ability to be involved and achieve the outcomes they wish, the results continue to help shape the way we work with tenants during the safeguarding process. We use this information to help formulate our ongoing tenancy management support to tenants post safeguarding concerns, providing a more be-spoke and pragmatic approach.
- Golden Lane Housing have successfully delivered 5 safeguarding training sessions aimed at all GLH staff, including our executive team, to help raise awareness of the approach we take and the processes we follow in helping to keep our tenants safe from abuse.
- Golden Lane Housing have consulted with The Charity Commission in order to confidently identify incidents that are required to be reported to The Charity Commission and those that should be dealt with by the Local Authority Safeguarding teams. The Reporting of Serious Incidents Procedure has been amended to offer additional guidance to GLH's executive team in identifying such incidents.
- During financial year 2019/20 Golden Lane Housing's staff have raised a total of 50 safeguarding alerts across 22 different local authority areas. The two largest categories of abuse continue to reflect emotional abuse and self-neglect concerns, a steady trend regularly reported throughout the last financial year. The majority of emotional abuse cases were due to incompatibility issues between tenants living in shared properties. The remaining cases related to tenants who are alleged to have been the perpetrator of abuse towards other tenants in cluster style accommodation, where altercations are taking place in communal areas, where tenants are perpetrators of abuse towards support staff. We recorded two cases relating to alleged abuse within a domestic setting.
- Golden Lane Housing promoted National Safeguarding Adults Week on 18th November 2019 and embraced this opportunity to launch the second phase of our safeguarding approach – It Matters. This was aimed at local authority

commissioning colleagues to provide them with a greater understanding of the role that we undertake as a supported landlord and clearly outlined the service that tenants can expect to receive from us should they have a safeguarding concern. Over 230 letters, safeguarding materials and emails were sent to Directors, Commissioning Managers and Social Workers at every local authority we work with.

Somerset Partnership   
NHS Foundation Trust

### Somerset Partnership NHS Foundation Trust

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- **Impact of service:** Throughout the year we have supported staff with 2850 internal safeguarding alerts and referrals covering all elements of safeguarding adults related work.
- **Safeguarding Training:** As part of our work with Taunton and Somerset, we have developed a co-ordinated approach to training, expanding our current training structure throughout TST so that training provision is consistent across both organisations. Funding has been approved for the creation of a new Learning and Development Lead within the Safeguarding service who will be in post from April 2020 to support further development in this area.
- **The merger of the two trusts former safeguarding teams** has enabled the implementation of the innovative integrated Safeguarding service with generic duty team, incorporating the Think Family approach, has been in place since



October 2018. The Director of Safeguarding has presented this progressive, collaborative way of working at a number of national and regional events.

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- **We continue to play an active role on the Somerset Safeguarding Adults Board.** This has included membership of the Board and a number of the Boards sub-groups.



- **We have continued to participate in S42 enquiries, Safeguarding Adult Reviews and Domestic Homicide Reviews** as required, the learning from which we disseminate to Trust staff via Trust newsletter, Safeguarding team supervision and through integration into all levels of the newly revised training programme.
- **The Joint Safeguarding Committee** (new Governance arrangements) replaced the previous Safeguarding Governance Groups for Taunton & Somerset and Somerset Partnership in June 2018. The Joint Safeguarding Committee holds us to account with regards to our duties and responsibilities regarding all areas of Safeguarding including our Safeguarding Plan, Policy review and development, and ensures that we are compliant with SSAB policy, learning and guidance.
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- **We have continued close collaborative working** with external agencies such as the Police, Somerset County Council safeguarding colleagues and the CCG.
- **We have revised the Safeguarding Adults at Risk Policy** for Sompar and Taunton and Somerset Trusts and have unified and updated them in to one overarching Policy for both Trusts. This will ensure continuity of Safeguarding Adult processes, practices, guidance and advice.
- **We have introduced a new policy Supporting colleagues who experience Domestic Violence** which ensures the Trust fulfils its statutory duties and has a procedure in place on how to respond to reported incidents or allegations of domestic violence and abuse involving a colleague or volunteer, whether perpetrator or victim.



### Devon & Somerset Fire and Rescue Service

- Devon & Somerset Fire & Rescue Service's (DSFRS) Safeguarding Team's main area of work focusses on the safeguarding of adults and children at risk whom our staff encounter out in the community whilst undertaking their duties. This could include those whose behaviours pose a

fire risk in the home, those experiencing abuse or neglect, or those who are in need of extra support in their daily lives, to name a few.

- Our Safeguarding Team work closely with firefighters who raise referrals for vulnerable individuals they come into contact with at operational incidents, and also our Home Safety Technicians who visit members of the public in their homes and often encounter individuals who are in need of the support of our partner agencies.
- DSFRS have an extensive network of partnerships including social care, housing providers, care agencies, Police and other local authorities across the two counties. We work with our partners on a daily basis to share information of vulnerable people to ensure they have the opportunity to access the care and support they require.
- Our Safeguarding Team also attend multiagency meetings to highlight fire safety concerns that individuals have shown and offer advice as to how to best reduce these risks.
- DSFRS are currently reviewing the safeguarding training that we provide for the organisation. This will cover different levels of training for staff in every department, from firefighters to admin support staff. Although the level of training will differ depending on each role, we believe everyone in our organisation should have a fundamental understanding of the importance of safeguarding and what it is that the Safeguarding Team do.
- DSFRS's Safeguarding Team are also currently working on creating a communications plan to broadcast important safeguarding messages to those members of staff who need to be made aware. We are working closely with our Communications Team to look at improving how we liaise with on-call firefighters who aren't necessarily always on station and what platforms we can utilise to best engage with our staff. As part of the plan, we will also be looking at how we share our partners' messages with the wider public, for example drawing attention to national awareness campaigns and using our social media platforms to highlight current safeguarding-related trends and issues. We welcome any feedback if you feel that we could be working better with your organisation to achieve this.

discovery

## Discovery

- As part of the Dimensions Group, Discovery is committed to the Making Safeguarding Personal Outcomes Framework. All colleagues are aware of the requirement to engage with people we support when a safeguarding concern has been raised; seeking their views and wishes and to be listened to throughout the process. Information is available in alternative formats to support people's understanding of the process.
- The organisation endeavours to utilise feedback from people we support in any way possible. We are committed to engaging with people we support and their representative at the earliest opportunity and to keep them central to and included in the process. This is captured on our Safeguarding Register.
- In order to improve how we capture safeguarding concerns and referrals to the Local Authority, Discovery has recruited a Safeguarding Officer whose primary role is overseeing the safeguarding registers which makes it easier to identify trends and any increase in safeguarding incidents at any particular home. This also gives colleagues a separate point of contact if they do not feel comfortable speaking with someone at the home they work at.
- We have established proactive and valued links with the Local Authority Safeguarding Team.
- Our internal A&I reporting system ensures all incidents, including safeguarding concerns are reported and acted on. Within this system, relevant business support teams can be notified of an incident immediately i.e. Health and Safety, Behaviour support.
- Our safeguarding process highlights the importance of capturing desired outcomes of incidents, duty of candour, whether the person wishes to make a complaint etc. which ensures we are adhering to the Care Act and Making Safeguarding Personal.
- During Covid-19 Government restrictions, our induction of new starters continues on a virtual platform. Minimum requirement that all new starters complete Care Certificate Standards and Licence to Operate (LTO) modules before starting their role. All colleagues are required to complete mandatory training which includes an on-line learning module on Safeguarding Adults which is pitched at level 3. Our Safeguarding Officer has been involved in the delivery of a virtual Safeguarding module to supplement online safeguarding course.

- We encourage an open, honest and transparent culture and welcome feedback from colleagues to ensure we are continuously improving.
- Safeguarding questions have been added to our exit interviews; the process of capturing feedback from colleagues leaving Discovery about any concerns they have about the safety and welfare of people they supported.
- We are undertaking specific work with a greater emphasis on looking at and capturing incompatibility issues and recognise how this can impact on people's behaviour and reactions to people with whom they share accommodation or services. We recognise that incompatibility (of people who share a service, who attend the same services or the impact of the people's environment) can lead to an increase in safeguarding concerns being raised. WE are aware that for some of the people we support, the current Government restrictions as a result of Covid-19 has had a direct impact and we are continuing to support people who are particularly vulnerable at this time and recognise the need for increased awareness during the current situation.
- Our independently chaired Safeguarding panel has been set up to oversee our Safeguarding Strategy and Business Plan and to monitor and review performance against the identified measures and Key Performance Indicators. This includes:
  - Systems and processes, including training, policy requirements and legal responsibilities
  - Safeguarding register monitoring
  - Lessons learnt – sharing information where appropriate and making recommendations.
  - Human Resource practice in relation to safeguarding matters
  - Additionally, the records of the panel are reported to the Discovery Board

Furthermore, the panel advises on organisational related risks and monitors Deprivation of Liberty Safeguards (DoLS) and physical interventions.
- Our Safeguarding Policy's purpose is to ensure that all people we support are safeguarded as far as possible from all forms of abuse. It also aims to ensure that employees understand what to do when they become aware or suspect that somebody we support has been abused. This policy promotes equality, diversity and human rights by considering that

vulnerable people are more likely to fall victim to abuse than the majority of people, and directing Discovery employees to:

- Be vigilant for and take action against all such incidence whatever the person's age, gender, ethnicity, faith, disability, sexual orientation, marital status and whether pregnant; and
  - consider discrimination on grounds of age, gender, ethnicity, faith, disability, sexual orientation, marital status or pregnancy as abuse.
- 
- We place great importance in transparency and sharing the learning from our work, to assist others, this includes feedback from our annual safeguarding summit and Never Event protocols.
  - Our values are embedded in the organisation; Courage being one. We are committed to developing and maintaining an open and inclusive culture which values and respects difference to enable us to reach shared goals. This includes the commitment to appropriately challenge each other, other professionals to ensure positive outcomes.
  - In Discovery, we have had experience of the impact of criminal exploitation on a number of people we support; concerns were immediately addressed. Discovery endeavour to ensure people we support are safeguarded against being drawn into major crime and take immediate, appropriate action when alerted to any concerns. We have developed a link with the Serious & Organised Crime Community Co-ordinator to support proactive work in Discovery regarding Criminal Exploitation of Vulnerable Adults/County Lines with guidance developed to raise awareness across Discovery, with people we support and families. A presentation was given to the Dimensions Safeguarding Panel at the end of last year with a Discovery case study presented.
  - Discovery produced guidance for colleagues which was adopted across the Dimensions Group - Criminal Exploitation of Vulnerable Adults
  - Our Safeguarding Policy was updated in May 2020 to include criminal exploitation of vulnerable adults.

- The Quality & Compliance Reviewers who carry out periodic audits in our services have access to the Safeguarding Registers and make judgements about areas to audit during review visits based on intelligence gathered, including safeguarding.
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## The Care Quality Commission

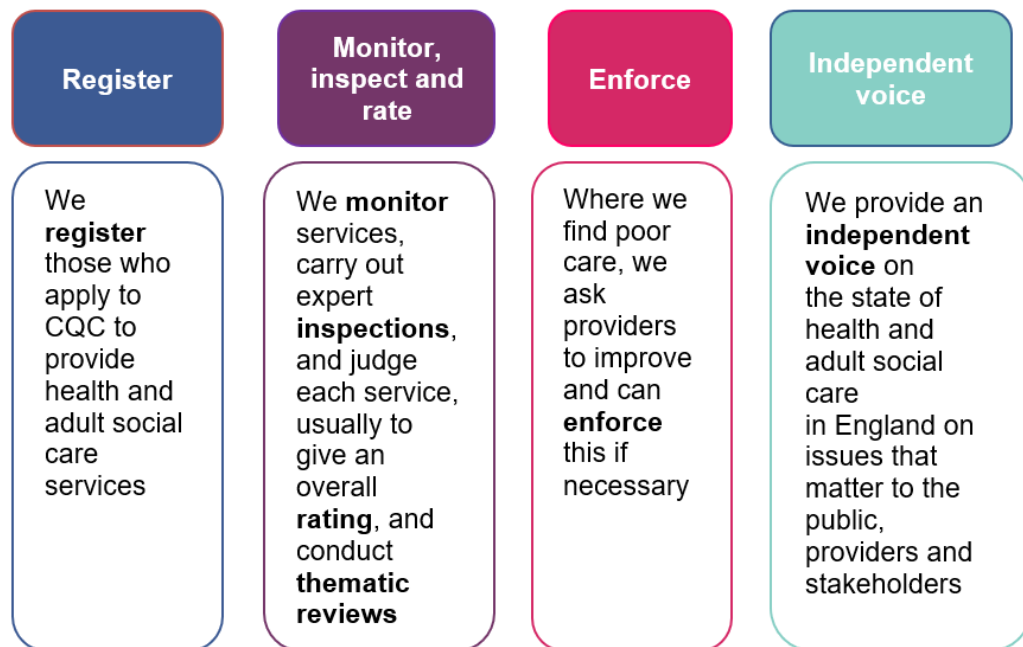
### Our purpose and role

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. Our function is to:

- Register
- Monitor and inspect
- Use legal powers
- Speak independently
- Encourage improvement

People have a right to expect safe, good care from their health and social care services.

## Our current model of regulation



## Four priorities to achieve our strategic ambition

1. Encourage improvement, innovation and sustainability in care – we will work with others to support improvement, adapt our approach as new care models develop, and publish new ratings of NHS trusts’ and foundation trusts’ use of resources.
2. Deliver an intelligence-driven approach to regulation – we will use our information more effectively to target our resources where the risk to the quality of care provided is greatest and to check where quality is improving, and we will introduce a more proportionate approach to registration.

3. Promote a single shared view of quality – we will work with others to agree a consistent approach to defining and measuring quality, collecting information from providers, and working together towards a single vision of high-quality care.
4. Improve our efficiency and effectiveness – we will work more efficiently, achieving savings each year, and improving how we work with the public and providers.

### **CQC State of Care Report 2018/19**

State of Care is our annual assessment of health and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

This year's report finds that most of the care that we see across England is good quality and, overall, the quality is improving slightly. But people do not always have good experiences of care and they have told us about the difficulties they face in trying to get care and support. Sometimes people don't get the care they need until it's too late and things have seriously worsened for them.

This struggle to access care can affect anyone.

Too many people find it hard to even get appointments, but the lack of access is especially worrying when it affects people who are less able to speak up for themselves – such as children and young people with mental health problems or people with a learning disability. Too often, people must chase around different care services even to access basic support. In the worst cases, people end up in crisis or with the wrong kind of care.

A copy of the report can be found by visiting the CQC website; <https://www.cqc.org.uk/publications/major-report/state-care>

### **CQC's role and responsibilities in safeguarding**

*Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.*



Safeguarding is a key priority for CQC and people who use services are at the heart of what we do. Our work to help safeguard children and adults reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 and to have regard to the need to protect and promote the rights of people who use health and social care services.

**Our role and responsibilities are:**

To monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, we will do this by:

- Checking that care providers have effective systems and processes to help keep children and adults safe from abuse and neglect.
- Using Intelligent Monitoring of information we receive about safeguarding (intelligence, information and indicators) to assess risks to adults and children using services and to make sure the right people act at the right time to help keep them safe.
- Intelligent monitoring is how we describe the processes we use to gather and analyse information about services. This information helps us to decide when, where and what to inspect. By gathering and using the right information, we can make better use of our resources by targeting activity where it is most needed.
- We have always used the important information in statutory notifications in this way, alongside other information about safeguarding and information provided by others such as people who use services, their families and the public.
- Acting promptly on safeguarding issues we discover during inspections, raising them with the provider and, if necessary, making safeguarding referrals to the local authority and the police where appropriate.
- Holding providers to account by taking regulatory and enforcement action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults and that that they maintain improvements.

There is more information about our role and approach to safeguarding here where there is our Inspector handbook for Safeguarding and the CQC Statement on our role and responsibilities in safeguarding people <http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people>

### Somerset – CQC Sector data

Number of active locations, with ratings and where the CQC has taken regulatory action.

Source: CQC database as at 31 May 2020.

Number of active registered locations in Somerset

Location Inspection Directorate	Number of Active Locations
Adult social care	295
Hospitals	47
Primary medical services	161
<b>Total</b>	<b>516</b>

Number of active locations in Somerset and overall ratings, comparison with region and national ratings

Location Inspectorate	Number of Active Locations with Latest Overall Ratings				Total Number of Active Locations with Latest Overall Rating
	Outstanding	Good	Requires improvement	Inadequate	
<b>Somerset</b>					
Adult social care	14	233	34	1	<b>282</b>
Hospitals	1	6	3		<b>10</b>
Primary medical services	1	62	3		<b>66</b>
<b>Somerset Total</b>	<b>16</b>	<b>301</b>	<b>40</b>	<b>1</b>	<b>353</b>
<b>South West</b>					

Adult social care	158	1,762	237	20	<b>2,177</b>
Hospitals	9	71	26		<b>106</b>
Primary medical services	31	431	18	5	<b>485</b>
<b>South West Total</b>	<b>198</b>	<b>2,264</b>	<b>281</b>	<b>25</b>	<b>2,768</b>
<b>National</b>					
Adult social care	1,090	18,739	3,455	271	<b>23,553</b>
Hospitals	175	1,186	311	42	<b>1,714</b>
Primary medical services	347	6,561	344	90	<b>7,342</b>
<b>National Total</b>	<b>1,612</b>	<b>26,486</b>	<b>4,110</b>	<b>403</b>	<b>32,609</b>

### CQC Regulatory action in Somerset

Location Inspection Directorate	Recommend Fixed Penalty	Requirement notice	Vary a condition	Warning notice	Total Number of Active Locations with published Regulatory Actions
Adult social care	2	29	1	2	<b>31</b>
Hospitals		2			<b>2</b>
Primary medical services		5		2	<b>6</b>
<b>Total</b>	<b>2</b>	<b>36</b>	<b>1</b>	<b>4</b>	<b>39</b>

Please note that some locations may have more than one regulatory action, and the figures above may therefore not add up consistently.

## District Councils



- We have seen a new cohort of councillors join us this year and have worked with them to help them understand their role in the community and what they can do to help safeguard adults who may be vulnerable. Many of them have come with little experience of safeguarding and they have been determined to understand the issues and where they can support.
- We recognise that the safeguarding environment is continually evolving and as a consequence we have continued to review our safeguarding policies and, where appropriate, updated them to address new issues as they arise. We have continued to provide regular training to our staff and elected members to keep them up to date in their understanding of safeguarding matters and their duties. We have used the 'Champions' model to build capacity in our organisations and provide contact points for staff who have safeguarding concerns, as well as giving focused training to teams on key subjects. We have used case studies and learning from other parts of the country to help ensure that, where safeguarding reviews have identified lessons to be learnt, that our own internal processes and actions are considered against the outcomes of those reviews.
- We have developed our One Team models on further over this year to build on the strong partnership working that has been taking place. This collaboration has helped us build resilience and capacity into our systems of support to safeguard vulnerable people. The model enables us to identify quick and appropriate interventions, share appropriate information where safeguarding is a concern and act in the best interest of those concerned. Critical to the strength of the model is the variation of its application across different parts of the county to ensure that local circumstances and demographics are accommodated to ensure best outcomes.
- We have continued to work with partners to deliver the Positive Lives Programme to support vulnerable adults with complex needs to gain stable, safe accommodation. As part of this we have also worked with rough sleepers across the

county to understand their circumstances, vulnerabilities and safeguarding issues, with the aim of supporting them into suitable, safe and stable accommodation.

- We have continued to develop our strong relationship with our registered social housing providers, using a forum to enable them to meet and share safeguarding concerns with us. We have also used this forum to update the providers on safeguarding matters, provide training and share best practice.
- We continue to work collectively, as the District Council Safeguarding Group, with representatives of SSAB to learn from each other and from activities across the country. We know that by sharing resources and intelligence we can provide more effective safeguarding for vulnerable adults in Somerset, particularly as many of these adults move across our boundaries regularly.
- We have worked with Avon and Somerset Constabulary to address the safeguarding of vulnerable adults from criminal gangs and their activities. We recognise the impact of Cuckooing and County Lines in our neighbourhoods and are working with partners to address the impact of these on vulnerable people in the county. We have continued to support the PREVENT agenda to help stop vulnerable adults from being drawn into terrorism and harm.
- We have actively contributed to Safeguarding Adults Reviews and Domestic Homicide Reviews, in an open and transparent manner, alongside our partner agencies. We have learnt from these local reviews and changed policies and procedures where the outcomes of them have shown it would be appropriate.



## Are you worried about someone?

If you are worried about a vulnerable adult and would like our help, please don't stay silent.

- Phone Adult Social Care on **0300 123 2224**
- Email **adults@somerset.gov.uk**
- In an emergency always contact the police by **dialling 999**
- If it is not an emergency and you want to talk with the police, **dial 101**

We will make urgent enquiries to understand the situation and make decisions about what needs to be done next, to make sure people are safe.

We will always deal with any calls in the strictest confidence.

## Health and Wellbeing Board Work Programme – October 2020-March 2021

Agenda item	Meeting Date	Details and Lead Officer
Health and Wellbeing Board Meeting	<b>21 Jan 2021 11am</b>	
Covid-19 dashboard		Lou Woolway
Fit for my Future		Maria Heard
HealthWatch update		Hannah Gray
Safeguarding Children		Caroline Dowson
Health and Wellbeing Board Meeting	<b>18 Mar 2021 11am</b>	
Covid-19 update		Lou Woolway
Fit for my Future		Maria Heard
Better Care Fund		Tim Baverstock

### Member information sheets:

Safer Somerset Partnership	<b>November?</b>	Lucy Macready
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### To add later?:

HWBB Performance Report		James Hadley
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