

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



Thursday 18 March 2021

**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, Mark Cooke, Judith Goodchild, Trudi Grant, Julian Wooster, Mike Prior, Alex Murray, James Rimmer, Mel Lock and Cllr Mike Best

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 10 March 2021

For further information about the meeting, please contact Jennie Murphy - jzmurphy@somerset.gov.uk or Julia Jones - 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

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 18 March 2021

* Public Guidance notes contained in agenda annexe *

1 **Apologies for absence**

To receive Board Members' apologies

2 **Declarations of Interest**

3 **Minutes from the meeting held on 21 February 2021** (Pages 7 - 14)

The Board is asked to confirm the minutes are accurate.

4 **Public Question Time**

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

5 **Better Care Fund** (Pages 15 - 18)

This agenda item is linked to the next two agenda items to demonstrate how The Health and Wellbeing Board is working in an integrated way to deliver both the Better Care Fund and the Integrated Care System. All three agenda items will detail how the strategic work can be seen in operation through the example of the Hospital Resettlement Service.

6 **Hospital Resettlement Service** (Pages 19 - 32)

To receive the report.

7 **Integrated Care Systems** (Pages 33 - 42)

To consider the report.

8 **Special Educational Needs and Disability** (Pages 43 - 50)

To receive the report.

9 **Health Protection Annual Report** (Pages 51 - 68)

To receive the report.

10 **Somerset Health and Wellbeing Board Forward Plan** (Pages 69 - 70)

Item Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus) - 11.00 am Thursday 18 March 2021

To review the Work Programme and make suggestions for future agenda items.

11 **Any other urgent items of business**

The Chair may raise any items of urgent business.

This page is intentionally left blank

Agenda Annexe

Guidance notes for the meeting

1. **Inspection of Papers**

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact Jennie Murphy on Tel: 01823 357628 or Email: jzmurphy@somerset.gov.uk. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

2. **Minutes of the Meeting**

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Board will be asked to approve as a correct record at its next meeting. In the meantime, information about each meeting can be obtained from Jennie Murphy on Tel: (01823) 3550628 or email jzmurphy@somerset.gov.uk

3. **Public Question Time**

If you wish to speak, please tell Jennie Murphy, the Board's Clerk, by 5pm 3 clear working days before the meeting (Friday 12th March)- (01823) 355628 or email jzmurphy@somerset.gov.uk

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

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

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

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

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

4. **Exclusion of Press & Public**

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

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

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

6. **Recording of Meetings**

The Council supports the principles of openness and transparency, it allows filming, recording and taking photographs at its meetings that are open to the public providing it is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone who wishing to film part or all of the proceedings. No filming or recording will take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Council's Monitoring Officer (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 21 January 2021 at 11.00 am

Present: Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Ed Ford (Vice-Chair), Cllr L Vijeh, Cllr R Wyke, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, Judith Goodchild, Trudi Grant, Julian Wooster, Mike Prior, James Rimmer and Cllr Mike Best

Other Members present: Cllr M Chilcott, Cllr P Clayton, Cllr T Munt, Cllr H Prior-Sankey and Cllr B Revans

Apologies for absence: Mark Cooke and Alex Murray

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

There were no new Declarations of Interest.

465 **Minutes from the meeting held on 26 November 2020** - Agenda Item 3

The minutes were agreed as a true and accurate record of the last meeting.

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

There were no Public Questions.

467 **Annual Report of the Director of Public Health** - Agenda Item 5

The Director of Public Health presented her Annual Report. This report was an evaluation of the last year with a strong focus on the first phase of the Pandemic. The director began by acknowledging the support she had from the following in tackling what had been and still is a very challenging time: - Susan Hamilton, Pip Tucker, Jo McDonagh and Jack Layton. This report will be available as a permanent record to ensure the learning from the first phase is captured and archived as this was a novel virus. Although Somerset is experiencing a second wave of the virus this is to be expected but it is important not to lose sight of the lessons learnt in the first phase. Somerset was well below the South West average in the first phase; this was in the main due to compliance with the lockdown and infection control measures. Being a rural county helped as well as having an overall lower number of deaths associated with deprivation. There have been some significant changes in behaviour; some negative and some positive. The decrease in car use, commuting and use of public transport coupled with an increase in walking and cycling this has contributed to a

reduction in pollution. There has also been a growth in community-based support.

There are six recommendations arising from the report into the first phase: -

1. System wide delivery and community support for the Local Outbreak Management Plan, delivery driven by strong public health leadership,
2. System wide commitment to prevention and management of long-term conditions, particularly obesity and diabetes,
3. System wide commitment to the promotion of mental health and the prevention of mental illness,
4. Digital infrastructure and transformation – across Somerset,
5. Addressing inequalities in our society and
6. Active and real time monitoring of direct and indirect impact.

The digital infrastructure is not adequate in all parts of the County and this needs to be addressed. The work with the Homeless and Rough Sleepers was fantastic and the work connected with supporting this group of people has had a lasting impact by offering support directly to them.

Recovery will take some time and continued monitoring of the impact on some groups like children and young people who have missed out on education must not be lost.

In Somerset, Nationally and Internationally this traumatic time needs to be used to achieve a better balance across society, in our lives, in the relationships we have with each other and with the planet we inhabit.

The Board discussed the report and acknowledged the positive presentation on what has been a very difficult time. The Board were interested to know if solutions such a Night School had yet been looked at as a means of addressing the challenges for some children and young people who had missed so much education. This had proven to be very effective after World War II. It was indicated that as we were now if the grips of the second wave this was one to be looked into at some later stage. The Board discussed the very positive community response to the floods of 2014 and that the resultant community-based activities were the most effective at establishing long term, sustainable solutions especially in the areas of wellbeing and support.

There was considerable support from all Board members for the prevention agenda and the collaboration of all represented by the Somerset Health and Wellbeing Board. It was agreed that this Board should continue to champion Health Prevention in Somerset.

The Somerset Health and Wellbeing Board supported the recommendations for a: -

- 1. System wide delivery and community support for the Local Outbreak Management Plan, delivery driven by strong public health leadership,**
- 2. System wide commitment to prevention and management of long-term conditions, particularly obesity and diabetes,**
- 3. System wide commitment to the promotion of mental health and the prevention of mental illness,**
- 4. Digital infrastructure and transformation – across Somerset,**
- 5. Addressing inequalities in our society and**
- 6. Active and real time monitoring of direct and indirect impact of the pandemic.**

468 **Integrated Care System - Next Steps** - Agenda Item 6

The Board had a presentation and report that covered two main updates for Integrating Care in Somerset. The National Consultation and the designation of Somerset as an Integrated Care System site within that consultation process. The consultation ran from 26 November 2020 to 08 January 2021, it covered the move to an enhanced system working that will impact on CCG's and the legislative changes outlining how Integrated Care Systems are established. The changes will require new legislation and that will be part of a new NHS Act. The aims of the proposals will be to: -

- To build strong and effective integrated care systems across England,
- To build on the Long-Term Plan and the learnings from COVID,
- To build on and continue to evolve across Integrated Care Systems and
- To remove legislative barriers to integration across health bodies and to help deliver better care and outcomes.

The proposals made in 2019 still stand and these can be summarised as a "triple aim" duty for all NHS organisations of better health for the whole population. Resulting in better quality care for all patients and financially sustainable services for the taxpayer. The merging of NHS England and NHS Improvement –formalising the work already done to bring the organisations together. Enabling collaborative commissioning between NHS bodies thus reducing the Competition and Markets Authority's role in the NHS and abolishing Monitor's role and functions. The reintroduction of the ability to establish new NHS trusts to support the creation of integrated care providers and a more coordinated approach to planning capital investment. Finally, the ability to establish decision-making joint committees of commissioners and NHS providers and between NHS providers.

The consultation covers two options: -

Option 1 is a statutory committee model with an Accountable Officer that binds

together current statutory organisations: -

- Mandatory, rather than voluntary, statutory Board,
- Decisions would be taken collectively,
- Recognised Accountable Officer (AO) to deliver the Board's functions,
- System AO would not replace Chief Executives of individual organisations,
- Representatives from across the system on the Board and
- One CCG per ICS and new powers which would allow CCGs to delegate many of its population health functions to providers.

Option 2 is a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS:-

- ICSs would be established as NHS bodies partly by 'repurposing' CCGs,
- Along with other duties, would take on the commissioning functions of CCGs,
- A Board would replace the CCG's arrangements and consist of representatives from the system partners,
- Primary duty would be to secure the effective provision of health services to meet the needs of the system population, working in collaboration with partner organisations and
- Full time Accountable Officer in place.

Ultimately the decision will be for Parliament as it will form part of the new NHS Act. The Board discussed the options and were keen that any new legislation did not undermine or unpick the new ways of working that had been developed when Somerset started to move towards the Integrated Case System in 2019. They wanted to make sure the focus on prevention was not lost and that the Somerset Scrutiny Committee had the opportunity to discuss this in detail.

The Somerset Health and Wellbeing Board: -

- **Noted the comprehensive report and provided feedback on the information**
- **Agreed the proposed next steps.**

469 **Safeguarding Children Report** - Agenda Item 7

The Board had a presentation on the first year of new children's safeguarding arrangements as set out in Working Together to Safeguard Children (2018), which took effect on 29 September 2019. The Somerset Safeguarding Children Partnership (SSCP) is a wide partnership an Independent Scrutineer and the rotation of the chair between main partners. The focus for the partnership is: -

- Early Help – A robust application of early help ways of working, such as early Help Assessment, Team Around the Family activity and the role of the Lead Practitioner.
- Multi-Agency Safeguarding – The prioritisation of ensuring that pre-birth planning addresses vulnerabilities clearly in the pre-birth period to effect

change. Focus on the quality and decision-making in strategy discussions.

- Neglect - The Neglect Toolkit has become well-embedded in partnership working. Learning from Serious Case Reviews over the last five years regarding neglect has been rolled out across the partnership, stressing the importance of acting early on signs of neglect.
- Child Exploitation - SSCP has had a focus on improving the system for children at risk of all forms of exploitation - children missing from home, care or education, those at risk of child sexual exploitation, trafficking, county lines, or modern slavery or female genital mutilation.

The Board heard that to underpin this there is a Quality Assurance Framework for partnership activity, and this includes the independent scrutineer. Audits have been undertaken on knife crime, strategy discussions and use of the neglect toolkit. A Safeguarding Children Forum week was held 7-11 December to promote engagement. Events included support for children's mental health; policing during the pandemic; an update on new safeguarding arrangements; Family Safeguarding model; learning from past Serious Case Reviews, and hearing from the Youth Forum.

The Somerset Plan for Children, Young People and Families 2019 -2022 includes the following priorities: -

- **Supported Families:** Strengthening families and building resilient communities; families know how to access help and advice; children and young people are protected from harm and kept safely at home; workers have the skills to identify problems early; good quality multi-agency help to reduce risks.
- **Healthy Lives:** Families make the right choices to support happy, healthy lifestyles; children, young people and their families are enabled to lead healthy lives; more children and young people have good health and wellbeing and are emotionally resilient; children and young people are able to safely manage their long-term conditions and disabilities and are supported to manage the transition to adult services, if appropriate.
- **A Great Education:** High aspirations, opportunities and achievement for all; children will not be held back by their social and personal backgrounds or special educational needs or disabilities; have the best start in the early years and go to a good school; all will benefit from a broad range of pathways to further learning and employment.
- **Positive Activities:** Getting the most out of life through play, leisure, cultural and sporting activities; to grow, thrive and reach their potential.

The Board had an update on each of these areas demonstrating how much had been achieved against the background of the restrictions of the pandemic. There have been outside sporting activities (when allowed), support for young people experiencing mental health challenges, focus on hunger and holiday

activities for families on the edge of care services. The SSCP Youth Forum had met over Zoom and shared work using Google Classroom.

The Board discussed the report and the positive impact this had had during the very testing challenges of the pandemic. There are some common themes emerging such a digital poverty and concerns about the increase in NEETS (Not in Education Employment or Training) amongst young people. It was recognised that some families had struggled without their usual support from wider family members, but this has not prevented the support being offered and put in place by the appropriate partner. The isolation that can result in people being Covid aware has led to some challenges to the demand on mental health services; it has also led to greater sharing of information which can help to address this.

There was some discussion about a recently published case following a Child Safeguarding review and the Board wanted reassurance that lessons learned were revisited after a period of time to make sure they were properly embedded and not at risk of being repeated.

There was some discussion about tracking of children missing from education and while use of made of each partners database if a family moved into Somerset and did not register with a GP. Seek public services in any way there was no obligation for them to register with a statutory body so potentially these children would not be known about. The Board was interested to know what form of modern slavery was in the spotlight as there was a perception that this did not occur in Somerset. It was explained that criminal exploitation of young children by gangs such as County Lines was of concern.

The Somerset Health and Wellbeing Board endorsed:

- **the Somerset safeguarding Children Partnership's twelve-monthly report.**
- **the associated annual report on progress against the Somerset Plan for Children, Young People and Families 2019-2021.**

470 **Healthwatch - report** - Agenda Item 8

The Board received and discussed a presentation on the evolved service delivery of Healthwatch due to the pandemic and the proposed Programme of work for the rest of 2021. The Board heard that the pandemic offered an opportunity for change and resulted in an increase in the volunteer base. The annual report was presented, and the focus of the meeting was feedback on the successes. The Workplan for 20/21 covered the following areas: -

- Referral to Treatment Waiting Times
- Access to Primary Care Services
- Pathway Three Beds

- Access to CAMHS

In addition to this Healthwatch have delivered reports on the following: -

- Covid Experience Survey,
- District Nursing Service User Feedback and
- Devon Doctors 111/Out of Hours Service

The Access to primary care report concluded that 70% of those surveyed wanted to be able to make appointments over the phone and as many struggle to move to the digital platforms. This can both be because of connectivity issues and a reluctance to embrace new ways of working. In addition to the planned work Healthwatch is aware that the pandemic has led to an increase in the deterioration of people's mental health and will led to an increase in demand.

The Board welcomed the report and recorded that they valued the work undertaken by Healthwatch. They were impressed how well Healthwatch had adapted to the pandemic and had been able to undertake additional activities.

The Somerset Health and Wellbeing Board:

- **Received and considers the Somerset Healthwatch report and was made aware of the work progressed by Healthwatch Somerset.**
- **endorsed the priority areas for the 2021/22 workplan.**

471 Somerset Health and Wellbeing Board Work Programme - Agenda Item 9

The Board Members were encouraged to email Lou Woolway with any suggestions for items they wanted covered in the forthcoming Agendas to ensure they were relevant to the issues being raised by residents of Somerset.

472 Any other urgent items of business - Agenda Item 10

There were two items of any other business.

1. There was a question from the Board about the current vaccination programme in particular the 'double booking' of some patients. Anecdotal reports that some who had been vaccinated at mass vaccinations centres were then being contacted by their local GP. It was acknowledged that this happened in the early days as the system in place was not very responsive. However, as it rolls out further these 'clunky arrangements' will be ironed out. The CCG has put out a press release and members of the Board were urged to reassure residents that they will get their vaccination in line with the published priorities and that this would be made much easier if GP surgeries were not inundated with requests for the vaccine and calls to try and jump the queues on the grounds of being a priority case. The message is "Don't call us we will call you".

2. There was a brief update in relation to the Homeless Reduction Board. When the Somerset Health and Wellbeing Board endorsed the proposal to set up the

Homeless reduction Board in early 2020 it was agreed that the Board would be up and running by February 2021. Unfortunately, due to the pandemic this has had to change, and the homeless Reduction Board will now be operational in May 2021. As has been previously reported the homeless and rough sleepers are still being looked after by the Covid Cell and this will continue until the Board can assume responsibility.

(The meeting ended at 1.10 pm)

CHAIR

Better Care Fund 2020-2021

Lead Officer: Mel Lock, Director of Adult Social Care

Author: Tim Baverstock, Deputy Director, Adult Social Care. Somerset CC

Andrew Hill, Associate Director of Integrated Care, Somerset CCG

Contact Details: TDBaverstock@somerset.gov.uk

andrew.hill6@nhs.net

<p>Summary:</p>	<p>Somerset Health and Wellbeing Board would usually have expected a refresh of the Better Care Fund and an update on the previous year's plan. The plans and monitoring were delayed by NHS England, following the Covid-19 pandemic and, given the longevity of the response to this, have now been cancelled in order to focus on the effort to fight it. This paper simply acknowledges that fact and keeps the Health and Wellbeing Board advised in line with its statutory duty.</p>
<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Board receives for information</p> <p>1. The guidance not to produce an updated Better Care Fund for 2020-21 and awaits the guidance for 2021-22</p>
<p>Reasons for recommendations:</p>	<p>The Government has published a short statement setting out what local areas need to do to agree and finalise Better Care Fund (BCF) plans for this year. The statement builds on the advice given earlier this year to areas that they should prioritise continuity of provision, social care and system capacity and roll forward schemes from 2019-20 where appropriate, and where there is local agreement, in 2020-21.</p> <p>The statement confirms that:</p> <ul style="list-style-type: none"> • Systems will not be required to submit plans for assurance in 2020-21. • Areas must ensure that the use of the money in their area meets the national conditions. • The funding is placed in a section 75 agreement with appropriate governance.
<p>Links to The Improving Lives</p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p>

Strategy	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	
	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	
	Fairer life chances and opportunity for all	
	Improved health and wellbeing and more people living healthy and independent lives for longer	
Financial, Legal, HR, Social value and partnership Implications:	<p>Finance leads from the Clinical Commissioning Group and Somerset County Council are still required to roll forward the Section 75 agreement. This will be done in accordance with the guidance.</p> <p>All mandated amounts, including monies passported to District Councils and earmarked for protecting Adult Social Care have been adhered to and agreed.</p>	
Equalities Implications:	No Impact	
Risk Assessment:	N/A	

1. Background

- 1.1. Delivery and monitoring of the Better Care Fund is a statutory function of the Health and Wellbeing Board. As such any plans for 2021-22 will be returned the Board as soon as guidance is issued.

2. Improving Lives Priorities and Outcomes

- 2.1. The Better care Fund continues to be used in accordance with 2019/20 sign off by the Health and Wellbeing Board and as such meets the priorities and outcomes previously agreed to as part of the Improving Lives agenda.

3. Consultations undertaken

- 3.1. N/A

4. Request of the Board and Board members

4.1. To note national guidance on the Better Care Fund for 2020-21

5. Background papers

5.1. Copies of the previous documents and background papers can be obtained from the report author.

6. Report Sign-Off

6.1 •

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	02/03/21
	Cabinet Member / Portfolio Holder (if applicable)	Clare Paul	02/03/21
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	02/03/21

This page is intentionally left blank



Somerset
Independence
Plus

Hospital Resettlement Service



Introduction

- The role is responsible for people who are patients in a hospital setting and whose discharge is being or is likely to be severely compromised by difficulties with their housing need
- Working alongside Somerset's Health Interface Service
- To reduce the overall length of stay and total number of occupied bed days on in-patient wards
- To prevent hospital re-admissions by working with internal departments and external agencies
- Linking health and social care, housing and other appropriate agencies to develop a discharge plan

Why Choose our service



- Somerset Independence Plus (SIP) service is the preferred service provider for the Council's in Somerset, commissioned by Somerset County Council and the District Councils. Funded through the Better Care Fund
- Our intention amongst others is to intervene at an early stage offering support to enable and maintain independence.
 - Reduces the risk of a fire to a property and reducing risk to neighbouring properties.
 - Reduces risk of statutory enforcement risking homelessness.
 - Reduces hospital admission caused by a housing related issue.
 - Reduces the risk of bed blocking
 - Improves mental health
 - Empowerment to the individual to make their own choices

How do we fit in with the strategic picture?



Improving health and care through the home in Somerset – Memorandum of Understanding

Signatories include; Avon and Somerset Police, Health Watch Somerset, the four Somerset District Councils, NHS England, Somerset County Council, Somerset Clinical Commissioning Group, RP's

MoU recognises that the home environment is the foundation from which to build healthy and fulfilling lives. Builds on the good intentions of the Health & Wellbeing Strategy (Improving Lives)

Shared commitment to joint action across local government, health, social care and housing sectors in Somerset

Encourages effective joint working

Sets the context and framework for cross-sector partnerships, integrated and effective services that meet the needs of individuals, families, communities

Shared success criteria to deliver and measure impact



How do we fit in with the strategic picture?



Independent Living

1. Prevent and / or delay admission to hospitals and care settings
2. Prevent delayed transfer of care or facilitate discharge of individuals from hospital/or residential care
3. Maintain older and disabled people's ability to live independently in their own home and community for as long as possible
4. Reduce chances of a life changing health event by initiating prevention policies, activities and adaptations



Component parts of the role

- Finding suitable solutions, supporting where necessary, advocating, working through the range of health options enabling the client to be as independent as possible to return home
- Actively promote the work of Somerset County Council and District Councils, Somerset Independence Plus across Musgrove Park Hospital and the Community Hospitals in the partnership area
- Where a health event or planned surgery results in an individual potentially becoming homeless, alert ASC OT's and the LA Housing Options teams from the outset to ensure accurate assessment of needs and adaptations
- Establish and maintain positive relationships with voluntary and statutory agencies, GP's and health care services, aiming to improve and assist communications

Qualities

- Julia Williamson started in Mid September – not the best time in the middle of a pandemic and going into winter pressures
- The hospital setting is frantic with many pressures coming from many different directions
- Need to work as part of a multi agency team and the ability to work independently, multi task under immense pressure
- A great deal of autonomy
- Having a housing/homelessness background has been hugely beneficial
- Skills to be able to work with clients presenting varying need and complexities – many clients have acute illnesses
- Managing expectations is important – multiple daily reporting of progress
- Managing the available resources
- A centre of focus by hospital staff

Case study #1

CP, a 73 year old gentleman was admitted to Musgrove Park Hospital (MPH) with a kidney infection and general lack of self-care. He advised ward staff early on that his home was in very poor condition and that his landlord had given him an eviction notice.

Outcome:

- This role facilitated a faster route to assistance from the local authority, by physically providing evidence of ID, liaising with a third party who although not a patient at MPH, was found to be vulnerable and equally at risk of homelessness.
- It meant the correct procedures were carried out to assess the suitability of the property. This ensured Mr P did not return to a potentially dangerous property where his health would most likely deteriorate very quickly which could have resulted in a re-admission to hospital.

Case study #2

- JP is a 29 year old gentleman who was admitted to an acute bed following an overdose of prescribed medication. Mr P is also on a methadone programme for his addiction and suffers with anxiety.
- He had been living in a hostel run by a partner agency where he was placed when his Mother asked him to leave her home, due to his behaviour. He did not like the hostel, his behaviour there was poor. He caused some damage to the property which caused the hostel to ask him to leave and then he reacted by taking enough of his prescribed medication to require a hospital admission.
- Mr P's Mother contacted the ward for an update on his health but made it clear that she did not want him to return to her home as she has her own mental health problems and couldn't cope with him. So Mr P was homeless.
- A short history of Mr P's story and current situation was gathered and the statutory 'Duty to Refer' to SW&T council's homelessness team was made. This meant an early intervention, making the LA aware at the earliest opportunity that an inpatient was homeless and potentially would require emergency accommodation.

Case study #2 Cont.

- Mr P's Mother actually came to visit him on the ward and I explained I had sent the DTR to the Council and Mr P now had a homeless application with SW&T and that he had agreed to re-engage with SDAS to seek help with his addiction which affects his behaviour. Following a three way discussion and exploring the issues with both parties living in the same house, we were able to establish some boundaries and on the basis of being for a temporary period of time, she agreed for him to go home with her.
- I was also able to establish that she has issues with hoarding herself and the chaos in the property was partly the reason for conflict between the two adults. I ascertained that the lady is a SW&T council tenant and I advised her that there is help available for difficulties with cluttering and she agreed to a referral to the SW&T estates team for some advice.

Case study #2 Cont.

Outcome

- This role has meant no nursing staff were taken away from their duties to make the referral. The information given to the Council was the right information to the right people at the right time. Liaison between the ward and the homelessness team to track progress and facilitate an interview over the 'phone between the two parties whilst Mr P was still on the ward.
- No homeless person on the streets as a result of discharge from hospital or making first contact with the LA on actual day of homelessness which causes stress for the person and requires time consuming risk assessments and a search for appropriate temporary accommodation by the homelessness team.
- The patient was able to be safely discharged knowing he was to be assessed for his homelessness situation, that he had a plan for help with his addiction and that his Mother was also to receive some help to resolve issues at the property which he was concerned for.

Project

- Whilst there are many advantages to the post being embedded in the hospital, there are also many issues which have been identified and need resolving;
 1. Increasing the number of step down beds and accommodation available for clients fit to be discharged but have specific needs
 2. Managing the expectation of the hospital when it comes to available housing on discharge
 3. Managing the front end of admission and the client being in control of the housing process post operation
 4. Identifying potential Housing issues as early as possible to enable a Duty to Refer to be made to the Local Authority in a timely manner

Questions?

This page is intentionally left blank

Integration and innovation: working together to improve health and social care for all

Scrutiny Committee, 3 March 2021

Integrating care – a case for change

- In many instances across the country, health and care services remain too fragmented to meet the needs of our population, with historic divides between organisations and sectors. Learning from Covid-19 has further highlighted the importance of collaboration.
- Building on the NHS Long Term Plan, in November NHS England and Improvement published '**Integrating care – next steps to build strong and effective integrated care systems across England**', to which we submitted a response on behalf of Somerset.
- Based on feedback to the '*integrating care*' paper, on 11 February 2021 the Department of Health and Social Care released a [White Paper](#), '**Integration and innovation: working together to improve health and social care for all, setting out plans for a Health and Care Bill**' with the stated aims of making integrated care the default, reducing legal bureaucracy, and better supporting social care, public health and the NHS.
- It is thought that a Bill will be brought forward in the next parliamentary session (likely early summer) with possible implementation by April 2022.

Integration and innovation: working together to improve health and social care for all – summary of White Paper

In summary the key proposals are:

- The creation of statutory Integrated Care Systems (ICS), made up of an NHS Body and a Health and Care Partnership.
- To Introduce a duty to collaborate across health, public health and social care.
- To scrap mandatory competitive procurements. Under the proposals, the NHS will only need to tender services when it is thought this will lead to better outcomes for patients.
- The Competition & Markets Authority no longer involved in NHS significant transactions.
- Formally merging NHS Improvement into NHS England.
- A package of social care measures; assurance and data sharing, powers for Secretary of State to directly make payments to adult social care providers, and creating a standalone Better Care Fund.
- A range of public health measures; the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed and streamlining the process for the fluoridation of water.
- There are other pieces of related legislation in the pipeline. These include specific proposals on social care and public health.

Configuration and key functions

The **ICS NHS Body** will be responsible for:

- Developing a plan to meet the health needs of the population within their defined geography.
- Developing a capital plan for the NHS providers within their health geography.
- Securing the provision of health services to meet the needs of the system population.

The ICS NHS Body will incorporate functions currently held by clinical commissioning groups (CCGs) and several of NHS England's specialised commissioning, primary care and other directly commissioned services functions.

ICS Health and Care Partnership

This Partnership will be tasked with promoting partnership arrangements, and developing a plan to address the health, social care and public health needs of their system to improve population health outcomes and tackle health inequalities.

The journey – vision, strategy and the STP

In Somerset we are well prepared for these changes. We started our journey four years ago with creation of our Sustainability and Transformation Partnership (STP), founded on our Fit for my Future Strategy:

Vision

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

Objectives

1. Enable people to live healthy independent lives, to prevent the onset of avoidable illness and support active self management.
2. Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting.
3. Provide support in neighbourhood areas with an emphasis on self management and prevention.
4. Value all people alike, addressing inequalities and giving equal priority to physical and mental health.
5. Improve outcomes for people through personalised, co-ordinated support.

The journey – designation as an ICS

In December 2020, the Somerset STP was formally designated as an ICS.

In awarding ICS status, NHS England and Improvement recognised the strength of the Somerset partnership and the shared vision for people of Somerset to be able to live healthy and independent lives, within thriving communities.

Being designated as an ICS signals a commitment across health, care and the voluntary sector to work together to achieve our strategic aims. Currently, it does not change existing statutory accountabilities or individual organisations' governance.

We have developed excellent relationships with our partners at all levels and across all sectors – thank you for your role in this work. Just some of the many examples are captured on the next slide.

The journey - progress so far

- Shared strategic vision, and joined-up priorities around responding to Covid-19, meeting winter demand, addressing inequalities, delivering the vaccination programme etc.
- Good examples of partnership working as part of the Covid-19 response and beyond, e.g., intermediate care services and rapid response, shared staffing arrangements etc.
- Strong relationships between system partners, including health, local authority, primary care and the voluntary, community and social enterprise sector (VCSE).
- Local collaborative working arrangements with health and care neighbourhood teams working together with primary care networks.
- Good system relationships / engagement and a culture of openness, support and constructive challenge.
- Skilled system leadership (ICS Leader and Chair in post substantively).
- Established an ICS Board, which is functioning well, and emerging supporting governance.
- Somerset wide plans developed to address workforce, estates and digital infrastructure.
- Collective approach to operational and financial planning; focusing on doing the right thing for the people of Somerset.
- Simple ICS configuration, e.g., co-terminus CCG/Local Authority boundaries.

Discussion points

- We have made good progress over the past few years to improve services and provide more joined-up care and this puts us in a good position. As we move forward, we will look to build on the best of what we have achieved so far in the context of the legislative measures and in the best interests of the people we serve.
- We welcome the ambition set out in the White Paper to create a flexible, permissive legislative framework that aims to remove barriers to collaboration and enable more joined-up care. The emphasis of the White Paper on collaboration and moving away from a competitive model of working will better support partnership working across health and care.
- The move to amend the legislative framework will result in a significant structural, and cultural shift in ways of working within the health and care sector – at a time of unprecedented operational pressure.
- The new proposal for ICSs to be made up of of a wider health and care partnership and a statutory ICS NHS body, is helpful in ensuring ICSs are comprised of partners across the system rather than being entirely NHS focused in scope. However, this dual arrangement raises new questions about how the two bodies will work effectively together in practice and the accountability arrangements.
- As this proposal around the configuration of ICSs is a combination of the two options in the ‘*integrating care*’ paper, and has not been subject to engagement itself, clearly we now need to spend time reflecting on these proposals in the context of our own relatively simple system to ensure we develop the best model for Somerset.

Discussion and questions?



This page is intentionally left blank

Special Educational Needs and Disability (SEND) – Written Statement of Action (WSOA)

Lead Officer: Julian Wooster, Director of Childrens Services

Author: Vikki Hearn, Joint Strategic Commissioner Childrens and Health

Contact Details: VHearn@somesret.gov.uk

<p>Summary:</p>	<p>SEND Services across the Local Area (Somerset County Council & Somerset Clinical Commissioning Group) were inspected by OFSTED (Office for Standards in Education) and CQC (Care Quality Commission) in March 2020. The Inspection Report was published on 27th May 2020.</p> <p>The inspectors found that SEND Services across the Local Area required significant improvement across nine areas and determined that a Written Statement of Action (WSOA) for improvement was required. Following publication of the report, work commenced on co-producing the WSoA, which was particularly challenging due to the constraints of virtual working required as a result of Covid-19.</p> <p>The Written Statement of Action was approved for publication by Inspectors on 30th November 2020 and was published on 1st December 2020. A re-inspection of the areas identified will take place within the next 18-24 months. Inspectors will expect to see significant progress in approximately 80% of the areas identified, if this is achieved then the Local Area will come out of 'monitoring arrangements' and will be subject to Inspection arrangements under the new SEND Inspection Framework (an annual 'inspection' with inspection teams consisting of an additional inspector from the social care inspectorate). Should inspectors deem that the Local Area has not made sufficient progress against the areas for improvement then the area will be asked to produce an APP (Accelerated Progress Plan) which will be subject to stringent monitoring by the DFE/NHSE. Failure to make progress against an APP will result in a referral to the Secretary of State. The full WSOA is available on the Local Offer.</p> <p>This report and the accompanying progress report outlines early progress against the nine improvement priority areas agreed within the WSoA.</p>
------------------------	---

<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Board receives for information The Written Statement of Action (WSOA), together with the accompanying progress report, and endorses this in order to deliver improvements and monitoring arrangements against the nine identified areas.</p>
<p>Reasons for recommendations:</p>	<p>A Local Area (The Local Area is defined as the local authority (LA) ; clinical commissioning group (CCG); Public Health; NHS England for Specialist Services; Early Years Settings, Schools, Further Education Providers) SEND Inspection by OFSTED (Office for Standards in Education) and CQC (Care Quality Commission) to assess the Local Area’s effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities (SEND) has taken place and has identified significant weaknesses in the system that need to be addressed.</p> <p>The Children and Families Act 2014 placed duties on Local Areas with regard to identification, assessment and provision for children and young people with SEND. Somerset’s progress against the requirements had previously been slow and this was challenged by Inspectors and was recognised by Senior Leaders during the Inspection process. The Written Statement of Action is highly ambitious but needs to be to address the short comings in the system and to improve the offer for children, young people with SEND and their families.</p> <p>The WSoA is monitored on a monthly basis through the SEND Improvement Board (SIB) containing members from across the Local Area. Terms of Reference and monitoring reports presented to the SIB are published on the Local Offer website and can be access here. The WSoA contains nine improvement priorities (IP) areas linked to the nine areas of weakness. Each IP area has a responsible lead from different parts of the system who reports on the progress of their area and any linked cross cutting work across the WSoA.</p> <p>Early progress has seen the following key improvements:</p> <ul style="list-style-type: none"> • Increasing the capacity of the SEND Casework Team • Schools Led Inquiry into inclusive practice • Increased capacity of the SENDIAS service • Training the workforce • Services have signed-up to involving parents and children in the design of services • Relaunch of Early Help Processes in Schools • Work with the Institute of Public Care (IPC) and Oxford Brookes University to understand the improvements required within Joint Commissioning.

	<ul style="list-style-type: none"> • Reduce the number of incidents of missed health notifications • Redesigned guidance to ensure workers take a graduated response to interventions with families, ensuring families with SEND are treated fairly. • Launched a pilot app called 'MeeTwo', which provides peer support for young people experiencing mental health difficulties. • Mental Health Trail Blazer projects have been launched in pilot areas supporting pupils with emotional health and wellbeing • A single point of contact for parents seeking SEND advice, support and guidance from the Local Authority has been established <p>Challenges and risks to the delivery of the WsoA have been identified and mitigating action agreed. Some of the high-level challenges are as follows:</p> <ul style="list-style-type: none"> • Capacity issues linked with the COVID19 pandemic and the ambitious nature of the WSoA may restrict the ability of the Local Area to deliver SEND improvement effectively and within the timeframe agreed. • There is a risk that the Local area is unable to deliver the expectations of children, young people with SEND and families as outlined in the WSoA • Maintaining a robust engagement/communication plan to ensure continued engagement across the Local areas • The need to develop the SEND system knowledge required to deliver the level of change required for WSoA • The ongoing organisational change, such as the Integrated Care System and the move to a unitary local authority, will need to be carefully managed to maintain progress across the WSoA. 								
<p>Links to The Improving Lives Strategy</p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p> <table border="1" data-bbox="544 1624 1465 2083"> <tr> <td data-bbox="544 1624 1289 1749">A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td data-bbox="1289 1624 1465 1749">✓</td> </tr> <tr> <td data-bbox="544 1749 1289 1874">Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td data-bbox="1289 1749 1465 1874"></td> </tr> <tr> <td data-bbox="544 1874 1289 1960">Fairer life chances and opportunity for all</td> <td data-bbox="1289 1874 1465 1960">✓</td> </tr> <tr> <td data-bbox="544 1960 1289 2083">Improved health and wellbeing and more people living healthy and independent lives for longer</td> <td data-bbox="1289 1960 1465 2083">✓</td> </tr> </table>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	✓	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment		Fairer life chances and opportunity for all	✓	Improved health and wellbeing and more people living healthy and independent lives for longer	✓
A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	✓								
Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment									
Fairer life chances and opportunity for all	✓								
Improved health and wellbeing and more people living healthy and independent lives for longer	✓								

A County infrastructure that drives productivity, supports economic prosperity and sustainable public services

Inspectors found that joint commissioning arrangements were poor which limited leader's ability to meet area needs, improve outcomes and achieve cost efficiencies. Families report an inequity of services across the area and that current services do not always meet the identified need. There is a need for the SEND Strategic Needs assessment to inform joint commissioning activity moving forward.

- *WSoA IPA4: 'Improve joint commissioning arrangements to ensure they meet area needs, improve outcomes and achieve cost efficiencies'*

To progress this work the local area have worked with the Institute of Public Care and Oxford Brookes University to agree a plan to improve joint commissioning across 5 key areas:

- Creating a joint work plan, starting with a joint needs assessment
- Developing the mechanisms that allow the Local Area to create joint solutions
- Creating joint arrangements
- Improving and embedding joint governance arrangements
- Developing joint learning plans

Fairer Life Chances and opportunity for all

All professionals and services working with children and young people have a legal duty to work together to ensure that needs of children and young people with SEND are identified and met. Early identification and intervention is key. It is essential that parents/carers and young people/children are involved in key decisions around their needs and support. Children and young people with SEND should have the same opportunities as others and should not be discriminated against due to the special educational needs. They should have access to good quality local support and provision.

- *WSoA IPA1: 'Work more closely with children and young people with SEND and their families to understand and learn from their experiences when formulating strategies to improve the area'*
- *WSoA IPA2: Further improve leadership capacity across area services.*
- *WSoA IPA3: 'Continue to strengthen and embed partnership working across Education, Health and Social Care'*

Co-production is expected across all IP areas (as stated with IP1) to ensure activity meets the needs of the local area. A co-production framework and toolkit are being developed to ensure

	<p>partners are able to meet this expectation and, more importantly, that the voice of the children and young people with SEND and their families are being heard and used to develop services.</p> <p>Through the work within IP2 the local area is seeking to develop 'culture carriers' with good knowledge and understanding of SEND issues and the ability to pass on their knowledge to all staff within the local area organisations.</p> <p>Improved health and wellbeing and more people living healthy and independent lives for longer</p> <p>The Children and Families Act 2014 extended the age range for educational SEND support from 2 – 19 to 0- 25. There is a much greater emphasis from the age of 14 years old on preparing for adulthood and increasing independence of those young people who have special educational needs and/or a disability.</p> <ul style="list-style-type: none"> - <i>Across all WSoA IPAs.</i> <p>For example, there is an improved awareness of the annual health checks for young people with learning difficulties and a clear understanding across the local area of the need to plan improves for ages 0-25.</p>
<p>Financial, Legal, HR, Social value and partnership Implications:</p>	<p>The Children and Families Act 2014, Section 3 and associated regulations:</p> <ul style="list-style-type: none"> ➤ The Special Educational Needs and Disability Regulations 2014 ➤ The Special Educational Needs (Personal Budgets) Regulations 2014 ➤ The Special Educational Needs and Disability (Detained Persons) Regulations 2015 ➤ The Children and Families Act 2014 (Transitional and Savings Provisions) (No 2) Order 2014 <p>place statutory requirements upon the Local Area to fulfil their legal duties towards children and young people with SEND and they must be able to demonstrate that the arrangements in place locally for identification, assessment, provision including access to services enables the local area to fulfil their statutory duties.</p>
<p>Equalities Implications:</p>	<p>The Equality Act 2010 sets out the legal obligations that schools, early years providers, post-16 establishments, local authorities and others have when supporting children and young people with special educational needs and/or disability. In addition to this public bodies such as local authorities must have regard to the provisions set out by the public sector equality duty and must have regard to the need to eliminate discrimination and promote equality of opportunity.</p>
<p>Risk Assessment:</p>	<p>There is a detailed joint risk register being developed alongside</p>

	the detailed action plan to support the Written Statement of Action. The risk register is monitored and updated on a monthly basis at Childrens' Executive Group (CEG).
--	---

1. Background

- 1.1.** The Children and Families Act 2014 obtained royal assent and became law on 13 March 2014. This was a landmark and wide-ranging act designed to fully reform services for vulnerable children, by giving them greater protection, paying special attention to those with additional needs, and also helping parents and the family as a whole.
- 1.2.** The largest part of the Act (Section 3) deals with laws and provisions relating to children who have special educational needs or disabilities. It was determined that the previous system simply did not perform well enough for these particularly vulnerable groups of people, and that a new approach was required, following reports and green papers published by the Department of Education in years preceding the Act. Major changes revolved around giving families better control over the welfare of their child. New provisions put in place by the Act included the following:
- A new Education, Health and Care (EHC) Plan based on a single assessment process will replace special education statements. EHC plans are documents that support children, young people and their families from birth to 25.
 - The commissioning and planning of services for children, young people and families is now run jointly by health services and local authorities as a result of the Act.
 - Extends the rights to a personal budget for the support to children, young people and families
 - Local services available to children and families must be made available in a clear, easy to read manner.
 - Local authorities must involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services.

The Local Area has found the requirements of "the Act" challenging and although there has been a systemic approach to improvement over the past 18 months, there are still significant progress to be made as identified by both the Somerset SEND Improvement Plan (SSIP) endorsed by this board in January 2020, and the subsequent OFSTED Inspection Report, published on 27th May 2020.

2. Improving Lives Priorities and Outcomes

- 2.1. As detailed above, the Written Statement of Action supports and extends the vision for improving lives priorities and outcomes in Fairer Life Chances and Opportunity for all and Improved health and wellbeing and more people living healthy and independent lives for longer.

3. Consultations undertaken

- 3.1. The Written Statement of Action has been developed by Senior Leaders across the Local Area with full co-production with key stakeholders, including Children, Young People and their families. The WSoA has been signed off by both Chief Executives and the Directors of the Somerset Parent Carer Forum.

4. Request of the Board and Board members

- 4.1. To receive this report and endorse the Written Statement of Action, noting the monitoring arrangements including the potential for escalation, if required to the Health and Wellbeing Board
- 4.2. To support and identify a member of the Board to act as a SEND Champion

5. Background papers

- 5.1.
 - Written Statement of Action
 - Joint Local Area SEND Risk Register
 - WSoA progress report

6. Report Sign-Off

- 6.1
 - Report authors responsible for ensuring they have email confirmation
 - In complete reports will not be accepted

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Julian Wooster	Click or tap to enter a date.
	Cabinet Member / Portfolio Holder (if applicable)	Frances Nicholson	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

This page is intentionally left blank



Somerset Health Protection Annual Assurance Report 2020

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

Author: *Alison Bell, Consultant in Public Health/ Jessica Bishop, Health Protection Manager*

Contact Details: 07890581023

Summary:	<p>The Somerset Health Protection Assurance Report documents the progress made during the last 12 months and the identified priorities for the next year.</p> <p>In summary the Director of Public Health is assured that systems are in place to protect the health of the population, however there are opportunities during 2021 to strengthen these.</p> <p>During 2020 the Somerset response to COVID-19 was prioritised as a matter of urgency and a full major incident response launched nationally and locally. This response impacted delivery of previously agreed health protection priorities.</p> <p>These impacts and lessons are captured throughout this document and reflected within the 2021 strategic priorities, which are:</p> <ol style="list-style-type: none"> 1. Communicable Diseases <p>Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system.</p> <p>Carrying this priority forward into 2021, key actions include:</p> <ul style="list-style-type: none"> - Translate the TB service specification into the clinical service delivery - Ensure the recommendations for action from the Blood Borne Virus needs assessment and strategy are progressed. - Ensure that learning from the COVID-19 response is incorporated into the Somerset outbreak response arrangements. <ol style="list-style-type: none"> 2. Environmental Hazards
-----------------	--

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

Actions include:

- Respond to Climate Change Emergency and deliver the Somerset air quality strategy. Link in with the JSNA that is focused on Climate Change
- The Somerset Climate Change Emergency Strategy will be requested to take forward work on environmental hazards relating to housing and build on progress from the COVID-19 response to establish a task and finish group to identify work around minimising the health impact of cold homes, improving housing standards and messages specific to infectious disease threats.

3. Infection Prevention and Control

The CCG Infection Prevention and Control Team will co-ordinate, monitor and address infection prevention and control priorities and local needs and reflect national ambition. Areas for improvement identified during 2020 and the context surrounding infection prevention and control will be reported on, monitored and reviewed in the SIPAAC through a detailed workplan.

Additionally, recognise the impact on other infectious disease of having effective infection control measures in place, such as enhanced handwashing and social distancing and see how these measures can remain with us beyond COVID-19.

Key action:

As part of the Integrated Care System development ensure system wide infection, prevention and control support, regardless of organisational boundaries or funding streams, to effectively tackle infections.

4. Resilience

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

Working closely with local and regional forums, key actions include:

- Design a solution to ensure Radiation Monitoring capacity in place, should an incident occur
- Mass Casualty Planning
- Embed learning from COVID-19 major incident response into future plans

	<p>5. Screening and immunisation</p> <p>Ensure screening and immunisation programmes meet national standards and where work is required to increase uptake, reflect local priorities to achieve national standards.</p> <p>In support of the existing screening and immunisation programme in Somerset, key actions include:</p> <ul style="list-style-type: none"> - To support the recovery programme to catch up from immunisations missed due to the COVID-19 pandemic. - To work with screening and immunisations teams to ensure that the pandemic does not increase health inequalities in access to screening.
<p>Recommendations:</p>	<p>That the Health and Wellbeing Board notes the report, and endorses the priorities proposed for 2021 covering:</p> <ol style="list-style-type: none"> 1. Communicable Diseases; 2. Environmental Hazards; 3. Infection Prevention and Control; 4. Resilience; and 5. Screening and Immunisations.
<p>Reasons for recommendations:</p>	<p>The Somerset Health Protection Forum and Director of Public Health have identified actions within these priorities as key issues to address in order to be assured that suitable arrangements are in place to protect the health of the Somerset population and reaches vulnerable populations within Somerset</p> <p>The health and well-being board has oversight of how learning from the Somerset pandemic response is used to strengthen the Somerset health and care system and inform the development of the integrated health and care system where appropriate.</p> <p>The membership of the Health Protection Forum is revisited based on learning from COVID-19, to ensure sustained improvement in the system approach to protecting the populations' health.</p>
<p>Links to The Improving Lives Strategy</p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p>

	<p>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</p>	
	<p>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</p>	<i>Yes</i>
	<p>Fairer life chances and opportunity for all</p>	
	<p>Improved health and wellbeing and more people living healthy and independent lives for longer</p>	<i>Yes</i>
<p>Financial, Legal, HR, Social value and partnership Implications:</p>	<p>This is a statutory role of the Director of Public Health acting on behalf of the Secretary of State for Health.</p> <p>There are no direct financial implications as a result of this report.</p>	
<p>Equalities Implications:</p>	<p>There are no equalities implications arising directly from accepting this report. The identified priorities for the coming year will help to address health inequalities.</p>	
<p>Risk Assessment:</p>	<p>Failure to address the identified priorities could lead to the Director of Public Health being unable to be assured about arrangements in place to protect public health in the county.</p>	

1. Background

- 1.1.** The Director of Public Health (DPH) of Somerset County Council has a statutory duty to seek assurance that measures are in place to protect the health of the Somerset population. In order to make sure that the DPH is fully informed about the work of partners and can be so assured, the Somerset Health Protection Forum was created in March 2013.

2. Improving Lives Priorities and Outcomes

- 2.1.** By protecting the health of the population of Somerset we 'improve the lives' of Somerset's residents, by ensuring partners work together for the benefit of our residents and that we work to reduce health inequalities.

3. Consultations undertaken

3.1. No consultations have been undertaken, this is an assurance report

4. Request of the Board and Board members

- 4.1.
- To consider the information presented within the Health Protection Annual Report
 - Recommend that the HWBB are in agreement that the Director of Public Health is assured that systems are in place to protect the health of the population in Somerset, across: communicable disease control, environmental hazards, infection prevention and control, resilience and Screening and Immunisation programmes.
 - The membership of the health protection forum is revisited based on learning from covid19, to ensure sustained improvement in the system approach to protecting the populations' health
 - Agree the proposed priorities for work in 2021

5. Background papers

- 5.1. Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) regulations 2013 (Department of Health, Public Health England & Local Government Association, May 2013);

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

6. Report Sign-Off

	Seen by:	Name	Date
Report Sign off	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.

This page is intentionally left blank

Health Protection Forum Assurance Report 2020

Alison Bell/ Jessica Bishop

18th March 2021

WWW.SOMERSET.GOV.UK



Health Protection Forum



Public Health
England



Somerset

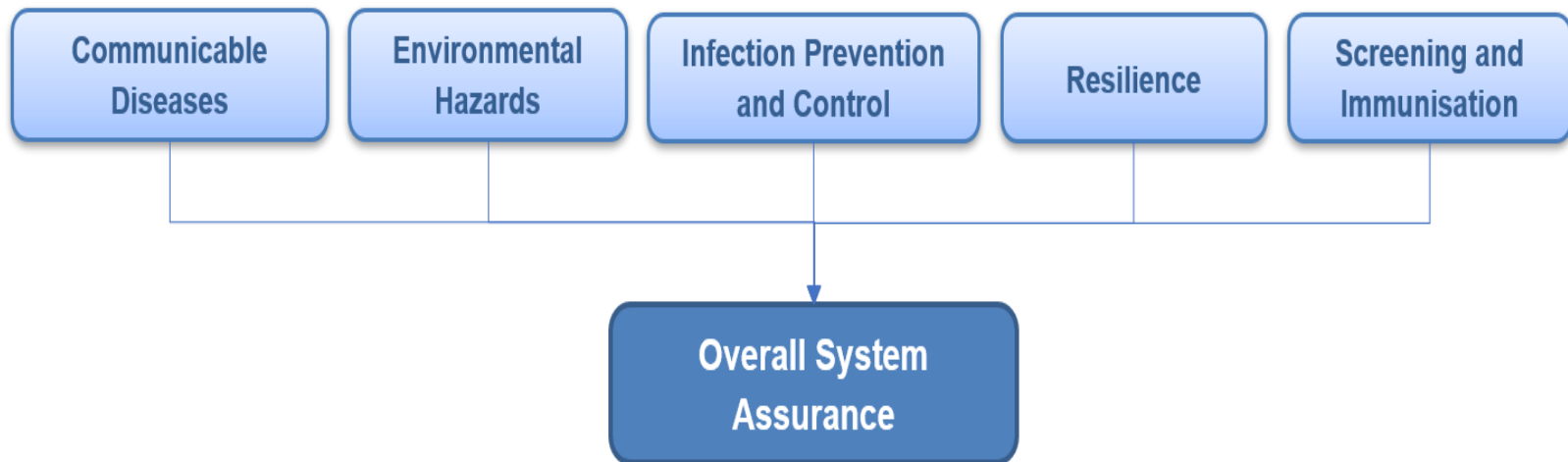


Somerset West
and Taunton

WWW.SOMERSET.GOV.UK



Health Protection Priorities



2020 – didn't quite go to plan

- The SARS CoV-2 virus emerged last in 2019 and cases of COVID-19 started to appear in the UK in early 2020 with Somerset having its first confirmed case in March.
- The Somerset response to COVID-19 was prioritised as a matter of urgency and a full major incident response launched nationally and locally.
- This response impacted delivery of previously agreed health protection priorities.

However...

- A strong system response to COVID-19 has led to enhanced outbreak management processes
- COVID-19 has required the health and care system to respond to the outbreak across organisational boundaries. This has been a huge strength of the Somerset COVID-19 response
- Blood borne virus screening programme for those accommodated through “Everyone in” was launched
- Personal behaviour change needed to respond to the Climate Change emergency and will be a building block to take forward the climate change strategy
- This year saw some of the most impressive flu vaccination statistics ever in Somerset

Focus for 2021

- Catching up on the priority health protection work not undertaken due to the COVID-19 pandemic
- Catch up campaign for screening and immunisations programme to be implemented by NHS E and report back to HP forum
- Incorporate learning from the past year to inform the development of the integrated health and care system where appropriate.
- Revisit the membership of the Health Protection Forum based on learning from COVID-19, to ensure sustained improvement in the system approach to protecting the populations' health

QUESTIONS

Priorities for 2020

Communicable Diseases

- Translate the TB service specification into the clinical service delivery
- Ensure the recommendations for action from the Blood Borne Virus needs assessment and strategy are progressed.
- Ensure that learning from the COVID-19 response is incorporated into the Somerset outbreak response arrangements.

Priorities for 2020

Environmental Hazards

- Respond to Climate Change Emergency and deliver the Somerset air quality strategy. Link in with the JSNA that is focused on Climate Change
- The Somerset Climate Change Emergency Strategy will be requested to take forward work on environmental hazards relating to housing and build on progress from the COVID-19 response to establish a task and finish group to identify work around minimising the health impact of cold homes, improving housing standards and messages specific to infectious disease threats.

Priorities for 2020

Infection Prevention and Control

Areas for improvement identified during 2020 and the context surrounding infection prevention and control will be reported on, monitored and reviewed in the SIPAAC through a detailed workplan. Additionally, recognise the impact on other infectious disease of having effective infection control measures in place, such as enhanced handwashing and social distancing and see how these measures can remain with us beyond COVID-19.

Key action:

- As part of the Integrated Care System development ensure system wide infection, prevention and control support, regardless of organisational boundaries or funding streams, to effectively tackle infections.

WWW.SOMERSET.GOV.UK



Priorities for 2020

Resilience

- Design a solution to ensure Radiation Monitoring capacity in place, should an incident occur
- Mass Casualty Planning
- Embed learning from COVID-19 major incident response into future plans

Priorities for 2020

Screening and immunisation

- To support the recovery programme to catch up from immunisations missed due to the COVID-19 pandemic.
- To work with screening and immunisations teams to ensure that the pandemic does not increase health inequalities in access to screening

Health and Wellbeing Board Work Programme 2021

Agenda item	Meeting Date	Details and Lead Officer
Health and Wellbeing Board Meeting	18 Mar 2021 11am	
ICS – bottom up approach (practical work)		James Rimmer, Teresa Harvey, Mark Leeman
Better Care Fund - short report		Tim Baverstock
SEND		Vikki Hearn Julian Wooster
Health Protection Report (non Covid)		Alison Bell/Jess Bishop
	20 May 2021	
Somerset Safer Partnership		Lucy Macready
Healthcare and Housing MOU		Mark Leeman
ICS		James Rimmer
HWBB Performance Report		James Hadley
	15 July 2021	
Climate Change and Health		Teresa Harvey
	16 September 2021	
	25 November 2021	
Somerset Homeless Reduction Board		Mark Leeman

Health and Wellbeing Board Work Programme 2021

Neighbourhood and communities?		Check with Mel/Tim
--------------------------------	--	--------------------

Member information sheets:

Community Care Somerset Activities and Sport (SASP) Out of Hours 111 Service		TBC TBC Devon Doctors
--	--	-----------------------------

To add later:?-

HWBB Performance Report		James Hadley
Economic Update – Covid related		James Gilchrist
Homeless Reduction Board – twice a year		Mark Leeman
Director of Public Health Annual Report – Covid 19 wave 2		Trudi Grant
Prevention agenda		Trudi Grant
Learning from COVID – lessons learnt		
Community support after COVID?		Trudi Grant