

# SOMERSET HEALTH AND WELLBEING BOARD



**Thursday 15 July 2021**

**11.00 am Luttrell Room, County Hall,  
Taunton**

To: The members of the Somerset Health and Wellbeing Board

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, Alex Murray, James Rimmer, Mel Lock, Cllr Mike Best and Sup. Dickon Turner

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 7 July 2021

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 - 11.00 am Thursday 15 July 2021

**\* 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 Minutes from the meeting held on 18 March 2021** (Pages 9 - 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 Integrated Care System**

To receive a verbal update.

**6 Safer Somerset Partnership Report** (Pages 15 - 36)

To receive and discuss the report.

**7 Improving Health and Care through the home in Somerset** (Pages 37 - 58)

To receive and discuss the report.

**8 Performance Report and Scorecard** (Pages 59 - 78)

To receive and discuss the report

**9 Somerset Health and Wellbeing Board Work Programme** (Pages 79 - 80)

Item Somerset Health and Wellbeing Board - 11.00 am Thursday 15 July 2021

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. **Council Public Meetings**

Under regulations made under section 78 of the Coronavirus Act 2020 local authorities in England have been able to hold public meetings virtually by using video or telephone conferencing technology, but these regulations do not apply to meetings on or after May 7 2021.

As of April 28, the High Court has ruled that existing legislation does not permit virtual meetings. The judgment concerns the interpretation of the Local Government Act 1972, and meetings that fall under this legislation will need to return to face-to-face meetings from May 7 2021. The requirement is for members of the committee to attend in person. However due to the current COVID restrictions and social distancing measures only a small number of people can attend, provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually.

Anybody attending the meeting in person will be asked to adhere to the current Government guidance and Council procedures in place to safely work during COVID 19. These include limiting numbers in a venue, maintaining social distancing, using hand sanitisers, wiping down areas that you have used, wearing face coverings when not sitting at a table (unless exempt from doing so) and following one-way signs in the venue/building. You will also be asked to sign in via the NHS Test and Trace app or to sign an attendance record and will be asked relevant questions before admittance to the meeting. People attending the meeting will be asked to undertake a lateral flow test up to 72 hours prior to the meeting.

### 2. **Inspection of Papers**

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at [democraticservices@somerset.gov.uk](mailto:democraticservices@somerset.gov.uk) or telephone 01823 357628.

They can also be accessed via the council's website on [www.somerset.gov.uk/agendasandpapers](http://www.somerset.gov.uk/agendasandpapers).

Printed agendas can also be viewed in reception at the Council offices at County Hall, Taunton TA1 4DY.

### 3. **Members' Code of Conduct requirements**

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness;

Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: [Code of Conduct](#)

4. **Minutes of the Meeting**

Details of the issues discussed, and recommendations made at the meeting will be set out in the minutes, which the Committee will be asked to approve as a correct record at its next meeting.

5. **Public Question Time**

If you wish to speak, please contact Democratic Services by 5pm on Friday 9 July. Email [democraticservices@somerset.gov.uk](mailto:democraticservices@somerset.gov.uk) or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out.

In order to keep everyone safe, we respectfully request that all visitors to the building follow all aspects of the Covid-Secure guidance. Failure to do so may result in you being asked to leave the building.

After entering the Council building you may be taking a waiting room before being taken to the meeting to ask your question and then escorted out of the meeting after receiving your response.

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

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total (20 minutes for meetings other than County Council meetings).

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

If an item on the agenda is contentious, with many people wishing to attend 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, to three minutes only.

In line with the council's procedural rules, if any member of the public interrupts a meeting the Chair will warn them accordingly.

If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

Provision will be made for anybody who wishes to listen in on the meeting only to follow the meeting online.

## 6. **Meeting Etiquette for participants**

- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- Only speak when invited to do so by the Chair.
- Speak clearly (if you are not using video then please state your name)
- If you're referring to a specific page, mention the page number.
- Switch off your video and microphone after you have spoken.
- There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

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

If when considering an item on the agenda, the Committee 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.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, remove the participant from the meeting.

## 8. **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 this 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. No filming or recording may 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 Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

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.

A copy of the Council's Recording of Meetings Protocol is available from the Committee Administrator for the meeting.



## **SOMERSET HEALTH AND WELLBEING BOARD**

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Virtual meeting via Microsoft Teams, on Thursday 18 March 2021 at 11.00 am

**Present:** 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, Judith Goodchild, Trudi Grant, Mike Prior, Alex Murray, James Rimmer and Cllr Mike Best

**Other Members present:** Cllr A Bown, Cllr M Chilcott, Cllr C Lawrence and Cllr H Prior-Sankey

**Apologies for absence:** Julian Wooster and Mel Lock

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

There were no new declarations.

474 **Minutes from the meeting held on 21 February 2021** - Agenda Item 3

The minutes were agreed.

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

There were no public questions.

476 **Better Care Fund** - Agenda Item 5

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. The report to the Board simply acknowledged that fact and keeps the Health and Wellbeing Board advised in line with its statutory duty.

The Board were informed that 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.

This report was intentionally short as the main focus was on letting the Board have a full report on one of the examples of the way the Better Care Fund is being used to deliver integrated services.

**The Somerset Health and Wellbeing Board:**

- **Received for information,**
- **Approved the recommendation to not produce an updated Better Care Fund for 2020-21 and await the guidance for 2021-22**

477 **Hospital Resettlement Service** - Agenda Item 6

The Board were given a presentation on the Hospital Resettlement Service. The Service is delivered in a hospital setting and has been based in Musgrove Park Hospital as there is already a similar service based in Yeovil Hospital. The service 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 the aim is to reduce the overall length of stay and total number of occupied bed days on in-patient wards and to prevent hospital re-admissions by working with internal departments and external agencies. By linking health and social care, housing, and other appropriate agencies to develop a discharge plan.

The Board were given two case studies that demonstrated the need for the service and how it worked for the individual in addressing a housing need which was preventing hospital discharge but did not need medical intervention. The case studies demonstrated the need for a multi-agency approach and whilst the many advantages were clear there was also a need to manage the expectation of hospital staff in the available housing options. The safe and secure discharge of some of the more complex cases required co-ordination with many agencies as well as the confidence of the patient.

The Board discussed the Service and the case studies. They recognised the challenges around hoarding as a real issue. The Board discussed the co-dependency of health and housing and that this work arose from work done by the Board a year ago. The Board wanted assurance that the Hospital Resettlement Service, the Strategic Housing Groups, and the Homelessness Reduction Board all worked together to make sure there was no duplication.

**The Somerset Health and Wellbeing Board:**

- **welcomed the information on the practical example of ICS and Better Care Fund in action.**

478 **Integrated Care Systems** - Agenda Item 7

This report was a further example of the Better Care Fund and its practical application. The Government White Paper entitled 'Integration and innovation: working together to improve health and social care for all, setting out plans for a Health and Care Bill' has the stated aims of making integrated care the default, reducing legal bureaucracy, and better supporting social care, public health and the NHS.

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.

The report made it clear that Somerset was well placed to develop this service as it is already working together delivering independent living, sustainable services, and better outcomes; Fit for my Future demonstrated that collaboration. Somerset has made good progress over the past few years to improve services and provide more joined up care and this puts Somerset in a good position. Moving forward, the ICS will look to build on the best of what has been achieved so far in the context of the legislative measures and in the best interests of the people.

The Board discussed the report and the following areas were raised;

- The proposals for local Government re-organisation and any impact this may have. It was confirmed that the ICS would work with whatever arrangement finally emerged. The proposed Bill is a permissive one and it will not destabilise the progress that has been made.
- The current level of collaboration is based on drive for improvement that has come from a desire for change and positive relationships, this Board is once such point of influence.
- The proposed Bill will give more local control to respond to local need within a National Framework and should be regarded in that respect as a great opportunity.
- There was a concern that the demand for Mental Health services will increase as the lockdown restrictions are eased. The Board were informed that Somerset has made changes to ensure this demand can be met and some of those changes already made have received national recognition.

**The Somerset Health and Wellbeing Board:**

- **Noted the report and provided feedback on the information**

- **Agreed the proposed next steps.**

#### 479 **Special Educational Needs and Disability** - Agenda Item 8

The Board had a update following the Inspection report published in May 2020 into the Special Educational Needs and Disability (SEND) Services in Somerset. 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. The Written Statement of Action was approved for publication by Inspectors on 30th November 2020 and was published on 1st December 2020.

The WSoA is monitored on a monthly basis through the SEND Improvement Board (SIB) containing members from across the Local Area. The WSoA contains nine improvement priorities areas linked to the nine areas of weakness.

Early progress has seen the following key improvements: -

- 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,
- 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 and
- A single point of contact for parents seeking SEND advice, support and guidance from the Local Authority has been established.

The next monitoring visit will be in June 2021.

The Board discussed the report and welcomed the progress that had already been made and acknowledged the challenges identified.

#### **The Somerset Health and Wellbeing Board**

- **Received for information The Written Statement of Action (WSOA), together with the accompanying progress report, and endorsed this**

**in order to deliver improvements and monitoring arrangements against the nine identified areas.**

**480 Health Protection Annual Report - Agenda Item 9**

The Board discussed the Somerset Health Protection Assurance Report which documented the progress made during the last 12 months and the identified priorities for the next year. 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. 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.

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. The Health and Wellbeing 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. 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.

The Board discussed the priorities and asked if the uptake of the MMR vaccine had dropped off in Somerset in line with reports it had done so nationally. They were told that they had, prior to Covid 19 the MMR vaccine coverage was 90 91% and this had fallen to 86.9%. There is a drive to try and improve this as there are pockets within Somerset who are resistant to all vaccines. The Board also heard that the number of common childhood infections were lower than normal as children were spending less time with each other.

**The Somerset Health and Wellbeing Board:**

- **Noted the report, and endorsed the priorities proposed for 2021 covering: -**
  - **Communicable Diseases,**
  - **Environmental Hazards,**
  - **Infection Prevention and Control,**
  - **Resilience and**
  - **Screening and Immunisations.**
  -

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

The Board agreed that it had been very useful to have a theme running through agenda items as it enabled deeper discussion of one area and confirmed that

this practice should be used to have themed items in the future if the subject were appropriate.

**The Somerset health and Wellbeing Board discussed the Work Programme and agreed to: -**

- **Add Mental Health and Health Improvement Programme.**
- **Reinstate the Improving Lives Performance matrix as a regular item.**

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

The Board was asked to consider an urgent item as there was a very tight time limit a decision. They were given an overview of the proposed area for a Joint Strategic Needs Assessment (JSNA) on the impact of Covid 19 on deprived communities.

**The Somerset Health and Wellbeing Board:**

**Agreed that the JSNA would initially focus on the 10% most deprived areas and the ongoing impact of Covid 19. Recognising this would not cover all deprived people living in rural areas. These would be covered in the medium-term plan.**

**(The meeting ended at 1.05 pm)**

**CHAIR**






## Safer Somerset Partnership

Lead Officer: *Supt. Mike Prior. Chair of Safer Somerset Partnership*

Author: *Lucy Macready Public Health Specialist Community Safety*

Contact Details: [Tel No]

<p><b>Summary:</b></p>	<p>The Safer Somerset Partnership (SSP) was developed in 2011/12 as a single county wide partnership for delivering duties under the Crime and Disorder Act (1998). This report introduces the Safer Somerset Partnership’s latest Annual Report 2020-2021, its key activities and achievements for the year, the initiatives it supports through grant funds and its ambitions for the coming year.</p> <p>The Safer Somerset Partnership’s responsibilities and priority areas of work impact on all other Strategic Partnerships in Somerset. It is important that Board members consider the breadth of the community safety agenda and reflect on how the Partnership can assist the Board now, and in the future to improve the Health and Wellbeing of the vulnerable people and families it serves and supports within its activities.</p> <p>In addition, the health and Wellbeing Board will receive a summary of the new Domestic Abuse Act 2021, as stated in section 6 of the Annual Report.</p>
<p><b>Recommendations:</b></p>	<p><b>That the Somerset Health and Wellbeing Board endorses the Safer Somerset Partnership Annual Report 2020-2021</b></p>
<p><b>Reasons for recommendations:</b></p>	<p>The sharing of annual reports is considered good practice in Somerset as an effective way to make sure that all strategic Partnerships and Boards share achievements, priorities and plans for the future.</p>
<p><b>Links to The Improving Lives Strategy</b></p>	<p><b>Please tick the Improving Lives priorities influenced by the delivery of this work</b></p>

	<p><b>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</b></p>	
	<p><b>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</b></p>	
	<p><b>Fairer life chances and opportunity for all</b></p>	
	<p><b>Improved health and wellbeing and more people living healthy and independent lives for longer</b></p>	
<p><b>Financial, Legal, HR, Social value and partnership Implications:</b></p>	<p>There are no direct implications arising from sharing the Safer Somerset Partnership Annual Report.</p>	
<p><b>Equalities Implications:</b></p>	<p>Equalities impacts are considered in all activities undertaken by the Partnership. Each decision made in relation to community</p>	



	safety work is supported with an Impact Assessment. This includes the decision to allocate the Grants funding that is granted by the Police and Crime Commissioner. However, this report is only relating to presenting the Partnership's Annual Report as opposed to specific activity that might impact on equalities and therefore, a separate EIA has not been completed.
<b>Risk Assessment:</b>	There are no risks identified as a result of producing the Annual Report

## 1. Background

- 1.1** The Safer Somerset Partnership Annual Report allows key stakeholders, Partnerships, and the public to have insight into its key activities, achievements from 2020-2021 as well as the direction of travel for 2021-2022.
- 1.2** The Safer Somerset Partnership is a statutory Partnership, designed to reduce crime and disorder as set out in legislation going back to the Crime and Disorder Act 1998. There are a range of statutory functions added over the years including reducing reoffending and carrying out Domestic Homicide Reviews.
- 1.3** Key achievements in the previous year include targeted communications activity on healthy teenage relationships and county lines, re-establishing the Hate Crime and Community Cohesion Partnership and overseeing the Serious violence strategy and delivery of this agenda via the Violence reduction unit.
- 1.4** The priorities for the Partnership are agreed in collaboration with the Office for the Police and Crime Commissioner and will be refreshed for 2022. These are:
- Protect people from the Harm of Domestic and Sexual Abuse
  - Identify and Prevent the Exploitation of Vulnerable People
  - Identify and Support those with Inequalities and vulnerabilities and offer support to improve health outcomes and reduce harm
  - Meet our Statutory Duties and improve Partnership effectiveness

The Annual report sets out progress against these as well as funded programmes of work which all meet at least one priority area.

- 1.5** 2020-2021 was an unprecedented year for the partnership regarding unexpected and highly impactful events. Unsurprisingly, coronavirus being one of these as well as a new legislation. The Annual Report describes how the Partnership responded to these.
- 1.6** Finally, the Annual report describes some workstreams that are already on the horizon which will be explored in 2021 and beyond. This includes embedding new legislative duties for serious violence and domestic abuse, improving the

programme of Integrated Offender Management and considering the future of the Somerset Violence Reduction Unit.

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

### **2.1. Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment**

The Partnership's motto is to 'feel safe, be safe'. Making our communities feel safe is the main principle that sits behind all of our activities.

### **2.2. Fairer life chances and opportunity for all**

The Partnership seeks to support those with health inequalities, identifies those most vulnerable or with multiple needs and supports them to access the services required to put them on the path to independence and social inclusion. An example of such work is our investment in SHE, a diversionary service supporting women at risk of entering the criminal justice process.

### **2.3. Improved health and wellbeing and more people living healthy and independent lives for longer**

Crime can have a wide ranging effect on people's health. Data tells us that crime rates are higher in urban and most deprived areas, and those most deprived are more likely to be a victim or offender. The Violence Reduction Unit, an arm of the Partnership, targets Pupil referral units to identify young people most at risk of violence and works with local voluntary and community sector organisation to intervene at the earliest possible stage to prevent them escalating into criminal behaviour. In addition, One Teams, operating across the County, are based in the most deprived areas, supporting communities to become stronger and preventing crime and disorder.

## **3. Consultations undertaken**

**3.1.** The Annual Report summarises work already undertaken by the Partnership. The Violence Reduction Unit, Community Safety Team and Safer Somerset Partnership Chair have all been engaged in this work but wider consultation has not been required.

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

**4.1.** Board members are asked to continue their support of the Safer Somerset Partnership and endorse the Annual Report.

## **5. Background papers**

**5.1.** Safer Somerset Partnership Annual Report 2020-2021

**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	Click or tap to enter a date.
	Cabinet Member / Portfolio Holder (if applicable)	Clare Paul	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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## *Safer Somerset Partnership Annual Report 2020-2021*

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## Foreword

I am standing down as Chair of The Safer Somerset Partnership after three years and another three years before that as a member of the Partnership. In fact, I am retiring from the police after 27 years, with many of my years' service in the County of Somerset. So what's changed? Many things have but I think the greatest improvements have been in our ability to seek out and hear those suffering in silence and in need of help. That has been made possible by many advances but the most important continues to be the power of the Partnership, which was put to the ultimate test during this last year with the Covid-19 Pandemic, the direct and indirect effects on our

community. I have been hugely impressed with the manner, resilience and steadfast dedication to duty and service I have seen from across the Partnership. I often say that partnership work is about "fixing the roof when it's not raining" by establishing common aims and positive working relationship for when the storms comes, we need to be prepared. As this report details, we work in a complex and challenging environment where many of our aims are intertwined. But it's that sense of purpose to get things done, to do the right thing and help our citizens which, when I reflect, I am most proud of. Well done Somerset.



A handwritten signature in black ink, appearing to read 'Mike Prior'.

Superintendent Mike Prior, Chair of the Safer Somerset Partnership

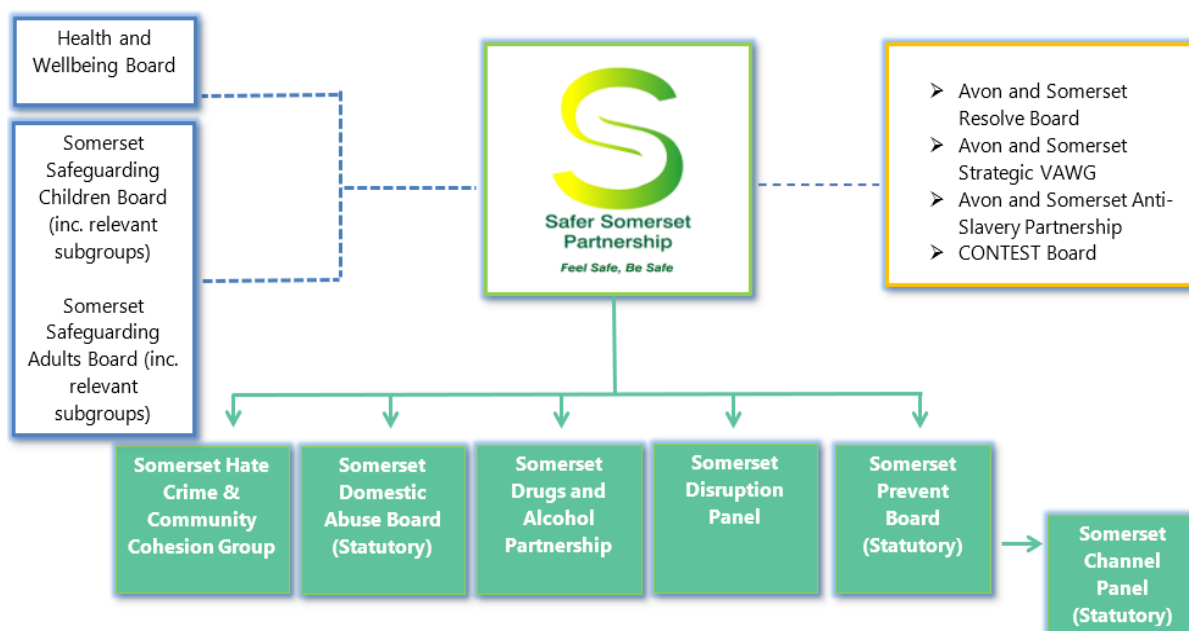
## 1. Introduction to the Partnership

1.1 The Safer Somerset Partnership (SSP) was developed in 2011/12 as a single county wide partnership for delivering duties under the Crime and Disorder Act (1998). This report outlines the function of the Partnership, summarises key activities and achievements in the past 12 months as well as outlining our vision for 2021-22.

1.2 The purpose of the Partnership is to

- provide strategic direction, leadership and improve the effectiveness of the delivery of Community Safety in Somerset
- Make effective links to other strategic Partnerships, ensuring there is a strong voice for Somerset's priorities and interests on other relevant partnerships and work streams aligning to the Protocol for Working Together document
- Ensure that the statutory responsibilities of the Partnership are addressed effectively.

1.3 The Partnership Structure



The Structure of the Partnership is flexible, and changes to reflect local and national priorities and legislation. In 2020, revisions to the Channel Duty and the introduction of new legislation for responding to domestic abuse placed the corresponding multi-agency groups on to a statutory footing. In addition, Task and Finish Groups will meet as and when

required in order to carry out specific short term work such as when making decisions on grant funding allocations.

#### 1.4 Statutory Duties

The Partnership and its constituting partners have a wide range of statutory duties. The table below summarises duties specifically held by the Partnership.

Crime and Disorder Act (1998)	The Crime and Disorder Act 1998 places a statutory duty on a number of responsible authorities to work in partnership to reduce crime and disorder in forums known today as Community Safety Partnerships (formally Crime and Disorder Partnerships).
Police and Justice Act (2006)	The Community Safety Partnership (Safer Somerset Partnership) has a duty to develop and publish a Strategic Assessment of levels of crime and drug misuse in the area and produce a Community Safety Plan.
Police and Crime Act (2009) Section 108	Places a statutory duty on Community Safety Partnerships (CSPs) to formulate and implement a strategy to reduce reoffending by adult and young offenders.
Counter-Terrorism and Security Act (2015) Section 26	Places a duty on certain "specified authorities" which includes local authorities, schools, universities, health services, police, prisons, and probation to stop people becoming terrorists or supporting terrorism. Lead by Tier 1 Local Authority in each area, the guidance stipulates that this multi-agency activity should be overseen by Community Safety Partnerships. Revised Channel Duty Guidance also stipulated that Channel Panels; multi-agency panels who support individuals from being drawn into terrorism, should be made statutory bodies, and in Somerset, the Channel Panel is placed under the governance of the Safer Somerset Partnership who monitor performance and outcomes.
Domestic Violence Crime and Victims Act (2004) Section 9	<p>Stipulates that Local Community Safety partnerships must commission and publish Domestic Homicide Reviews. A Domestic Homicide Review (DHR) is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.</p> <p>Since DHRs became a statutory responsibility in April 2011, the Safer Somerset Partnership has received 37 notifications of deaths to consider a review. Of those, 21 have led to a formal DHR and a further 8 have been an "informal review". Reports once approved by the Home Office are published online at <a href="http://www.somerset survivors.org.uk">www.sometsurvivors.org.uk</a>.</p>



### 1.4.1 Community Safety Strategic Assessment and Community Safety Plan

Since 2017, the Safer Somerset Partnership has joined up with the Avon and Somerset Police and Crime Commissioner to fulfil its obligations in producing the needs Assessment and associated Plan, in the knowledge that working together would bring efficiencies, added value and reduce duplication. Each year, the Partnership contributes to the Avon and Somerset [Police and Crime Needs Assessment](#). The data collated for this document then informs the Police and crime Plan. The Police and Crime Commissioner produces a Force wide overarching document, plus a local Plan with each Community Safety Partnership. For Somerset, this document is entitled [Our Plan](#), and spans 2017-2021.



The Plan presents the Partnership's priorities which are discussed further in section 2. The Partnership and Office for the Police and Crime Commissioner agreed that the current Plan will be carried forward for a further year, due to the delay in Police and Crime Commissioner elections.

### 1.4.2 Domestic Homicide Reviews

A Domestic homicide review (DHR) means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom he/she was related or with whom he/she was or had been in an intimate personal relationship, or a member of the same household as him/herself, held, with a view to identifying the lessons to be learnt from the death.

In accordance with the DHR statutory guidance, the Safer Somerset Partnership (SSP) Chair must receive and consider notifications of deaths for DHRs and decide whether a review should be commissioned. An independent chair and overview report author must be appointed for each DHR. Once the DHR report has been approved by each individual DHR panel, the SSP must approve it and then each DHR has to be considered by the Home Office Quality Assurance Panel. Once the DHR has been quality assured satisfactorily, it should then be published online.

The SSP is then responsible for ensuring each action plan is completed, including auditing these. The SSP discharges this to its Somerset Domestic Abuse Board sub-group.

### 1.4.3 Reducing Reoffending

The Safer Somerset Partnership discharges its functions to the Avon and Somerset Resolve Board which is Chaired by the Office for the Police and Crime Commissioner with members including Local Authorities, DWP, Ministry of Justice, Public Health England, Clinical Commissioning Group, Prisons and Probation Services.

The Board supports and monitors a number of projects/programmes including:

- Ready for Release Project in Bristol Prison – working to make sure those released from prison have access to a plan including settled accommodation. It's a multi-agency hub located at HMP Bristol
- Female Offender Projects - a coordinator at Eastwood Park to work with voluntary sector organisations across the South West to coordinate support to female offenders. Also, Project SHE, which we support from our Police and Crime grant, which works to divert women from the criminal justice system.
- Domestic Abuse Offender Programmes - Part of the PCC's funding has been allocated to fund a trial in South Gloucestershire of the Domestic Abuse offender programme Drive, which has been successfully trialled in a number of other areas including South Wales
- Integrated Offender Management programme

## 2. Partnership Priorities 2017-21

As mentioned in section 1, the Partnership agreed with the OPCC to carry forward our priorities for an additional year, with a refreshed set due in April 2022. A performance framework was set against all current priorities and was refreshed annually to ensure measures remained relevant.

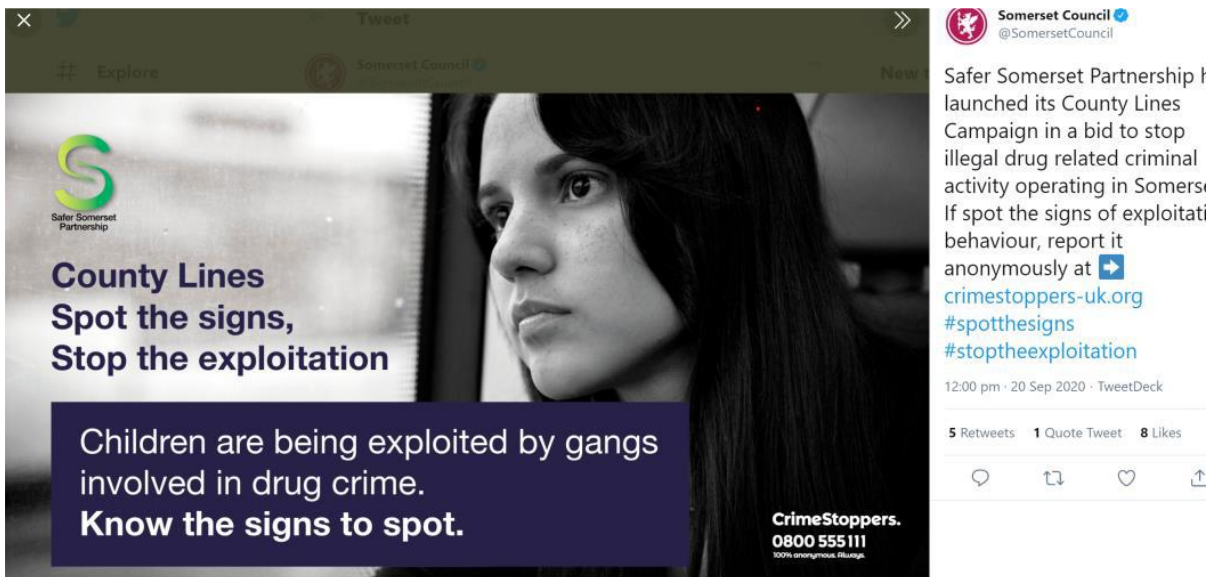
Our Plan Priorities and measures		
Title	Action	Status
1: Protect people from the Harm of Domestic and Sexual Abuse	Maintain the number of cases discussed at MARAC meetings at less than 85 per quarter	G
	Monitor the number of referrals to Domestic abuse perpetrator services in Somerset between April 2020 and 31st March 2021	
	SSP to provide comprehensive awareness of new services with SIDAS April 2020	
	Progress towards implementation of new MARAC model is evidenced each quarter	
2: Identify and Prevent the Exploitation of Vulnerable People	Proportion of individuals aged 10-17 identified as priority potential offenders by the VRU who do not commit a violent offence in the next 6 months.	A
	Deliver joint event on Exploitation with SCSB and SAAB by April 2021	
	Deliver training on county lines and exploitation to key stakeholders involved in service users with mental capacity concerns/learning disabilities by April 2021	
3: Identify and Support those with Inequalities and vulnerabilities and offer support to improve health outcomes and reduce harm	Commission and support production of a hate crime Needs Assessment and use the recommendation to refresh the Hate Crime and Community Cohesion Partnership Plan by April 2021	G
	Actively promote training to allow community safety practitioners to be skilled in identifying and then respond to trauma. i.e. Emotion Coaching training and LIFE beat training	
	Safer Somerset Partnership to be actively engaged in the Stronger Communities Board	
	Encourage all Somerset Housing Authorities to complete a health needs assessment using Homeless Link tool by March 2021.	
4: Meet our Statutory Duties and improve Partnership effectiveness	Partnership to receive evidence of compliance across all Statutory agencies to statutory duties: Prevent, domestic abuse, serious violence and Modern Slavery via Audits and Risk Register	G
	Registered Housing Provider and education representative to attend the Partnership meetings	
	Work with the health and Wellbeing Board to improve processes for collaborative cross-agency data sharing to better identify our	

	most vulnerable (or potentially vulnerable) individuals, families, communities, and locations	
	Develop a Safer Somerset Partnership communications strategy for by July 2020	

### 3. The Partnership’s key activities and Achievements 2020-21

#### 3.1 Communications

For the first time, the Safer Somerset Partnership, in Partnership with Somerset’s Violence reduction Unit (VRU) saw the benefits of a dedicated communications officer. During 2020-2021, targeted campaigns were carried out to raise awareness of County lines and promote healthy teenage relationships across the County. The campaigns utilised social media, radio, a Bannervan and Admessaging.



Due to the success of the communications strategy this year, the Partnership and VRU have agreed to continue this arrangement in 2021-2022 with a new Strategy being planned.

### 3.2 Hate Crime and Community Cohesion Group

In 2019, Somerset County Council undertook a Strategic needs Assessment of Hate Crime in Somerset to help develop an up to date problem profile. It highlighted the need for partnership activity, the gaps in support, and highlighted underreporting of disability hate crime. The Partnership agreed to reinvigorate the Somerset Hate Crime group with an added focus on community cohesion. The Inaugural meeting took place in January 2021 with a strategy now in place.

### 3.3 Cross Partnership Activity – Child Exploitation

Alongside the Somerset Safeguarding Children and Safeguarding Adults Boards, the Safer Somerset Partnership participated in some excellent collaborative work in 2020-2021 to improve Somerset's response to Child Exploitation. The County Council was awarded time with Research in Practice to facilitate a range of workshops to help Somerset establish clear, tangible actions, working towards an ambition to develop a revised partnership strategy for child exploitation. The project culminated in an action plan which highlights work to progress including:

- Review terms of reference of Child Exploitation subgroup
- Improve data dashboard including the undertaking of a Needs Assessment
- Design of exploitation service 2022 that considers the needs of young people who are transitioning between children and adults' services
- Use Needs Assessment to define new Child Exploitation strategy which will incorporate the existing County Lines Strategy developed by the Safer Somerset Partnership.

This project helped to clarify the approach of the Strategic Partnership, including the SSP, in the response to Child Exploitation now and in the future.

### 3.4 Violence Reduction Unit

The Violence Reduction Unit in Somerset forms part of Avon and Somerset's Violence Reduction 'hub and spoke' model, with a local team from each Community Safety Partnership area feeding into a Strategic VRU. It is now completing its first full year of operation with key aims to reduce serious violence and support vulnerable people by:

- Providing targeted interventions and projects
- Facilitating improved sharing of data to help anticipate and respond to serious violence
- Improve community awareness through targeted campaigns
- Provide training for professionals

Achievement in 2020-2021 are summarised below



Avon and Somerset Police have committed VRU officers in each VRU in the Force area and this commitment has helped enhance the capability of the VRU this year. Somerset's VRU continues to be well regarded and will continue in to 2021-2022 at the same resource and capacity levels.

## 4. Responses to key events

### 4.1 Covid-19

This past year has faced unprecedented challenges due to the Coronavirus Pandemic. For the Safer Somerset Partnership, the focus was not just the response to breaches in restrictions, but the impact the restriction has now, and in the future on personal and community wellbeing. A major challenge for the Partnership, was the impact on rates and severity of domestic abuse. Nationally, the stay at home restrictions led to an increase in reports to national helplines and it was imperative that a) local demand was monitored b) local communities were aware of available support and c) local agencies were able to cope with any increases in demand. To facilitate this, a range of activity took place over the year, including:

- The Partnership set up a dedicated Domestic Abuse Covid task group
- The task group developed a data dashboard and collected weekly data to help monitor trends in reports and service demand
- The Task group developed a 'trigger and response' plan and undertook a series of short term pieces of work to help problem solve challenge throughout the year.
- Through the Domestic Abuse Board, support the dedicated campaign #NoClosedDoors2020



During the Summer of 2020, the Partnership and Violence Reduction Unit also participated in a project led by Children's Social Care to identify and provide interventions for young people over the school holiday period during the corona virus and related restrictions. The project provided support for over 100 young people and was a great success in reducing crime and disorder and creating opportunities for young people in Somerset who were experiencing a particularly difficult time.

### 4.2 New legislation

#### 4.2.1 Preparation for the Domestic Act

The Partnership has been monitoring the preparatory work for the Domestic Abuse Bill 2020, led by the County Council with the support and participation of the Somerset Domestic Abuse Board. Activities undertaken to date include:

- Commissioned a County wide scoping exercise of services that support victims of domestic abuse as well as children and families to help prepare for the Needs Assessment, a new duty within the statutory framework.



- Held a multi-agency workshop to help raise awareness of the impending legislation
- Commissioned and assisting in the design of a modular distance learning programme for domestic abuse. This is designed for all agencies, providers and will also include a module for the general public. The full programme will be available from June 2021.
- Agreed to join our neighbouring Local Authorities in Avon and Somerset to plan and commission a Domestic Abuse Needs Assessment.
- Redefine the SSP's sub group – Somerset Domestic Abuse Board to align with the duty to facilitate a Local Domestic Abuse Partnership Board.

#### 4.2.2 Revised Channel Duty Guidance

Channel Panels are multi agency forums chaired by the Local Authority to work to help safeguard individuals who are at risk of being drawn into terrorism. They share information to assess risk and formulate plans for interventions to help lower the risk posed. Each plan is tailored to support the needs of each individual.

The new guidance for Channel Panels brought with it a series of changes and additional responsibilities which mainly fall to the Tier 1 local Authority. The Partnership too, had to make changes to align with this duty which included amending its own term of Reference to include holding the Governance for Channel Panels in Somerset and as such, considering performance and having the ability to scrutinise the Panel's performance at each meeting

## 5. Funded Projects and Services

The Safer Somerset Partnership is allocated an annual grant from the Police and Crime Commissioner; the Police and Crime Grant which has remained constant year on year since 2017 at £211,344 per annum. The fund is used to enhance existing services, pump prime new projects which must all align with the Partnership's priorities. Services and projects benefitting from the fund 2020-2021 are:

Service/Project	Provider
<b>Positive Lives</b> This is a continuing project essential for supporting high risk of harm and high risk of reoffending offenders.	Julian House
<b>Domestic Abuse – MARAC facilitation</b> to assist the partnership in maintain an effective multi agency process for managing the safety of high risk victims of domestic abuse.	The YOU Trust
<b>Communications Officer</b> to design and implement a communications campaign combining the priorities of the Safer Somerset Partnership and Violence Reduction Unit	Somerset County Council (co-funded between SSP and VRU)
<b>Project SHE</b> SHE diversion workers work across Somerset (based in Bridgwater) to help divert females from the Criminal Justice System by supporting them to engage with support in a safe and therapeutic environment.	The Nelson Trust

## 6. Looking to the Future

### 6.1 VRU continuation

The Violence Reduction Unit continues to perform well and will continue in to 2021-2022. The Partnership will need to consider how the Unit moves from a funded programme of work, into 'business as usual' to ensure the work is sustainable year on year.

### 6.2 Domestic Abuse Act 2021

The Bill is due to gain Royal Assent at the end of April 2021, bringing new duties which currently focusses on safe accommodation. The lead agency for these Duties will be the Tier 1 Local Authority, with Tier 2 Authorities having a duty to cooperate. The Somerset Domestic Abuse Board will become a statutory body, retaining its position as a subgroup of the Safer Somerset Partnership.

Chapter 6 of the Draft Statutory Guidance states that there will be clear strategic focus with each area having "...an integrated governance and operational structure, so that agencies are regularly meeting at strategic, operational and decision-making level. Accountability and leadership are clear and effective and is appropriately linked to local bodies such as the Community Safety Partnership, Local Safeguarding Children's Board and Adult Safeguarding Board".

This legislation brings significant change to the Partnership and Local Authorities in particular and will be a key area of focus for the coming year.

### 6.3 Learning the lessons from Domestic Homicide Reviews

There have been an increasing proportion of recent Somerset DHRs involving the deaths of people aged over 60 years. Additionally, there have been several DHRs where the deceased has been male. In both situations, there is a common theme of lack of awareness of how to effectively respond to victims who are older, and who are male. Additionally, despite the Serious Crime Act 2015 introducing coercive control legislation, there is a continuing evidence of professionals not being able to identify or effectively address coercive control. With new training resources being commissioned, the Partnership will monitor the take up of training in front line practitioners in Somerset and also continue to implement the improvements recommended by Domestic Homicide Reviews.

### 6.4 Serious Violence Duty

The Serious Violence Duty is expected to commence later in 2021. The duty will ensure that serious violence is made a focus within existing multi-agency arrangements, such as multi-

agency safeguarding arrangements or Community Safety Partnerships and allow for collaboration between a much wider set of partners. This duty will also introduce a requirement for local partnerships to establish their local problem profile and produce a local strategy specifically aimed at preventing and reducing serious violence.

#### 6.5 Integrated Offender Management

Established in 2008, knowledge and expertise of Police, Probation, Prison and Recovery Workers came together to work effectively with the most prolific offenders involved in committing serious acquisitive crime, developing specific pathways to create independence and sustain their non-offending behaviour. In 2020, The PCC commissioned an external review of the Integrated Offender Management model for Avon and Somerset with an aim to providing some evidence and recommendations for making improvements. The review had a number of recommendations, including that a more localised model of integrated offender management should be explored, bringing together local services to respond more effectively to the needs of offenders. It also suggested that the cohort of offenders who are eligible for the programme should be revised. The Safer Somerset Partnership has agreed to explore a localised model, with work commencing in 2021.

#### 6.6 Revised Plan

In the coming year, the Partnership will need to review its Community Safety profile and refresh its Community Safety Plan ready to go live from April 2022. Cooperation of all participating agencies and Statutory partners will be essential and also, consultation with local communities to make sure that the Partnership's activities reflect their needs will be equally important.

15<sup>th</sup> July 2021

Report for approval OR information



## **Improving Health and Care Through the Home in Somerset – a Memorandum of Understanding: Progress Report**

Lead Officer: Mark Leeman, Strategy Specialist - Housing and Health & Wellbeing, Somerset West and Taunton Council

Author: As above

Contact Details: [m.leeman@somersetwestandtaunton.gov.uk](mailto:m.leeman@somersetwestandtaunton.gov.uk)

<p><b>Summary:</b></p>	<p>The Somerset Health and Wellbeing Board has recognised the need to deliver improved collaboration between the health, care and housing systems. Poor housing conditions (e.g. unsuitable, and/or unsafe and/or not secure) can impact negatively on the general health of the population with associated costs across health and care sectors. Similarly, the health of an individual or family (poor physical and/or mental health) can negatively impact the ability of housing services to keep people safe and well, resulting in failed tenancies and 'voids' (empty accommodation). These generate costs across the housing sector.</p> <p>Improving collaboration, and working towards integrated commissioning across health, care and housing can generate improved outcomes for the population at large, but especially for those who are vulnerable. It can also reduce costs and improve the overall effectiveness of 'the system'.</p> <p>On the 17<sup>th</sup> September 2020 the Somerset Health and Wellbeing Board adopted 'Improving Health and Care through the Home in Somerset – A Memorandum of Understanding'. The MoU contains 5 themes where enhanced collaboration is sought: Complex homeless and rough sleepers; independent living; climate change; nomadic and transient communities; and Health Impact Assessments (HIA).</p> <p>This report reflects on the content of the MoU, seeking to identify the level of progress made against each of the 5 themes, and outlining forthcoming activity.</p>
<p><b>Recommendations:</b></p>	<p><b>That the Somerset Health and Wellbeing Board:</b></p> <ol style="list-style-type: none"> <li><b>1. Receives for information the content of the report and notes the progress made with delivering the MoU</b></li> </ol>

	<ol style="list-style-type: none"> <li>2. Endorse the 'next steps' for each of the priority areas within the MoU (identified within Appendix 1).</li> <li>3. To endorse the need to redraft the climate change priority to provide clarity of actions required, and to bring this back to the Health and Wellbeing Board in September '21 for further consideration.</li> <li>4. Generally, to make any suggestions relating to the 'next steps', or additional activity for officer consideration</li> </ol>								
<b>Reasons for recommendations:</b>	<p>To ensure that the Board has sight of the work being undertaken to deliver 'Improving Health and Care through the Home in Somerset – a Memorandum of Understanding (MoU), and to provide the Board with an opportunity to directly influence the programme of activity.</p>								
<b>Links to The Improving Lives Strategy</b>	<p><b>Please tick the Improving Lives priorities influenced by the delivery of this work</b></p> <table border="1" data-bbox="544 891 1465 1357"> <tr> <td data-bbox="544 891 1289 1016"> <b>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</b> </td> <td data-bbox="1289 891 1465 1016"> <i>Yes</i> </td> </tr> <tr> <td data-bbox="544 1016 1289 1142"> <b>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</b> </td> <td data-bbox="1289 1016 1465 1142"> <i>Yes</i> </td> </tr> <tr> <td data-bbox="544 1142 1289 1227"> <b>Fairer life chances and opportunity for all</b> </td> <td data-bbox="1289 1142 1465 1227"> <i>Yes</i> </td> </tr> <tr> <td data-bbox="544 1227 1289 1357"> <b>Improved health and wellbeing and more people living healthy and independent lives for longer</b> </td> <td data-bbox="1289 1227 1465 1357"> <i>Yes</i> </td> </tr> </table> <p>It is critical that we enhance collaboration and partnership working in the realm of housing and its interrelationship with health and care services (and indeed, other parts of 'the system' including crime, work and skills, and town planning). Housing is deeply connected to care and health and, when one part of the system fails, there are repercussions for individuals and families, as well as financial impact on services. Through enhanced collaboration, we can make progress against all the above priorities.</p>	<b>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</b>	<i>Yes</i>	<b>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</b>	<i>Yes</i>	<b>Fairer life chances and opportunity for all</b>	<i>Yes</i>	<b>Improved health and wellbeing and more people living healthy and independent lives for longer</b>	<i>Yes</i>
<b>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</b>	<i>Yes</i>								
<b>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</b>	<i>Yes</i>								
<b>Fairer life chances and opportunity for all</b>	<i>Yes</i>								
<b>Improved health and wellbeing and more people living healthy and independent lives for longer</b>	<i>Yes</i>								
<b>Financial, Legal, HR, Social value and partnership Implications:</b>	<p>Financial, Legal and Social Value: None at this stage, but potentially significant. Clarity will emerge as we begin to understand the detail. For example, the move towards integrated commissioning arrangements in the sphere of complex homeless/rough sleepers will have significant legal and financial implications, as we potentially work towards bringing together</p>								

	<p>strategy, budgets and workforce. We are at the beginning of this process and more work needs to be undertaken. These factors will be explored by the Homelessness Reduction Board and reported to the HWBB in due course. The same is true for the other priority areas covered by the MoU.</p> <p>Social value: There is significant potential to deliver enhanced social value from the content of the MoU. For example, enhanced commissioning arrangements (coproduction) will provide further scope to the VCS to directly influence the nature of the contracts, align contracts to local priorities, achieve wider benefit community and person centred benefits, and so maximise the value of public expenditure.</p> <p>Partnership Implications: Significant. This report seeks enhanced partnership arrangements within the sphere of health, care and housing.</p>
<p><b>Equalities Implications:</b></p>	<p>This report is not proposing any new strategy, policy or programme. Rather, it is a review of existing activity, with a view to suggesting new areas of work for consideration. As such, a detailed Equalities Impact Assessment is not required.</p> <p>However, the work under-pinning the MoU is informed by a need to support vulnerabilities in a holistic manner. Many of the 'protected characteristics' such as age, disability, gender etc can present as vulnerabilities, dependent on the circumstances.</p> <p>The Somerset Housing Strategy and the Somerset Homelessness and Rough Sleeper strategy are underpinned by Equalities Impact Assessments. So are more detailed activity such as the need to support rough sleepers at Canonsgrove. These have been used to help drive the work that forms the content of the MoU.</p> <p>As we progress, it is essential that the equalities agenda form an integral part of our considerations. These will be matters to be considered by the Homelessness Reduction Board, the Gypsy and Traveller Working Group, Somerset Independence Plus, the Somerset Strategic Planning Conference etc i.e. those responsible for driving and shaping the work that forms the content of the MoU.</p> <p>Critical to this will be the voice of the customer. That voice is now being used to shape work of rough sleeper services, the future P2I contract, the expansion of the hospital discharge service etc. It is important that we use data, intelligence and lived experience to shape our future policy, programmes and commissioning intentions.</p>

<b>Risk Assessment:</b>	<p>There are significant risks around the failure to maintain and enhance coordination of service delivery within the sphere of health and care and housing</p> <ul style="list-style-type: none"> <li>• Risks to an individual's health</li> <li>• Risks to partner relations</li> <li>• Impacts on budgets across systems as we lose coordination</li> </ul> <p>There are risks to collaborative working should we fail to engage appropriately with all partners on the implementation of the MoU.</p> <p>Unitary Council(s): The activity within the MoU should assist strategic conversations around the delivery of a unitary authority (or authorities) rather than present any significant risks.</p>
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## 1. Background

- 1.1.** As partners we recognise that housing is a key social determinant and that housing conditions/circumstances are a driver of health inequalities. Similarly, poor physical and/or mental health will impact on the ability of an individual or family to maintain a home and / or a tenancy. The link between housing, health and care is being increasingly recognised, as are the calls for enhanced collaboration.

Nationally, there are several key policy drivers that seek enhanced collaboration across systems. Examples include:

- Health and Social Care Act 2012
- Care Act 2014
- Sustainability and Transformation Plans 2015
- Homelessness Reduction Act 2017
- Improving Health and Care Through the Home – a National Memorandum of Understanding 2018
- Supported housing – a National Statement of Expectations
- NHS white paper 2021

At its meeting on 17<sup>th</sup> September 2020, the Somerset Health and Wellbeing Board adopted *Improving Health and Care Through the Home in Somerset – A Memorandum of Understanding* (MoU). The MoU is a commitment, across health, care and housing systems, to work together collaboratively in order to help improve the health and wellbeing of the Somerset population.

The MoU contains 5 priority areas for activity:

- Rough Sleeping and Complex Homeless



- Independent Living
- Climate Change
- Transient and Nomadic Populations
- Health Impact Assessment

Each has resourcing implications that will need to be understood and met collaboratively.

Appendix 1 provides a commentary on progress against each of the priority areas. A quick summary is provided below.

### Rough Sleeping and Complex Homeless

Progress and next steps:

- HRB established
- Better Futures Programme
  - To be adopted as the HRB 'action plan'
  - Resourcing of activity needs to be resolved
  - Review of commissioning for complex homeless to progressed (fast tracked) at both strategic and tactical/operational level
- NHS Systems Leadership – Somerset programme to focus on three topics, including 'complex homeless/rough sleepers'
- P2I – innovation fund launched

There have been no rough sleeper deaths in Somerset due to Covid. This is testament to the strength of partnership working across the county to keep people safe

### Independent Living

Progress and next steps

- BCF utilised to fund hospital discharge workers x 2. Roles to be expanded into community hospital settings. A worker to support children is also being considered
- Working with housing providers to deliver new adapted properties
- Seeking to exploit the potential of Assistive Technology
- Work underway to understand the need for specialist accommodation, including the best use (including potential re-purposing) of existing accommodation
- Need to further consider the links between the ICS and the role of housing
- Increase the number of Independent Advice Centres

### Climate Change

Progress and next steps

- SIP awarded £1.3M to deliver Local Authority Delivery Scheme that seeks to improve the energy efficiency of low income households in the area

- SIP also secured £1.3M to deliver the Warm Homes initiative to provide retrofit measures to improve the heating and energy efficiency (all housing sectors)

There is a need to redraft the climate change priority within the MoU. The MoU needs to reflect on the content of the JSNA and the ongoing work to support the Somerset Climate Change Strategy. The MoU needs to identify specific areas of work where climate change mitigation can be advanced through the collaboration of health, care and housing services. It is recommended that this be done as part of the 'climate change update' that is to be presented to the HWBB during September 2021.

### Transient and Nomadic Communities

#### Progress and next steps

- Excellent response to support the traveller community during the height of the Covid emergency
- There is need to maintain the work of the 'covid cell', although its remit needs to be reconsidered to also include the settled traveller community
- Funding for the Gypsy and Traveller Liaison Officers comes to an end during December 2021. The GLOs have been essential to help us design services and respond to the needs of the traveller community
- To consider the content of the Gypsy and Traveller Accommodation Assessment when it is published later this year
- To work proactively to deliver a permanent transit site(s)

### Health Impact Assessments

#### Progress and next steps

- Little progress due to capacity issues within town and country planning teams
- Possibly consider and include within the remit of existing Environment Impact assessment guidance?
- Stand-alone HIA guidance is preferred. Probably an area where resources need to be found to support the development of this work

### Partnerships

We are often asked about the governance arrangements around the various housing partnerships and their links to other parts of the system. Appendix 2 shows a 'simplified' view of these arrangements, together with reporting lines. All activity flows towards the HWBB, apart from some related activity such as the Homefinder Management and Monitoring Board, Homelessness Managers Group etc. However, these areas are all reporting in (or linked to) to the other parts of the system – the diagram is not sophisticated enough to show all the linkages. The Somerset Strategic Housing Group is responsible for the Somerset Housing Strategy, and has been the driver behind the MoU and related activity such as the establishment of the Homelessness Reduction Board. It is linked to

wider housing conversations (other than the focus on 'vulnerable' that is shown in Appendix 2). The SSHG workplan for 2021 is shown at Appendix 3.

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

**2.1.** Housing impacts significantly on health inequalities, through poor housing standards (e.g. cold and damp, trip hazards), inappropriate housing (too big, too small, lack of level access, no adaptations) and insecurity of tenure (inability to pay your rent, leading to eviction, homelessness and possibly rough sleeping). The Somerset Housing Strategy (2019 to 2023), Improving Lives (2019 to 2027) and the Somerset Homelessness and Rough Sleeper Strategy (2019 to 2023) all recognise this relationship. Please refer to the section titled 'Links to the Improving Lives Strategy' above

## **3. Consultations undertaken**

**3.1.** The original report on this topic that was presented to the HWBB on 17<sup>th</sup> September 2020 sets out the consultations that were undertaken to develop the MoU. Since then we have received further correspondence from the Ministry of Housing, Communities and Local Government. Their comments focus primarily on the establishment of the HRB, but also have wider bearing. Examples of their feedback is summarised below:

- A key principle mentioned in the documents is that poor housing / homelessness leads to poor health and wellbeing outcomes. It is essential to recognise that this also works the other way: poor health and wellbeing (especially mental health, substance misuse, isolation) can lead to poor housing outcomes/homelessness. This perspective opens opportunities for homelessness prevention
- Need to consider ACEs and PIE within policy development
- Consider the other determinants of health e.g. transport, benefits, education, skills acquisition etc
- Note that not all Gypsy, Traveller and Roma communities/households are "transient and Nomadic"
- Transition points and pathways are also key points to focus on in prevention and improving care, i.e. use of AE, hospital discharge, care leavers and people leaving prison.
- Consultations and audits with both people who are homeless and the travelling community are key in developing relevant services

The above comments are all being considered /responded to as we deliver the programme of work within the MoU.

In developing this progress report, dialogue was undertaken with relevant officer representation from public sector partners: Somerset County Council, Public Health, CCG and the district councils

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

- 4.1. Board members are asked to note the contents of this report, and to endorse the 'next steps' as outlined in Appendix 1 (and make any further suggestions) that seek the implementation of the MoU.

Board members are also asked to continue to work across the health, care and housing systems, seeking to challenge any aspect of that system that is not undertaking a collaborative approach as described within the adopted MoU.

#### 5. Background papers

- 5.1. Report to the Somerset HWBB – 17<sup>th</sup> September 2020: Agenda Item 6

[Somerset County Council](#)

Better Futures for Vulnerable People in Somerset

[Housing Advisers Programme - Better futures for vulnerable people, Somerset | Local Government Association](#)

#### 6. Report Sign-Off

	<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)	Clare Paul	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

## Somerset Health and Wellbeing Board – 15<sup>th</sup> July 2021

### Improving Health and Care Through the Home in Somerset – a Memorandum of Understanding: Progress Report

#### Appendix 1 – Progress Against the MoU Priority Areas

The MoU contains 5 priority areas:

- Rough Sleeping and Complex Homeless
- Independent Living
- Climate Change
- Transient and Nomadic Populations
- Health Impact Assessment

Below I have included the original descriptor of each priority within the MoU, and provided a commentary as to progress and next steps:

#### 1. Rough Sleeping and Complex Homeless

##### Memorandum of Understanding

*To more effectively coordinate the range of services that seek to support rough sleepers and those complex homeless who may be suffering with severe physical and mental health problems, as well as drug, alcohol and other addictions. There is a need to galvanise strategic leadership.*

- *Deliver a Somerset Homeless Reduction Board*

*The Covid response to rough sleeping across Somerset was organised through the Homelessness Cell. This achieved considerable results in a very short space of time. There is a need to quickly build on the momentum and achievements of the 'cell' and put in place a permanent arrangement for the strategic coordination of service delivery for this extremely vulnerable cohort of people. The HRB will report to the Health and Wellbeing Board and will be directly responsible for the delivery of the Somerset Homelessness and Rough Sleeper Strategy*

- *Better futures for vulnerable people in Somerset*

*Somerset is a focus of an LGA Improvement Plan (Housing Advisors Programme). SSHG have received LGA funding and have commissioned Ark consultancy to deliver '**Better futures for vulnerable people in Somerset**'. This project seeks to build improved relationships and ways of working between district councils (housing), the commissioners and providers of housing support services, and registered providers, in order to better meet the housing, health and care needs of vulnerable people across Somerset.*

- *Integrated Commissioning*

*A longer-term piece of work is to explore options for the strategic and integrated commissioning of services to support rough sleepers and complex homeless. Currently there are several commissioning bodies that seek to support rough sleepers and complex homeless (district councils, adults and children services, and public health). There is a need to take a whole system approach, with focus on prevention, to rethink our use of budgets and staffing resources, and explore and develop system wide coordinated interventions*

## Progress

The HRB has been established with an inaugural meeting taking place on 22nd April 2021. A subsequent meeting was held on 17<sup>th</sup> April. The HRB will meet every two months (initially) and contains senior representation from across the health, care and housing system (commissioners and providers). It also includes representation from the police, probation and DWP. We are currently exploring how to best include the 'client voice' within the work of the HRB. The HRB sits within the governance framework of the HWBB (see Appendix B to the main report) and is currently chaired by Claire Tough (Chief Executive of Homes in Sedgemoor), with Sophie Baillie (Second Step) as vice-chair. Step Together are also providing the administrative support.

The HRB is now responsible for the strategic coordination of activity relating to complex homeless and rough sleepers and has an overview of the effectiveness of tactical and operational activity that sits beneath it. Currently, the Covid Homelessness Cell continues to meet every two weeks, but this will soon merge with the Positive Live Operational Board to provide tactical (multi-agency) coordination.

Better Futures for Vulnerable People in Somerset was commissioned by the Somerset Strategic Housing Group (SSHG), funded by the LGA, and delivered by Ark consultancy. It was completed in December 2020.

[Housing Advisers Programme - Better futures for vulnerable people, Somerset | Local Government Association](#)

Better Futures (BF) is to be adopted as the (six theme) action plan for the HRB with workstream leads identified from a variety of partner agencies. Currently, capacity is an issue for each of the workstream leads and we are now exploring options to bring in external support. All four district councils have agreed to provide financial resources to help enable this.

The HRB has agreed to deliver 'at pace' the BF commissioning theme. This has two elements:

- Establish a task and finish group to look at tactical/operational support to complex homeless/rough sleeper settings, exploring the success of 'everyone in', the current situation, and what needs to happen now to maintain holistic operational support

- To begin work on strategic / integrated commissioning. Work to be scoped and a Project Initiation Document (PID) is to be agreed at the next meeting

The success of collaborative working across health, care and housing can be evidenced at Canonsgrove (Taunton), which is a rough sleeper hostel that was established under the Government's (Covid) 'Everyone In' initiative. After 12 months of operating, two thirds of the 'highly complex' people at Canonsgrove have either been moved on to settled accommodation or their needs have reduced. This is far better than was achieved previously at other settings. This is an affirmation of the strong partnership working and impact it can have when we all work 'shoulder to shoulder'.

For the next meeting (August) the HRB will seek to adopt the BF programme and begin regular progress monitoring through themed 'dashboards' and 'community metrics.'

In addition, the following work is also progressing:

Health Equality Partnership Programme (HEPP) – supported by funding from NHS England and linked to the ICS. The pilot initiative originally placed 2 health link workers in homeless accommodation settings. This pilot has now moved to a permanent footing, with the provision of 4 health link workers. The model has now advanced to consider a similar approach for Dual Diagnosis. Similarly, CYP are also working with the NHS to establish a Young Person's outreach nursing pilot.

NHS Leading for System Change – this work is seeking to inform the delivery of the ICS. Somerset has been chosen as one of seven national pilot areas. The work started in May '21 and a group of officers (public sector/VCS) have now met several times and have agreed to adopt three areas for focussed activity: ICS governance, neighbourhoods, and complex homeless/rough sleepers. The work on complex homeless/rough sleepers will complement the work described above (HRB). The work on neighbourhoods is also directly relevant.

P2I: innovation Fund – the current commissioned contract (with YMCA Dulverton Group and YMCA Mendip) has been extended to April 2023. The P2I services seeks to reduce youth homelessness through prevention and accommodation options. The commissioners have recently undertaken consultation with the young people within the P2I service, seeking their opinion on how the service can be improved. The challenges can be summarised as follows:

- Need to be more ambitious for our young people – support needs to be at population level and individual level
- Need to stimulate the provider market
- Much needed innovation and transformation in this area
- Lack of council alignment across Childrens, Adults and Public Health
- Silo working – not a system approach
- Imminent change in legislation in terms of unregulated provision becoming regulated

The P2I service has pulled together an innovation fund of £200k. The fund will be used to finance one-off pilots to inform the development of a newly commissioned service. District councils are being asked to help provide contributions to enhance the level of funding. The types of activity that could be funded include the following:

- Trialling different types of accommodation – training flats, supported lodgings approach
- Renovation projects on unused buildings to teach young people skills and the young person then takes on the tenancy
- Sustainable tenancy arrangements – supported rent models, lower rent models for those working
- Getting young people more engaged in education, employment and training Getting young people more engaged in positive activities
- Emotional health and wellbeing/ substance misuse support and access
- Psychologically informed practice and restorative approaches
- Support model that follows the young person that can be separate to accommodation
- Mentoring at any age
- Further development of independent living skills and focusing on inter-dependency
- Small, high support provision for those with complex needs

A simple bidding process is now underway. It is anticipated that pilot activity will commence in September.

### Challenges / Next steps

- Capacity to deliver the Better Futures programme is an ongoing issue. We are seeking multi-agency funding to appoint a programme manager/advisor
- To deliver 'at pace' the review of commissioning arrangements (HRB/Better Futures Programme) and link this to the NHS Leading System Change programme.
- To explore this priority (complex homeless/rough sleepers) within the context of the ICS neighbourhood developments – how does homelessness fit into these conversations?
- To explore links with open access mental health services through Open Mental Health (SFT and VCSE)

## **2. Independent Living**

### Memorandum of Understanding

*To ensure that more of our existing housing stock (all sectors) is good for health, enabling independent living for those with a range of physical and mental health conditions. Work should be focussed on the following:*



- *Prevent or delay admission to hospital and/or residential or nursing care of individuals through a joined up understanding of what is required, improved communications, timely and responsive processes.*
- *Prevent delayed transfer of care or facilitate discharge of individuals from hospital/or residential care through building capacity and resilience within key staffing roles in health and housing as well as the suitable adapted stock types required.*
- *Maintain older and disabled people's ability to live independently in their own home and community for as long as possible and to promote their well-being, by providing choice and more control over their lives. Increasing assistive technology, recognition of the hoarding and mental health service provided by SIP.*
- *Reduce chances of a life changing health event by initiating prevention policies, activities and adaptations. Understanding the types of prevention packages that there are, improve partnership working and community self-help.*

### Progress

Somerset Independence Plus (SIP) utilised the Better Care Fund to appoint a Hospital Discharge worker during September 2020. This post has delivered real impact, with over 75 cases referred. Current average bed blocking is down from 14 days to 7 days. Most cases present with issues such as homelessness, hoarding and mental health. Despite the challenge presented by the ongoing Covid pandemic, the post has been extremely successful. SIP is now to appoint an additional post as the work is too much for one person. Working with partners, SIP have introduced a monthly multi-agency practice development meeting to look at complex blockages and learning. Over the next 12 months, SIP is looking to expand the roles into the community hospitals and focus on proactive actions such as influencing pre-op meetings for elective surgery to understand housing needs. Communication between agencies including housing, health and social care has vastly improved as a result, and partners are recognising the benefits of working with housing more strategically.

This work is now beginning to influence the upcoming new build for affordable housing by threading in the intelligence of need. Looking at how the neighbourhoods work with GP's could link to the hospital role and again feed into housing need.

Besides standard adaptations, SIP has made significant progress in working with the affordable housing teams on new adapted properties with off-the-shelf designs for developers. SIP is also working with providers to assess the current sheltered housing provision and looking at how they could be best utilised in the future. Two community assets have recently been adapted (owned by Homes in Sedgemoor) for DDA compliance and modernisation.

SIP is also undertaking pilot work with SCC and Sedgemoor lifeline, looking to install 'plug and play' for assistive technology such as falls and temperature sensors. They have also produced new guidance for agencies on hoarding

and working with the RP's to look to how to manage tenancies to prevent hoarding (warning signs). SIP have received over 200 referrals for the Independent Living Officers of which ¼ were for hoarding. Good relationships have been made with the Fire Service and mental health services who besides referring in hoarding cases, also refer home safety checks.

There are many other initiatives that SIP has developed in partnership with health and care, some are listed below:

- A new stairlift loan facility to remove stairlifts from the DFG process
- A new Paeds Housing Options OT to assist the adult posts
- A revised Private Sector Housing Renewal Policy which has much more emphasis on prevention. The prevention grant has been increased from £1000 to £2,500 to reduce the number of clients going down the major adaptation route.
- Additional Trusted Assessors have been trained in SW&T (landlord service) and looking to train Trusted Assessors in Homes In Sedgemoor

### Challenges / Next Steps

Understanding demand and need for specialist accommodation is a challenge for health, care and housing partners. SCC (Adults) are leading pilot research across SWT (working with SWT, Children Services and SIP) to understand demand and need. The methodology will be rolled out across the county. The results will be used to inform prevention-based activity, the ongoing role of current specialist accommodation, and the need for new specialist accommodation.

Following on from this, SSHG are to consider the possibility of developing an Older Persons Housing Strategy. This consider all forms of housing, including bespoke new build in the owner occupier sector.

We also need consider what more can 'housing' add to the Intermediate Care model? Where are the gaps between home based and bedded rehabilitation (e.g. extra care, younger adults/MH and Dementia accommodation)?

We need to develop links to ICS and CCG led Assistive Technology (AT) work as well as remote support tools (Attend Anywhere) to improve links to health services. The NHS Systems Leadership programme (described above) will help with developing links to the ICS.

Work towards integrating housing within ICS related joint strategic commissioning conversations (the NHS Leading for Systems Change programme will help to achieve this)

SCC plan to develop a new Joint Equipment Service Contract.

SIP plan to increase the number of Independent Advice Centres, building out two more in the next year.

A report is to be presented to the HWBB (probably Sept '21) to seek approval to expand the use of the Better Care fund for prevention initiatives, and to ensure that access to the service is consistent across the county.

### **3. Climate Change**

#### Memorandum of Understanding

*The Somerset Climate Emergency Strategy (2020), developed jointly in response to a 'climate emergency' being declared by the county's local authorities in 2019, has nine workstreams within it. Health is not one of them; however, four of the themes are of particular relevance to health. Water, and its provision, has a direct impact on health, discussions on housing, travel and food focus on how health co-benefits can be derived from our collective response to climate change. The health and wellbeing of the population is linked our responses across the housing, health and care systems to the environmental changes, how we adapt to them and how we try to reduce their severity. They are intertwined with physical and mental health, and with strength and resilience at a community level.*

#### Progress

This is a priority where the MoU needs to provide more direction. At the time of writing the MoU, it was difficult to provide any degree of clarity as to the precise nature of the collaborative work required to meet the aspirations of the MoU. Since then, the recent publication of the JSNA has provided the evidence around the correlation between climate change and health, and how housing conditions (thermal comfort / access to affordable and appropriate fuel) can exacerbate or reduce the predicted impacts. It is recommended that this section of the MoU be redrafted to provide clarity.

Having acknowledged the need for more clarity, it is also important to note that there has been progress in this general field. Two examples are provided below, relating to the need to provide thermal comfort and address fuel poverty.

SIP was awarded (from BEIS) £518k (1A) and £800k (1B) to deliver the Local Authority Delivery Scheme (LADS). LADS is seeking to improve the energy efficiency of low-income households in the area. This will help to reduce fuel poverty, phasing out high carbon fossil fuel heating, and delivering progress towards the UK's commitment to net zero by 2050. The LAD scheme aims to raise the energy efficiency of low income and low energy performance homes (those with energy performance certificate (EPC) ratings of E, F or G, although Band D is also in scope in Phase 1B), including off-gas grid homes.

SIP was also successful in bidding to the Warm Homes Fund, securing £1.3 million to provide retrofit measures to improve the heating and energy efficiency of the fabric in social and owner occupied, and private rented properties. The Warm Home Fund also has funding for energy advice provision. This will be used to expand the advice given by the Centre for Sustainable Energy (CSE) and expand the advice role that HIS provide to their tenants into SW&T owned Council stock.

## Challenges / Next Steps

There is a need to redraft the climate change priority within the MoU. The MoU needs to reflect on the content of the JSNA and the ongoing work to support the Somerset Climate Change Strategy. The MoU needs to identify specific areas of work where climate change mitigation can be advanced through the collaboration of health, care and housing services. It is recommended that this be done as part of the 'climate change update' that is to be presented to the HWBB during September 2021.

### **4. Transient and Nomadic Populations**

#### Memorandum of Understanding

*Transient and Nomadic populations refers to Gypsy, Traveller and Roma communities and people who are living in vans, cars, and campervans. There is currently a multi-agency Transient and Nomadic Populations Cell (COVID) that is chaired by the CCG. This groups seeks to provide facilities (sites, water, sanitation, waste disposal) as well as access to health and care advice and facilities. The good work of this Cell needs to continue in order to provide safe stopping facilities and protect the general health and wellbeing of this community*

#### Progress

As a response to the Covid emergency, and in accordance with Government advice, two temporary transit sites were set up (within Mendip and Sedgemoor) during lockdown. These proved successful but are now (with the easing of restrictions) to be (have been) stood down. In addition, the Cell achieved the following:

- Secured agreement with district council partners to withhold enforcement action on unauthorised encampments (where no immediate risks presenting) and to provide facilities such as water, sanitation and refuse disposal
- Worked proactivity to keep the traveller community safe with the provision of health advice and signposting, and the targeted roll out the vaccines

The Gypsy and Traveller Liaison Officers (GLO) have proved invaluable in supporting the community, and providing that liaison with statutory services. They have also delivered cultural awareness training to statutory services across the county, helping the sector to gain a better understanding of the history and culture of the various gypsy, Romany and traveller groups.

#### Challenges/Next steps

The Covid Cell delivered excellent results during the height of the Covid crisis, achieving outcomes that would have been impossible without the

dedication and strength of that partnership. It is essential that we keep this partnership together. This could take the form of an amalgamation with the existing Gypsy and Traveller Practitioner Forum

There is a need to rethink the remit of this group. The group should also seek to support the settled community, as well as the transient and nomadic. This view is supported by MHCLG.

The district councils have jointly commissioned a review of the Gypsy and Traveller Accommodation Assessment. Following consultation with the traveller community, this is due to be completed during Autumn 2021. This will provide us with an up-to-date view of the accommodation needs (transit and residential) required across the county to meet the needs of this community. The results will be used to inform the 'development plan' process.

The county council and the district councils currently fund 2 x Gypsy Liaison Officers. These GLO do an excellent job of building bridges between the traveller community and public services. Their contracts are due to finish at the end of the calendar year.

The Cell continues to encourage councils to continue to delay enforcement action/continue to provide facilities on unauthorised encampments that present no immediate risks (highways/local community)

SDC, SWT and SCC have established a project group to explore opportunities for a transit site along the M5/A38 corridor. There is currently no transit site within Somerset.

SCC are looking to see if, through Elim Housing (a housing provider that specialises in the traveller community), a piece of work can be done to establish what land is available for sites - whether that is permanent, temporary or transit. SCC have the funding for this piece of work and would hope to have an initial report during the summer. Conversations are ongoing with other land-owners such as Diocese.

## **5. Health Impact Assessments**

### Memorandum of Understanding

*Health Impact Assessment (HIA) uses a combination of procedures and tools, to systematically judge the potential effects of a policy or development on the health of a population and the distribution of those effects within a population. They add value to the decision making process by assessing potential impacts and recommending options for enhancing the positive and mitigating the negative to help reduce health inequalities.*

- *To develop countywide guidance for the use of Health Impact Assessments, to help ensure that new homes and places are designed and built in a way that promotes health and wellbeing, to minimise negative impacts and support everybody in Somerset to live healthy, fulfilling lives. Work to be coordinated between*

*Somerset Strategic Planning Conference, Public Health (Somerset)  
and SSHG, with advice from and Public Health (South West).*

Progress

Very little. HIA is designed specifically for the development plan (local plan) process, and for the consideration of major planning applications. Early engagement occurred with the Somerset Strategic Planning Conference (SSPC – a partnership of town and country planners from across the county) during March '20. It was agreed to establish a sub-group to explore HIA. But then the pandemic hit, and the planners have had little opportunity to engage with this conversation since. Sub-group not established.

Challenges / Next Steps

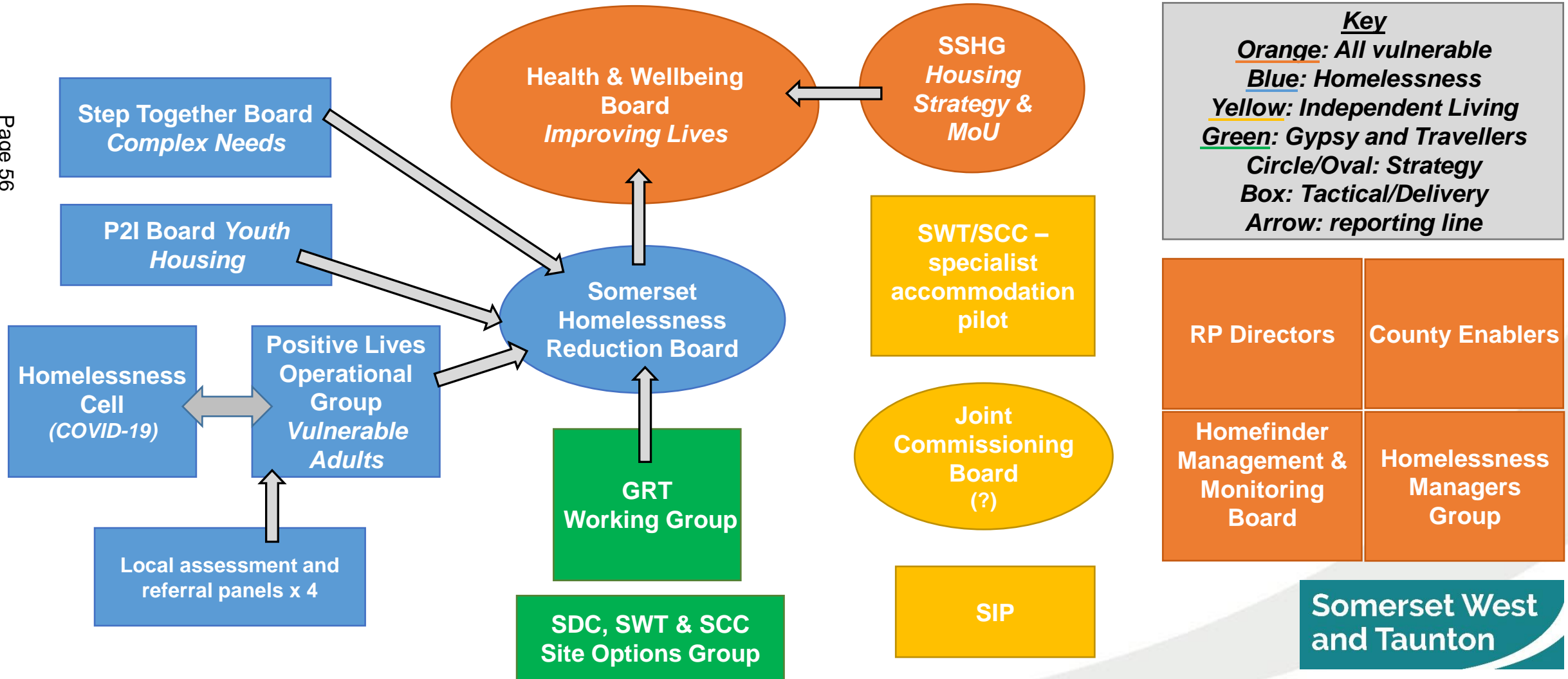
The last conversation with SSPC occurred on 27<sup>th</sup> April. SSPC are of the view that elements of existing planning policy considerations already lend themselves to this, for example, Environmental Impact Assessment. Also, the work around phosphates happening across the county. The suggestion is that these different elements to be brought together along with discussions with Bristol CC who have already initiated EIAs. A Graduate Support officer (SDC) has been made available to investigate this. A report will come back to SSPC on completion of this exercise

As SSHG, we are concerned that EIA may not be the best vehicle to deliver HIA. This is an area where we may need to identify additional resources to help move this conversation forward. For example, Torbay fund an officer that sits jointly within Public Health and the Town Planning service, to help deliver HIA guidance and practice. Such a move may be more achievable locally on commencement of Unitary Council(s).

# Appendix 2 Countywide Housing Partnerships – Supporting the Vulnerable

# Countywide Housing Partnerships - Supporting the vulnerable

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## Appendix 3: Somerset Housing Strategy – workplan priorities for 2021

Cross cutting theme: Strong and effective strategic LEADERSHIP

Priority

Key areas of work for 2021

A local ECONOMY that provides opportunity for all

Covid recovery

Climate Change  
(retrofit and new build)

SHMAA review

Hinkley – workforce uplift

Homes in Somerset are good for your HEALTH

Covid recovery

Independent Living  
• Commissioning  
• Specialist housing

Health, Care and Housing MoU

HIA

A SOCIETY that supports the vulnerable

Covid recovery

HRB

Better Futures

G&TAA review

P2I Innovation

Domestic Abuse Act

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## Health and Wellbeing Board

Lead Officer: Louise Woolway, Assistant Director of Public Health

Author: James Hadley, Corporate Planning and Performance Manager

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

<b>Summary:</b>	This report provides a first look at the performance measures and actions proposed in relation to the Improving Lives Action Planning document and gives indication of their status, either as a progress update or as a comparison to performance in other areas.
<b>Recommendations:</b>	That the Somerset Health and Wellbeing Board considers and comments on the information contained within this report and approves the format of the Health and Wellbeing Board Scorecard.
<b>Reasons for recommendations:</b>	To ensure effective monitoring and management of performance against the Improving Lives Strategy.
<b>Links to The Improving Lives Strategy</b>	This document reports on performance against all areas of the Improving Lives Strategy.
<b>Financial, Legal, HR, Social value and partnership Implications:</b>	There are no direct financial implications arising from this report. However, in reviewing performance reports, if performance is not at the expected or desired level then resources may need to be reviewed by appropriate organisations to enable improved performance.
<b>Equalities Implications:</b>	If addressing performance issues requires changes in the way services are delivered, these must be supported by an appropriate impact assessment which will need to be duly considered by decision makers in line with statutory responsibilities before any changes are implemented.
<b>Risk Assessment:</b>	Performance should be monitored regularly to manage any potential risk of workstream actions not being achieved. There are no identified risks from the successful delivery of the priority workstreams.

### 1. Background info

**1.1.** The latest performance information for the Health and Wellbeing Board is set out in appendix A.

To aid with discussion the following areas have been highlighted by the Health and Wellbeing Executive Board.

- Carer's Survey
  - The biennial Carers survey suggested a decline in outcomes for carers in Somerset. Carer reported quality of life dropped from 8.2 to 7.1 out of 12. The proportion of carers reporting that they had as much social contact as they would like has fallen from 45.4% to 25.1%. Overall satisfaction with social services has dropped from 40.4% to 31.1%. *(page 5)*
  - This is in line with the South West and England figures which have also shown drops in Carer reported quality of life (7.7 to 7.5 in England), a drop in proportion of carers reporting they had as much social contact as they would like (32.3% to 28.9% in the South West and 35.5% to 31.2% in England).
  - The next survey will be sent out in the autumn with results published in June 2022,
- Children's Health
  - The percentage of children in reception, and in year 6, who are overweight or obese has increased in 2020 Somerset. *(Page 14)*
  - For Reception this increase was seen across the South West but to a greater extent in Somerset moving from 22.0% in 2019 to 23.4% in 2020, the highest since 2014. This put Somerset above the South West average, the average of statistical neighbours and the England Average where Somerset were below comparators from 2016 to 2019.
  - By year 6 the percentage overweight or obese was 31.8% in 2020, this is very similar to the South West and Statistical Neighbour averages. It is also the highest since 2014 but with a smaller range of difference to the reception figures. Interestingly the England average is much higher at 35.2%, this puts Somerset in the most positive quartile for the measure.
  - Another point to highlight in Children's Health is the increase in Mental Health Admissions for 0 to 17-year olds. From 2016 Somerset has been above the averages for the South West, England and Statistical neighbours. The 2020 figures for Somerset show 139.4 per 100,000 admissions which although lower than the 153.6 figure the previous year, is still much higher than the South West at 114.7, Statistical Neighbours at 107.8 and England at 89.5. *(Page 15)*
- Health, Climate and Housing
  - Somerset's CO2 emissions estimates from 2005 to 2018 show a reduction of 31.5% for the period. Whilst positive, this is a slightly lower reduction than the national average of 34.5% for the same period. The main drivers for this reduction in Somerset come from electricity generation where use of renewable energy sources is increasing, whilst coal and gas are decreasing. *(page 5)*
  - Looking at fuel poverty statistics shows Somerset as having 10.8% of families living in Fuel Poverty, the same as recorded in

2018 this is roughly equivalent with the South West average of 10.6% but better than the England average of 13.4%. (page 8)

## 2. Improving Lives Priorities and Outcomes

- 2.1. The scorecard in appendix A shows the rating and direction of performance against the agreed metrics for monitoring performance against the Improving Lives Strategy.

## 3. Consultations undertaken

- 3.1. Key messages have been approved by The Health and Wellbeing Executive group and Health and Wellbeing Board Lead Members.

## 4. Request of the Board and Board members

That the Somerset Health and Wellbeing Board considers and comments on the information contained within this report and approves the format of the Health and Wellbeing Board Scorecard.

## 5. Background papers

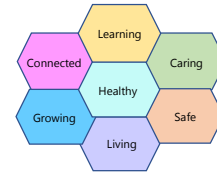
- 5.1 Appendix A – Health and Wellbeing Performance Scorecard  
Health and Wellbeing Strategy for Somerset  
Somerset Improving Lives Strategy

## 6. Report Sign-Off

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	29/06/21
	Cabinet Member / Portfolio Holder (if applicable)	Cllr Clare Paul	29/06/21
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	28/06/21

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# Health and Wellbeing Board Performance Scorecard July 2021



Learning	
<b>Metrics</b>	
Percentage of children reaching a good level of development at early years stage	↓
Reduction in inequalities in educational attainment experienced by specific groups (free school meals, looked after children, SEND)	↑
Level of educational attainment with an inequalities gap below the national average	↑
% in real Gross Value Added (GVA) growth	↑
% Real Productivity Growth (GVA per FTE)	↑
UK Employer Skills Survey 1. % of vacancies which are skills shortage vacancies	↑
UK Employer Skills Survey 2. % who have a skills shortage vacancy	↑
UK Employer Skills Survey 3. Number of staff with skills gaps as % of employment	↑
% workers in managerial, professional and technical/scientific occupations (Standard Occupational Classifications 1,2, and 3)	→
% working age population qualified to NVQ4 and above	↑
% working age population qualified at NVQ2 and above	↓
Apprenticeships starts and achievements	↓

Caring	
<b>Metrics</b>	
Somerset's industrial and residential CO2 emissions	↑
% of people dying in a community setting / at 'home' (which includes care homes)	→
ASC - carers outcomes	↓

Safe	
<b>Actions</b>	
To commission the Fear of Crime Survey for Somerset	-
Awareness raising of County Lines (Children and Young People and professionals) and improved strategic planning for Somerset	-
Improving the community response to Domestic Abuse (Bystander intervention work)	-
Increase the proportion of people who state they feel safe (day and night) in their community	-

Living	
<b>Actions</b>	
Develop a 'memorandum of understanding' - Improving Health and Care Through the Home in Somerset	-
MoU priority theme: Homelessness and Rough Sleeping	-
•Establish a Somerset Homelessness Reduction Board by Feb 2021	-
•Complete 'Better Futures for Vulnerable People in Somerset' (LGA improvement programme) by Dec 2020	-
•Work towards integrated commissioning (health, care and housing) (2021+)	-
MoU priority theme: Independent Living	-
•Prevent or delay admission to hospital and/or residential or nursing care of individuals through a joined up understanding of what is	-
MoU Priority Theme: Climate Change	-
There is a need to agree the required activity to support this theme	-
MoU Priority Theme: Gypsy, Traveller and Roma Communities	-
MoU priority theme: Health Impact Assessments	-
Develop a consistent countywide approach to Health Impact Assessments	-
Uptake of antenatal education in target areas	-
Sign up to Positive about Breastfeeding Scheme	-
Reduction in smoking amongst pregnant women	-

Connected	
<b>Actions</b>	
Neighbourhoods spread methodology to measure increase in social connectivity	-
Improving lives in Neighbourhoods group oversees the development of the 5 ways to wellbeing product for anchor organisations	-
Improving lives in Neighbourhoods group endorses spread methodology and oversees programme management that measures demonstrable progress	-
50 Town and Parish Councils or other anchor organisations "sign up" to the 5 ways to wellbeing product	-
500 new initiatives are developed in those communities as a result	-
5000 connections are made with people in need through those initiatives	-
State of the Sector survey is undertaken in 2019	-

Metrics	
Decrease in violent crime with and without injury	→
Total crimes reported per 1,000 population * Crimes Recorded by Police (Excluding Fraud)	↑
Use of custody rate (youth crime) per 1,000 10-17 age population	↑
Reoffending rate after 12 months	↑
*Measure of a 3 month cohort, tracked over 12 months*	↑
Perception of safety in the School Survey	↑
Number of children on child protection register	↑
Number of children recognised as being in need	↑
Number of Adults with safeguarding needs	↑
*Safeguarding Concerns & Safeguarding Enquiries - Rate per 10,000	↑

Metrics	
Reduction in children in low income families (U16's)	→
Reduction in fuel poverty	→
The proportion of families living in workless household as well as long-term workless households	↓
The number of Somerset LSOAs within the 10, 20 and 30 per cent most deprived in England.	→
The IMD rank for Somerset and each of its composite districts (overall IMD score and each of the 7 Domains)	→
Suitable: Somerset has a greater match of housing type according to need	↓
Healthy: Reducing housing with category 1 hazards	→
*Properties identified as being mandatory HMOs been found upon inspection to have Category 1 hazards*	↓
Secure: Reduce the number of rough sleepers	↓
Increase in units for social rent	↑
Breastfeeding prevalence 6-8 weeks	↑
Low birth weight of term babies	↓
Smoking at Time of Delivery (SATOD)	↑

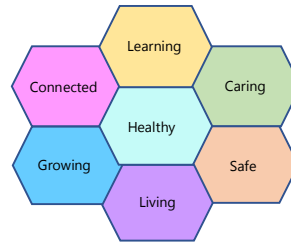
Growing	
<b>Actions</b>	
Work with the Somerset Growth Board to identify where the HWBB/Improving Lives can help deliver upon this outcome and the specific objectives.	-
HWBB workshop session early 2020 to input into refresh of the Growth Plan.	-
A refreshed Growth Plan (Summer/Autumn 2020) that addresses Improving Lives priorities and outcomes.	-
Work with relevant SCC service areas to undertake an audit of current funding allocations	-
<b>Metrics</b>	
% of Superfast and ultrafast broadband coverage	→

Metrics	
% of adult social care users who have as much social contact as they would like	↑
Increased % of adult carers who have as much social contact as they would like	↓
Number of charities registered in Somerset	↓
% of VCSE orgs than plan to maintain or increase their level of services in the coming year	→

Healthy	
<b>Metrics</b>	
Life Expectancy at birth	↑
Mental Health Admission 0-17 per 100,000	↑
Suicide rate	↓
Mortality rate from causes considered preventable - Rate Per 100,000 Population	↑
Reduce the overall difference between life expectancy and healthy life expectancy	↓
Healthy Life Expectancy at Birth	↓
Smoking rates - Prevalence in Adults (18+)	↑
Reduction in Obesity rates	↓
Increase the proportion of people who participate in regular physical activity	↑
Reduction in people admitted for alcohol related conditions	↓
Increase number of people who are satisfied are with their life nowadays	↓
Increase number of people who feel the things they do are worthwhile	↑
Increase number of people who report feeling happy the previous day	↓
Increase number of people who report feeling happy the previous day	↓

Key	
<b>Compared to Benchmark</b>	
Better	↑
Similar	→
Worse	↓
<b>Direction of Performance</b>	
Improving	↑
Stable	→
Declining	↓

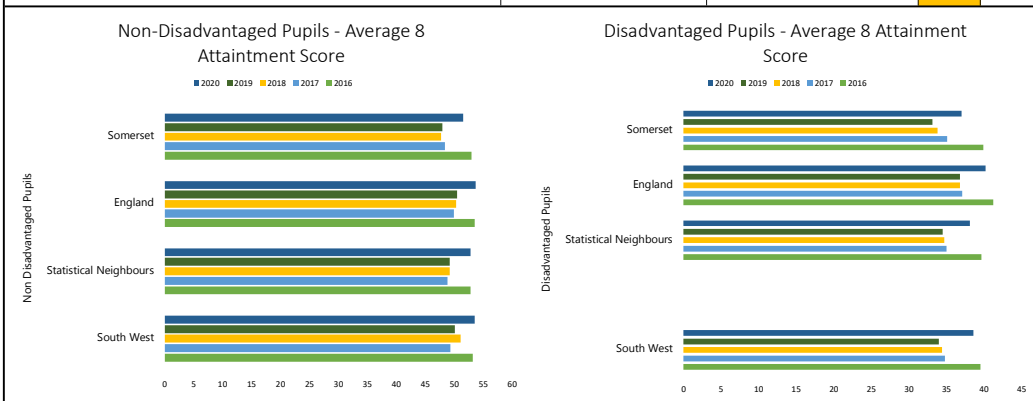
# Health and Wellbeing Board Performance Scorecard July 2021 - Full Data



## Learning

Outcome 1.1: Improving education outcomes for all children  
Somerset children are happy, healthy and preparing for adulthood  
Objective: Reduction in the rate of persistent absence  
Reduction in the attainment gap between disadvantaged learners and their peers at KS4

Actions	Commentary		RAG	Direction
Metrics	Current	Previous	RAG	Direction
Percentage of children reaching a good level of development at early years stage	2019 = 71.4%	2018 = 71.8%	A	↓
Reduction in inequalities in educational attainment experienced by specific groups (free school meals, looked after children, SEND)	Average Attainment 8 score Disadvantaged Pupils = 37.00 SEN = 9.30 (2020) CLA = 18.10 (2019)	Average Attainment 8 score Disadvantaged Pupils = 33.10 SEN = 8.60 (2019) CLA = 18.10 (2019)	A	↑
Level of educational attainment with an inequalities gap below the national average	2020: Somerset Average Attainment 8 Score Disadvantaged Pupil = 37.00  England National Score Disadvantaged: 40.20  Somerset Average Attainment 8 Score Non-Disadvantaged Pupil = 51.50  England National Score Non-Disadvantaged: 53.70	2019: Somerset Average Attainment 8 Score Disadvantaged Pupil = 33.10  England National Score Disadvantaged: 36.80  Somerset Average Attainment 8 Score Non-Disadvantaged Pupil = 47.90  England National Score Non-Disadvantaged: 50.50	A	↑





Outcome 1.2: The workforce has the requisite skills to meet the needs of the County both now and in the future																												
Objective: Stronger communities which promote greater social connections, wellbeing and decrease isolation and loneliness																												
Metrics	Current	Previous	RAG	Direction																								
% in real Gross Value Added (GVA) growth	2017/18 = +3.7%	2016/17 = +5.7%	A	↑																								
<p align="center"><b>2008-2018 Somerset Economic Output (GVA)</b></p> <table border="1"> <caption>2008-2018 Somerset Economic Output (GVA)</caption> <thead> <tr> <th>Year</th> <th>Gross Value Added (in Billions)</th> </tr> </thead> <tbody> <tr><td>2008</td><td>£9,034,000,000.00</td></tr> <tr><td>2009</td><td>£8,826,000,000.00</td></tr> <tr><td>2010</td><td>£9,008,000,000.00</td></tr> <tr><td>2011</td><td>£9,262,000,000.00</td></tr> <tr><td>2012</td><td>£9,403,000,000.00</td></tr> <tr><td>2013</td><td>£9,515,000,000.00</td></tr> <tr><td>2014</td><td>£10,194,000,000.00</td></tr> <tr><td>2015</td><td>£10,369,000,000.00</td></tr> <tr><td>2016</td><td>£10,541,000,000.00</td></tr> <tr><td>2017</td><td>£11,146,000,000.00</td></tr> <tr><td>2018</td><td>£11,559,000,000.00</td></tr> </tbody> </table>					Year	Gross Value Added (in Billions)	2008	£9,034,000,000.00	2009	£8,826,000,000.00	2010	£9,008,000,000.00	2011	£9,262,000,000.00	2012	£9,403,000,000.00	2013	£9,515,000,000.00	2014	£10,194,000,000.00	2015	£10,369,000,000.00	2016	£10,541,000,000.00	2017	£11,146,000,000.00	2018	£11,559,000,000.00
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Metrics	Current	Previous	RAG	Direction
UK Employer Skills Survey 3. Number of staff with skills gaps as % of employment	Somerset - 4.8% (2019) Devon - 5.5% (2019) UK - 4.6% (2019)	Somerset - 5.97% (2017) Devon - 5.06% (2017) UK - 4.34% (2017)	G	↑
% workers in managerial, professional and technical/scientific occupations (Standard Occupational Classifications 1,2, and 3)	Somerset = 106,400 (39.6%) - (Jul 2019 - Jun 2020) Devon = 175,800 (46.3%) - (Oct 2019 - Sep 2020)	Somerset = 107,900 (39.4%) - (Jul 2019 - Jun 2020) Devon = 181,400 (47.0%) - (Jul 2019 - Jun 2020)	R	→
<p><b>% of workers in SOC - 1,2,3 Occupations</b></p>				
Metrics	Current	Previous	RAG	Direction
% working age population qualified to NVQ4 and above	Somerset = 35.2% - Jan 2019-Dec 2019 Devon = 37.6% - Jan 2019-Dec 2019	Somerset = 33.7% - Jan 2018-Dec 2018 Devon = 40.1% - Jan 2018-Dec 2018	A	↑
<p><b>% of Population Qualified to NVQ4 and Above</b></p>				
Metrics	Current	Previous	RAG	Direction
% working age population qualified at NVQ2 and above	Somerset = 76.6% - Jan 2019-Dec 2019 Devon = 80.6% - Jan 2019-Dec 2019	Somerset = 78.2% - Jan 2018-Dec 2018 Devon = 80.7% - Jan 2018-Dec 2018	R	↓
<p><b>% of Population Qualified to NVQ2 and Above</b></p>				
Metrics	Current	Previous	RAG	Direction
Apprenticeships starts and achievements	Apprenticeship Starts - 3919 (2017/18) Apprenticeship Achievements - 2796 (2017/18)	Apprenticeship Starts - 4930 (2016/17) Apprenticeship Achievements - 2779 (2016/17)	A	↓
<p><b>Somerset - Apprenticeship Starts &amp; Achievements</b></p>				

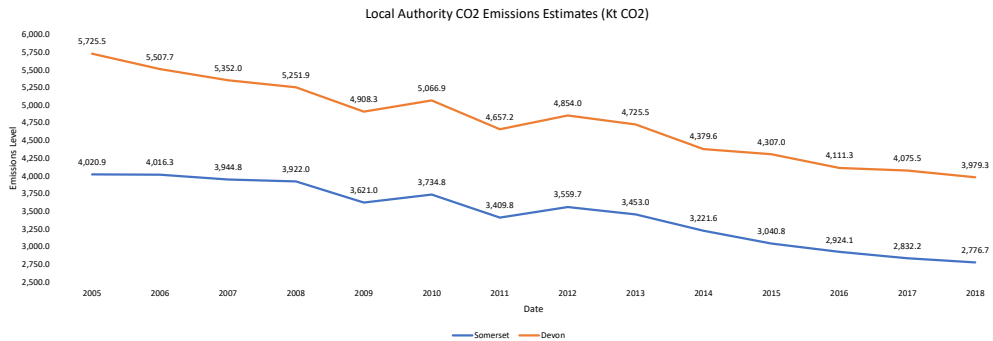
# Caring



Outcome 2.1: A county tackling climate change, both for itself and for others, with CO2 emissions reduced in line with Somerset's Climate Strategy ambitions (net zero by 2030).

Objective: Reduce the carbon emissions of Somerset's homes, business and major employers (e.g. NHS, Local Authorities, MOD)  
Mitigate the worst impacts of climate change on Somerset's homes and businesses.

Metrics	Current	Previous	RAG	Direction
Somerset's industrial and residential CO2 emissions	Somerset - 2776.7 (2018) Devon - 3979.3 (2018)	Somerset - 2832.2 (2017) Devon - 4075.5 (2017)	A	↑



Outcome 2.2: People with long term health problems able to appropriately manage their condition

Objective: Health-related quality of life for those with long-term conditions is improved

Outcome 2.3: More people die with dignity in their place of choice

Metrics	Current		Previous		RAG	Direction
% of people dying in a community setting / at 'home' (which includes care homes)	Somerset (2019)	Devon (2019)	Somerset (2018)	Devon (2018)	R	→
Deaths occurring in Hospital (All Ages) = 40.3%	Deaths occurring in Hospital (All Ages) = 38.9%	Deaths occurring in Hospital (All Ages) = 40.3%	Deaths occurring in Hospital (All Ages) = 38.8%			
Deaths occurring in Care Homes (All Ages) = 29.1%	Deaths occurring in Care Homes (All Ages) = 27.9%	Deaths occurring in Care Homes (All Ages) = 28.3%	Deaths occurring in Care Homes (All Ages) = 28.8%			
Deaths occurring at Home (All Ages) = 22.4%	Deaths occurring at Home (All Ages) = 25.3%	Deaths occurring at Home (All Ages) = 22.5%	Deaths occurring at Home (All Ages) = 24.9%			

Outcome 2.4: A County that cares for our carers

Metrics	Current	Previous	RAG	Direction
ASC - carers outcomes	<p><b>2018/19</b></p> <p>ASCOF 1D: Carer reported quality life - 7.2</p> <p>ASCOF 1J2: Proportion of carers who reported that they had as much social contact as they would like - 25.1%</p> <p>ASCOF 3B: Overall satisfaction of carers with social services - 31.1%</p> <p>ASCOF 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for - 63.5%</p> <p>ASCOF 3D2: The proportion of carers who find it easy to find information about services - 53.5%</p>	<p><b>2016/17</b></p> <p>ASCOF 1D: Carer reported quality life - 8.2</p> <p>ASCOF 1J2: Proportion of carers who reported that they had as much social contact as they would like - 45.4%</p> <p>ASCOF 3B: Overall satisfaction of carers with social services - 40.4%</p> <p>ASCOF 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for - 74.3%</p> <p>ASCOF 3D2: The proportion of carers who find it easy to find information about services - 60.2%</p>	R	↓

# Safe

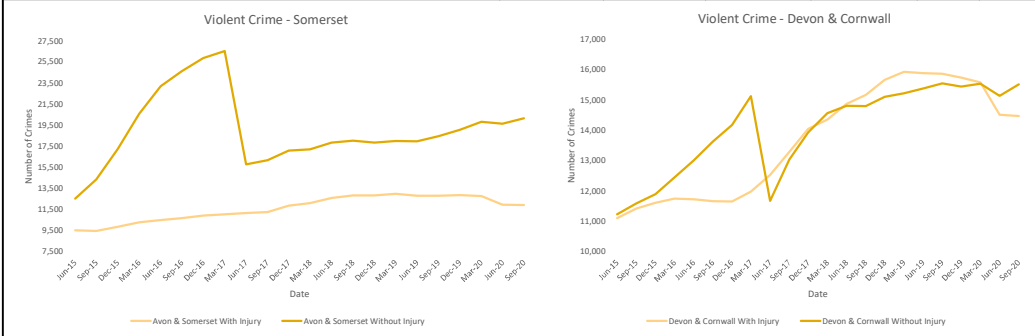


Outcome 3.1: Children, young people and adults feel safe and are safe in their homes and communities

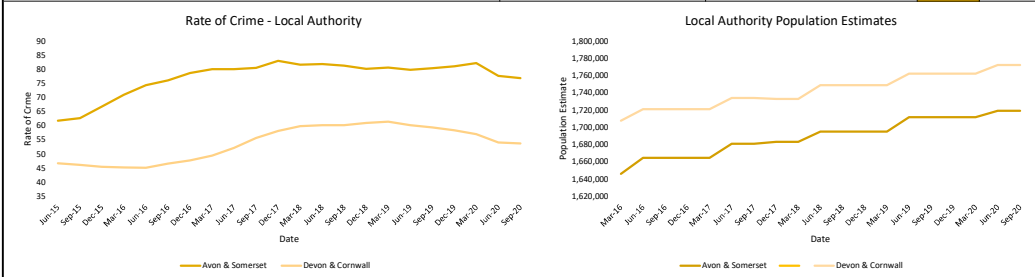
Objective: More people feel safe in their community

Actions	Commentary	RAG	Direction
To commission the Fear of Crime Survey for Somerset			-
Awareness raising of County Lines (Children and Young People and professionals) and improved strategic planning for Somerset			-
Improving the community response to Domestic Abuse (Bystander intervention work)			-

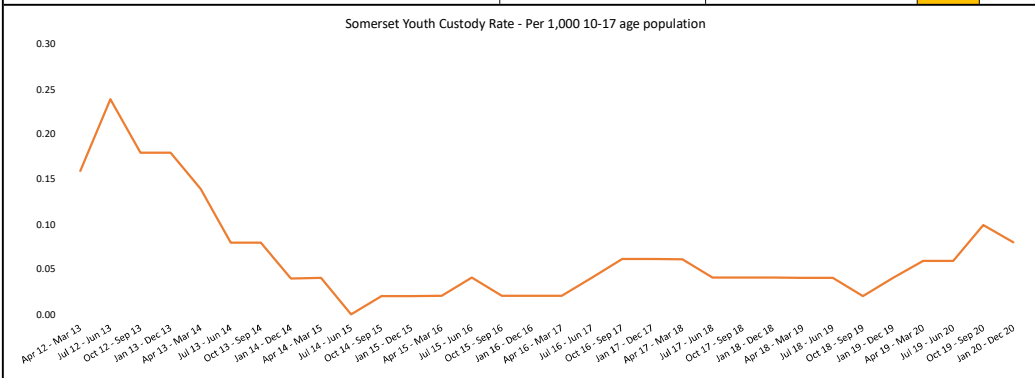
Metrics	Current	Previous	RAG	Direction	
Decrease in violent crime with and without injury	<p>Somerset Violent Crime <b>with Injury</b> - 11,885 (Sep 20)</p> <p>Devon Violent Crime <b>with Injury</b> - 14,469 (Sep 20)</p>	<p>Somerset Violent Crime <b>without Injury</b> - 20,130 (Sep 20)</p> <p>Devon Violent Crime <b>without Injury</b> - 15,512 (Sep 20)</p>	<p>Somerset Violent Crime <b>with Injury</b> - 11,920 (Jun 2020)</p> <p>Somerset Violent Crime <b>without Injury</b> 19,624 (Jun 2020)</p> <p>Devon Violent Crime <b>with Injury</b> 14,511 (Jun 2020)</p> <p>Devon Violent Crime <b>without Injury</b> - 15,132 (Jun 2020)</p>	A	➔



Total crimes reported per 1,000 population * Crimes Recorded by Police (Excluding Fraud) -	Somerset - Sep 20 = 76.9	Somerset - Jun 20 = 77.7	RAG	Direction
	Devon - Sep 20 = 53.7	Devon - Jun 20 = 54	A	⬆️



Use of custody rate (youth crime) per 1,000 10-17 age population	Somerset - 0.08 (Jan 20 - Dec 20)	Somerset - 0.10 (Oct 19 - Sep 20)	RAG	Direction
			A	⬆️



Reoffending rate after 12 months *Measure of a 3 month cohort, tracked over 12 months*	Somerset - 37% (Oct 18 - Dec 18)	Somerset - 50% (Jul 18 - Sep 18)	G	↑																														
<p style="text-align: center;"><b>Somerset Reoffending Rate - after 12 months (%)</b></p>																																		
Perception of safety in the School Survey	Somerset (2018)	*Unavailable*	A	↑																														
<p style="text-align: center;"><b>School Safety Survey - Somerset (2018)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> </div> <div style="width: 50%;"> <table border="1"> <thead> <tr> <th>How do you rate the following in the area where you live?</th> <th>Very poor</th> <th>Poor</th> <th>Adequate</th> <th>Good</th> <th>Very good</th> </tr> </thead> <tbody> <tr> <td>Your safety when going out after dark</td> <td>5.58%</td> <td>8.77%</td> <td>27.18%</td> <td>35.53%</td> <td>22.93%</td> </tr> <tr> <td>Your safety when going out during the day</td> <td>1.77%</td> <td>1.40%</td> <td>9.85%</td> <td>32.87%</td> <td>54.11%</td> </tr> <tr> <td>Your safety at school</td> <td>2.79%</td> <td>3.77%</td> <td>18.55%</td> <td>40.55%</td> <td>34.33%</td> </tr> <tr> <td>Your safety when going to and from school</td> <td>1.83%</td> <td>2.71%</td> <td>18.51%</td> <td>41.45%</td> <td>35.49%</td> </tr> </tbody> </table> </div> </div>					How do you rate the following in the area where you live?	Very poor	Poor	Adequate	Good	Very good	Your safety when going out after dark	5.58%	8.77%	27.18%	35.53%	22.93%	Your safety when going out during the day	1.77%	1.40%	9.85%	32.87%	54.11%	Your safety at school	2.79%	3.77%	18.55%	40.55%	34.33%	Your safety when going to and from school	1.83%	2.71%	18.51%	41.45%	35.49%
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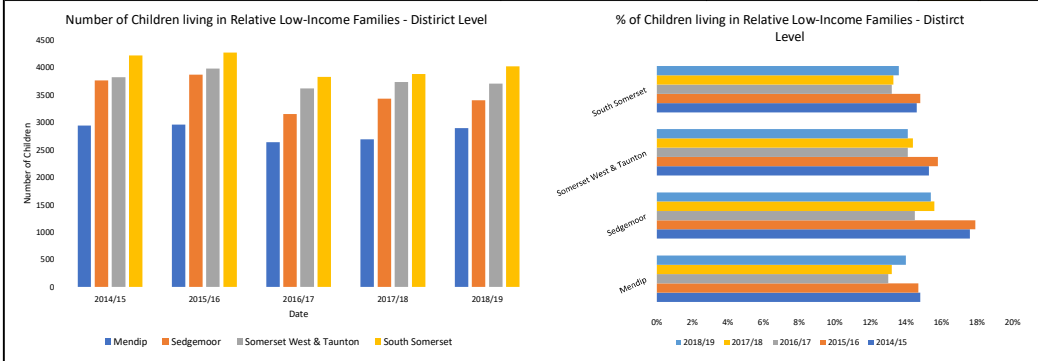
# Living



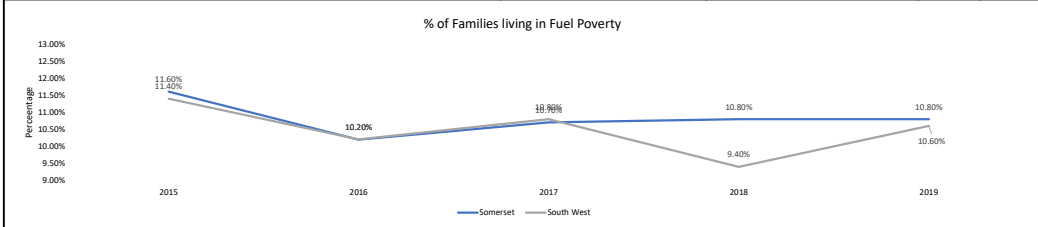
Outcome 4.1: People have enough money to achieve at least basic standards of living

Objective: Improvement in standards of living - average/median standards of living

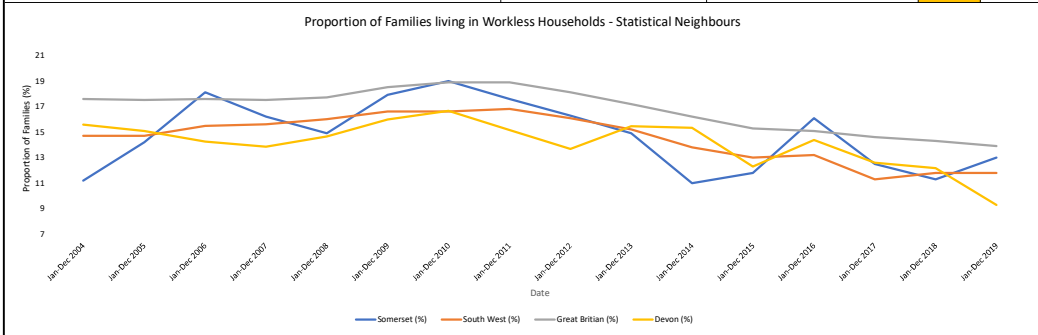
Metrics	Current	Previous	RAG	Direction
Reduction in children in low income families (U16's)	Mendip - 2900 (14%) Sedgemoor - 3406 (15%) Somerset West & Taunton - 3707 (14%) South Somerset - 4027 (14%) (2018/19)	Mendip - 2695 (13%) Sedgemoor - 3437 (16%) Somerset West & Taunton - 3739 (14%) South Somerset - 3885 (13%) (2017/18)	A	➔



Metrics	Current	Previous	RAG	Direction
Reduction in fuel poverty	Somerset - 10.8% (2019) South West - 10.6% (2019)	Somerset - 10.8% (2018) South West - 9.4% (2018)	G	➔



Metrics	Current	Previous	RAG	Direction
The proportion of families living in workless household as well as long-term workless households	Somerset - 13% (Jan-Dec 2019) Devon - 9.3% (Jan-Dec 2019)	Somerset - 11.3% (Jan-Dec 2018) Devon - 12.2% (Jan-Dec 2018)	A	⬇️

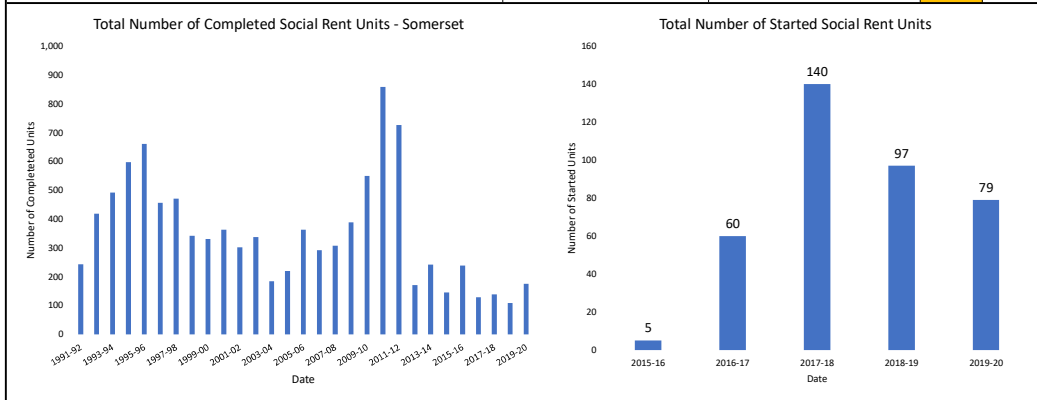


Outcome 4.2: Somerset will have reduced levels of deprivation and improved standards of living				
Objective: Improvement in standards of living - average/median standards of living				
Metrics	Current	Previous	RAG	Direction
The number of Somerset LSOAs within the 10, 20 and 30 per cent most deprived in England.	Out of the 327 LSOA's in Somerset * 29 are within the most deprived 20% nationally * 9 are within the most deprived 10% nationally (2019 IMD)	Out of the 327 LSOA's in Somerset * 25 were within the most deprived 20% nationally * 9 were within the most deprived 10% nationally * 2 were within the most deprived 5% nationally (2015 IMD)	A	➔
The IMD rank for Somerset and each of its composite districts (overall IMD score and each of the 7 Domains).	<p>Depending on the methodology, Somerset is ranked as being between 98th and 116th most deprived upper-tier local authority in England (out of 152 authorities). Therefore, Somerset can be considered to be within the <b>40% least deprived</b> areas of the country overall.</p> <p>Using the Rank of Average Rank Scoring, Sedgemoor has the worst IMD Ranking out of 317 Local Authorities - where "1" is the most deprived.</p>	Local Authority Areas (Using IMD Rank of Average Rank: * Mendip - 160 * Sedgemoor - 146 * South Somerset - 180 * Taunton Deane - 193 * West Somerset - 56 (West Somerset being the most deprived)	A	➔
<p><b>Somerset Index of Deprivation (IMD)</b></p> <p>Legend: Mendip (Blue), South Somerset (Red), Sedgemoor (Grey), Somerset West &amp; Taunton (Yellow)</p>				
Outcome 4.3: Reduced inequalities by providing homes that are suitable healthy and secure				
Objective: Ensure Somerset has an appropriate mix of housing type according to need				
Actions	Commentary		RAG	Direction
Develop a 'memorandum of understanding' - Improving Health and Care Through the Home in Somerset	Approved by the Health and Wellbeing Board (Sept 2020). The MoU will be subject to annual review / performance monitoring (first review to be considered by the HWBB on 15th July 2021).		G	-
MoU priority theme: Homelessness and Rough Sleeping •Establish a Somerset Homelessness Reduction Board by Feb 2021 •Complete 'Better Futures for Vulnerable People in Somerset' (LGA improvement programme) by Dec 2020 •Work towards integrated commissioning (health, care and housing) (2021+)	The establishment of a HRB has been agreed to sit within the governance framework of the HWBB. The first meeting of the HRB took place in April '21, with a subsequent meeting on June 17th. ToR to be agreed at their next meeting - Aug '21. Better Future for Vulnerable People in Somerset was completed in December '20. We are now seeking to secure external resources to assist with delivery. The HRB has prioritised the 'commissioning' related aspects of the Better Futures Programme. The HRB intends to deliver this work 'at pace'.		G	-
MoU priority theme: Independent Living •Prevent or delay admission to hospital and/or residential or nursing care of individuals through a joined up understanding of what is required, improved communications, timely and responsive processes. •Prevent delayed transfer of care or facilitate discharge of individuals from hospital/or residential care through building capacity and resilience within key staffing roles in health and housing as well as the suitable adapted stock types required. •Maintain older and disabled people's ability to live independently in their own home and community for as long as possible and to promote their well-being, by providing choice and more control over their lives. Increasing assistive technology, recognition of the hoarding and mental health service provided by SIP. •Reduce chances of a life changing health event by initiating prevention policies, activities and adaptations. Understanding the types of prevention packages that there are, improve partnership working and community self-help.	Hospital resettlement workers x 2 now appointed and delivering good outcomes. Roles to be expanded in to community hospital settings. Plan to also recruit a similar worker for children. Communications across health, care and housing has improved significantly. Work now beginning to influence new build (specialist/adapted properties) New hoarding service launched which is receiving high demand Looking to develop the use of Assistive Technology for trips and falls - initially within extra care / care facilities Progress has been good in this area, but there is still plenty more to do, including a need to assess the demand for specialist accommodation and seek to meet demand through repurposing of existing stock and new build		G	-
MoU Priority Theme: Climate Change There is a need to agree the required activity to support this theme	There is a need to redraft the climate change priority within the MoU. The MoU needs to reflect on the content of the JSNA and the ongoing work to support the Somerset Climate Change Strategy. The MoU needs to identify specific areas of work where climate change mitigation can be advanced through the collaboration of health, care and housing services. It is recommended that this be done as part of the 'climate change update' that is to be presented to the HWBB during September 2021.  It is also important to note that there has been progress in this general area. For example, Somerset Independence Plus have drawn down approx. £2.6M to improve the thermal efficiency of existing homes, and to tackle fuel poverty.		A	-
MoU Priority Theme: Gypsy, Traveller and Roma Communities •To provide safe stopping (transit) facilities for the traveller community •To ensure the provision of health, care and housing related advice and guidance to the traveller community •To establish how the work of the Transient and Nomadic People Cell (Covid) can be sustained to ensure a lasting legacy of housing and health related improvements for Gypsy, Traveller and Roma communities	Two temporary transit sites were provided in response to the Covid emergency - these had access to water, sanitation and refuse disposal. These sites have now been stood down and there is a need to identify a site (or sites) for a permanent transit facility. Presently, there is no such facility within the county.  Excellent outreach services were provided to the traveller community through both the work of the Gypsy and Traveller Liaison Officers (k2) and		A	-
MoU priority theme: Health Impact Assessments Develop a consistent countywide approach to Health Impact Assessments	Dialogue has commenced with the Somerset Strategic Planning Conference to develop HIA guidance. It was agreed to establish a working group (March '20), but this has not met due to Covid pressures. Progress is slow. This may		R	-

Metrics	Current	Previous	RAG	Direction																																																							
<b>Suitable : Somerset has a greater match of housing type according to need</b> Affordable Housing Completed - RENT = 210 Affordable Housing Completed - OWNERSHIP = 105 Affordable Housing Started - RENT = 266 Affordable Housing Started - OWNERSHIP = 20 2019/20	Affordable Housing Completed - RENT = 255 Affordable Housing Completed - OWNERSHIP = 75 Affordable Housing Started - RENT = 283 Affordable Housing Started - OWNERSHIP = 98 2018/19	R	↓																																																								
<b>Affordable Housing Completed - Rent</b> 		<b>Affordable Housing Completed - Ownership</b> 																																																									
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<b>Healthy : Reducing housing with category 1 hazards</b> *Properties identified as being mandatory HMOs been found upon inspection to have Category 1 hazards*	2019/20 % of licensable HMO's estimated in LA identified to have Category 1 hazards: * Mendip - 11.1% * Sedgemoor - 3.5% * Somerset West & Taunton - 0% * South Somerset - 1.2%	2018/19 % of licensable HMO's estimated in LA identified to have Category 1 hazards: * Mendip - 0% * Sedgemoor - 0% * Taunton Deane - 0% * South Somerset - 5.9% * West Somerset - 4%	R	→																																																							
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<b>Secure : Reduce the number of rough sleepers</b>	71 (2019)	36 (2018)	R	↓																																																							
<b>Number of Rough Sleepers in Somerset 2010 - 2019</b> 																																																											

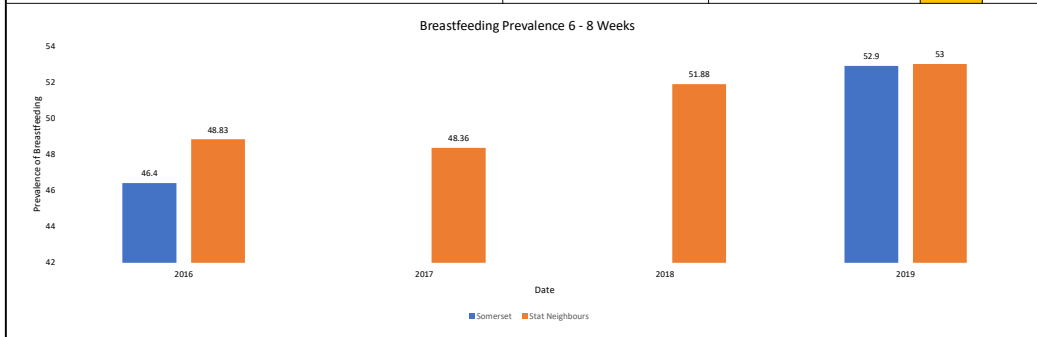


Increase in units for social rent	Completed: Somerset (2019/20) - 176  Started: Somerset (2019/20) - 79	Completed: Somerset (2018/19) - 109  Started: Somerset (2018/19) - 97	A	↑
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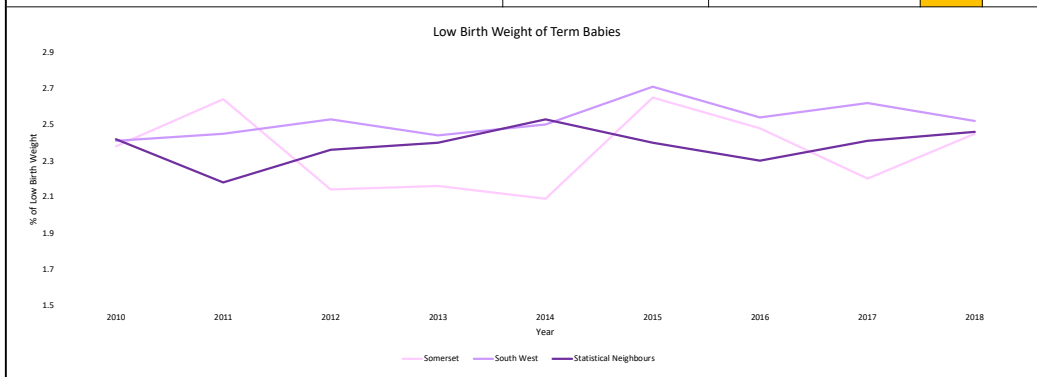


Outcome 4.4: Children are given the best start in life  
Objective: Increase the take up of antenatal and pre-birth support

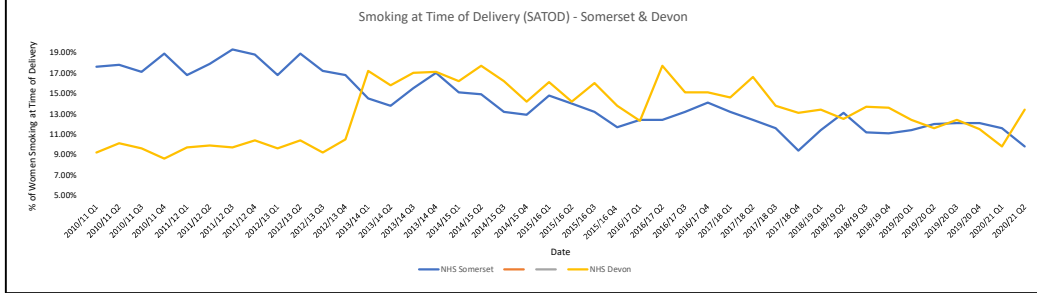
Metrics	Current	Previous	RAG	Direction
Breastfeeding prevalence 6-8 weeks	52.9% (2019)	46.4% (2016)	A	↑



Metrics	Current	Previous	RAG	Direction
Low birth weight of term babies	2.45% (2018)	2.20% (2017)	A	↓



Smoking at Time of Delivery (SATOD)	Somerset - 9.8% (2020/21 Q2) Devon - 13.4% (2020/21 Q2)	Somerset - 11.6% (2020/21 Q1) Devon - 9.8% (2020/21 Q1)	G	↑
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Outcome 4.5: Inequalities in health are reducing  
Objective: Improvement in standards of living - average/median standards of living

Growing					
Outcome 5.1: Somerset's productivity has increased both in absolute terms, and relative to the national average (i.e. narrowed the productivity gap), supported by a focus on clean and inclusive growth.					
Objective: Stronger communities which promote greater social connections, wellbeing and decrease isolation and loneliness					
Actions		Commentary	RAG	Direction	
Work with the Somerset Growth Board to identify where the HWBB/Improving Lives can help deliver upon this outcome and the specific objectives.				-	
HWBB workshop session early 2020 to input into refresh of the Growth Plan.				-	
A refreshed Growth Plan (Summer/Autumn 2020) that addresses Improving Lives priorities and outcomes.				-	
Metrics		Current	Previous	RAG	Direction
Outcome 5.2: The county that has an infrastructure which supports productivity and innovation, leading to business growth (incl. improved connectivity into and around Somerset).					
Metrics		Current	Previous	RAG	Direction
% of Superfast and ultrafast broadband coverage		89% (2019) Data Source: CDS Project Team	N/A	G	➔
Outcome 5.3: Fairer Funding for Somerset					
Objective: To have a clear understanding of Somerset's funding position in respect to issues of fairness					
Actions		Commentary	RAG	Direction	
Work with relevant SCC service areas to undertake an audit of current funding allocations				-	

Connected					
Outcome 6.1: People of all ages feel socially connected in their neighbourhoods					
Objective: Stronger communities which promote greater social connections, wellbeing and decrease isolation and loneliness					
Actions		Commentary	RAG	Direction	
Neighbourhoods spread methodology to measure increase in social connectivity				-	
Improving lives in Neighbourhoods group oversees the development of the 5 ways to wellbeing product for anchor organisations				-	
Improving lives in Neighbourhoods group endorses spread methodology and oversees programme management that measures demonstrable progress				-	
Metrics		Current	Previous	RAG	Direction
% of adult social care users who have as much social contact as they would like		18-64 = 48.6% (2019/20) 65+ = 42.3% (2019/20)	18-64 = 48% (2018/19) 65+ = 41.7 (2017/18)	G	⬆
Increased % of adult carers who have as much social contact as they would like		18+ = 25.1% (2018/19) 65+ = 26.3% (2018/19) CIPFA Nearest Neighbour Mean = 32.5%	18+ = 45.4% (2016/17) 65+ = 44% (2016/17) CIPFA Nearest Neighbour Mean = 34.6%	R	⬇
Outcome 6.2: Developing social capital in those places without it. There is a vibrant VCSE sector					
Objective: There is a demonstration of social capital and a vibrant voluntary and community sector in Somerset					
Actions		Commentary	RAG	Direction	
50 Town and Parish Councils or other anchor organisations "sign up" to the 5 ways to wellbeing product				-	
500 new initiatives are developed in those communities as a result				-	
5000 connections are made with people in need through those initiatives				-	
State of the Sector survey is undertaken in 2019				-	
Metrics		Current	Previous	RAG	Direction
Number of charities registered in Somerset		2730 (2021 .GOV Register of Charities)	2771 (2020 Charity Commission Website)	A	⬇
% of VCSE orgs than plan to maintain or increase their level of services in the coming year		83% (2016 Survey)	N/A	A	➔

# Healthy



## Outcome 7.1: Increase the number of years in good health

Metrics	Current	Previous	RAG	Direction		
Life Expectancy at birth	Somerset (2017/19) Males = 80.5 Devon (2017/19) Males = 80.7	Somerset (2017/19) Females = 84.5 Devon (2017/19) Females = 84.4	Somerset (2016/18) Males = 80.4 years Devon (2016/18) Males = 80.6 years	Somerset (2016/18) Females = 84.1 years Devon (2016/18) Females = 84.1 years	A	↑
<p style="text-align: center;">Life Expectancy at Birth - By Local Authority</p>						
Suicide rate	Somerset - 13.1 (2017/19) Devon - 12.0 (2017/19)	Somerset - 11.8 (2016/18) Devon - 11.2 (2016/18)			R	↓
<p style="text-align: center;">Suicide Rate - Somerset &amp; Devon</p>						
Mortality rate from causes considered preventable - Rate Per 100,000 Population	115.6 (2019)	127.1 (2018)			G	↑
<p style="text-align: center;">Preventable Mortality - Somerset CCG</p>						
Reduce the overall difference between life expectancy and healthy life expectancy	Male Difference - 16.2 (2016/18)	Female Difference - 18.2 (2016/18)	Male Difference - 15.7 (2015/17)	Female Difference - 18.5 (2015/17)	A	↓
<p style="text-align: center;">Somerset - Differences between Life Expectancy at Birth &amp; Healthy Life Expectancy at Birth</p>						
Healthy Life Expectancy at Birth	(2016/18) Males HLE = 64.2	(2016/18) Females HLE = 65.9	(2015/17) Males HLE = 64.7	(2015/17) Females HLE = 65.6	A	↓
<p style="text-align: center;">Healthy Life Expectancy at Birth</p>						

Outcome 7.2: Positive healthy lifestyle behaviours are increased						
Metrics	Current	Previous	RAG	Direction		
Smoking rates - Prevalence in Adults (18+)	14.4% (2019)	15.9% (2018)	G	↑		
<p>Smoking Prevalence - CCG Somerset</p>						
Reduction in Obesity rates	Overweight Reception = 23.39 (2020)	Overweight Year 6 = 31.81 (2020)	Overweight Reception = 21.96% (2019)	Overweight Year 6 = 31.49% (2019)	A	↓
<p>Excess Weight - Reception</p> <p>Excess Weight - Year 6</p>						
Increase the proportion of people who participate in regular physical activity	Adults Physically Active = 65.3% (2019/20)	Adults Physically Inactive = 23.9% (2019/20)	Adults Physically Active = 64.9% (2018/19)	Adults Physically Inactive = 23.4% (2018/19)	A	↑
<p>Rates of Physical Activity and Inactivity</p>						
Reduction in people admitted for alcohol related conditions	Somerset rate per 100,000 = 2,297 Somerset Count = 14,130 Devon rate per 100,000 = 1,643 Devon Count = 14,656 (2018/19)	Somerset rate per 100,000 = 2,168 Somerset Count = 13,242 Devon rate per 100,000 = 1,711 Devon Count = 14,931 (2017/18)	R	↓		
<p>Admission Episodes for alcohol-related conditions - Rate per 100,000</p> <p>Admission Episodes for alcohol-related conditions - Count</p>						

Outcome 7.3: Somerset residents have improved emotional health and wellbeing																																																											
Objective: Stronger communities which promote greater social connections, wellbeing and decrease isolation and loneliness																																																											
Metrics	Current	Previous	RAG	Direction																																																							
Increased number of people who are satisfied are with their life nowadays	Somerset (2019/20) - 82.51 United Kingdom (2019/20) - 81.48 South West (2019/20) - 83.17	Somerset (2018/19) - 87.56 United Kingdom (2018/19) - 82.38 South West (2018/19) - 83.94	A	↓																																																							
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Increased number of people who feel the things they do are worthwhile	Somerset (2019/20) - 88.55 United Kingdom (2019/20) - 84.13 South West (2019/20) - 85.89	Somerset (2018/19) - 85.61 United Kingdom (2018/19) - 84.34 South West (2018/19) - 88.33	G	↑																																																							
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Increased number of people who report feeling happy the previous day	Somerset (2019/20) - 75.08 United Kingdom (2019/20) - 74.75 South West (2019/20) - 76.6	Somerset (2018/19) - 79.5 United Kingdom (2018/19) - 76.43 South West (2018/19) - 77.67	A	↓																																																							
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Reduction in the number of people reporting how anxious they felt the previous day	Somerset (2019/20) - 35.97 United Kingdom (2019/20) - 38.76 South West (2019/20) - 37.47	Somerset (2018/19) - 32.35 United Kingdom (2018/19) - 35.95 South West (2018/19) - 35.93	G	↓																																																							
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## Health and Wellbeing Board Work Programme 2021

Agenda item	Meeting Date	Details and Lead Officer
	<b>15 July 2021</b>	
Somerset Safer Partnership		Lucy Macready
Better care Fund		Andy Hill Tim Baverstock
Healthcare and Housing MOU		Mark Leeman
ICS update		James Rimmer
HWBB Performance Report		James Hadley
	<b>16 September 2021</b>	
PNA		Pip Tucker
Climate Change and Health		Teresa Harvey
Mental Health		Andrew Keefe Louise Finnis
	<b>25 November 2021</b>	
Somerset Homeless Reduction Board		Mark Leeman
JSNA and APHR		Jo McDonagh
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
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## Health and Wellbeing Board Work Programme 2021

### To add later:

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