

Somerset Health and Wellbeing Board

Monday 21 March 2022

11.00 am Virtual via Microsoft Teams



SUPPLEMENT TO THE AGENDA

To: The Members of the Somerset Health and Wellbeing Board

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 5	ICS Update - Proposed Governance Arrangements (Pages 3 - 22) To receive and consider the report.
--------	---

Item 6	SEND Update (Pages 23 - 36) To receive and consider the report.
--------	--

Item 8	Health Protection Forum (HPF) Annual Report (Pages 37 - 48) To receive and consider the report.
--------	--

Item 9	Somerset Moves - Somerset Physical Activity Strategy (Pages 49 - 62) To receive and consider the report.
--------	---

Published on 28 March 2022

Democratic Services, County Hall, Taunton, TA1 4DY

This page is intentionally left blank

Delivering an Integrated Care System for Somerset

Purpose, vision, governance and ways of working

What are integrated care systems?

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

The Health and Care Bill, which intends to put ICSs on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies, is currently being considered by Parliament.

A new target date of 1 July 2022 has been agreed. This replaces the previously stated target date of 1 April 2022. This remains subject to the passage of the Health and Care Bill through Parliament. The ICB is the successor organisation to the Somerset Clinical Commissioning Group (CCG).

Our community



580,000 Somerset Population



1 'Place' - Somerset



13 Primary Care Networks



2 Foundation Trusts



1 CCG



1 Tier 1 Local Authority



1 Health and Wellbeing Board

If Somerset was a village of 100 people

What we know: Our population is relatively older than the national average, and over the next 25 years while the overall population will rise by 15% we expect those over the age of 75 to double, resulting in a significant rise in demand for health and care services.

5 would be aged 0-4



15 would be aged 5-17



7 would be aged 18-24



16 would be aged 25-39



33 would be aged 40-64



13 would be aged 65-74



11 would be aged 75+



48 people would live in a rural area



95 people identify themselves as white British



Average life expectancy at birth

♂ 80 ♀ 84

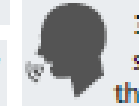
11 adults identify themselves as a Carer



19 people would have a long term health problem or disability



3 people do not speak English as their first language



9 people would live in a deprived neighbourhood



Inequality in life expectancy is 6 years for men and 5 years for women



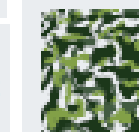
3 people would identify as Lesbian, Gay or Bisexual



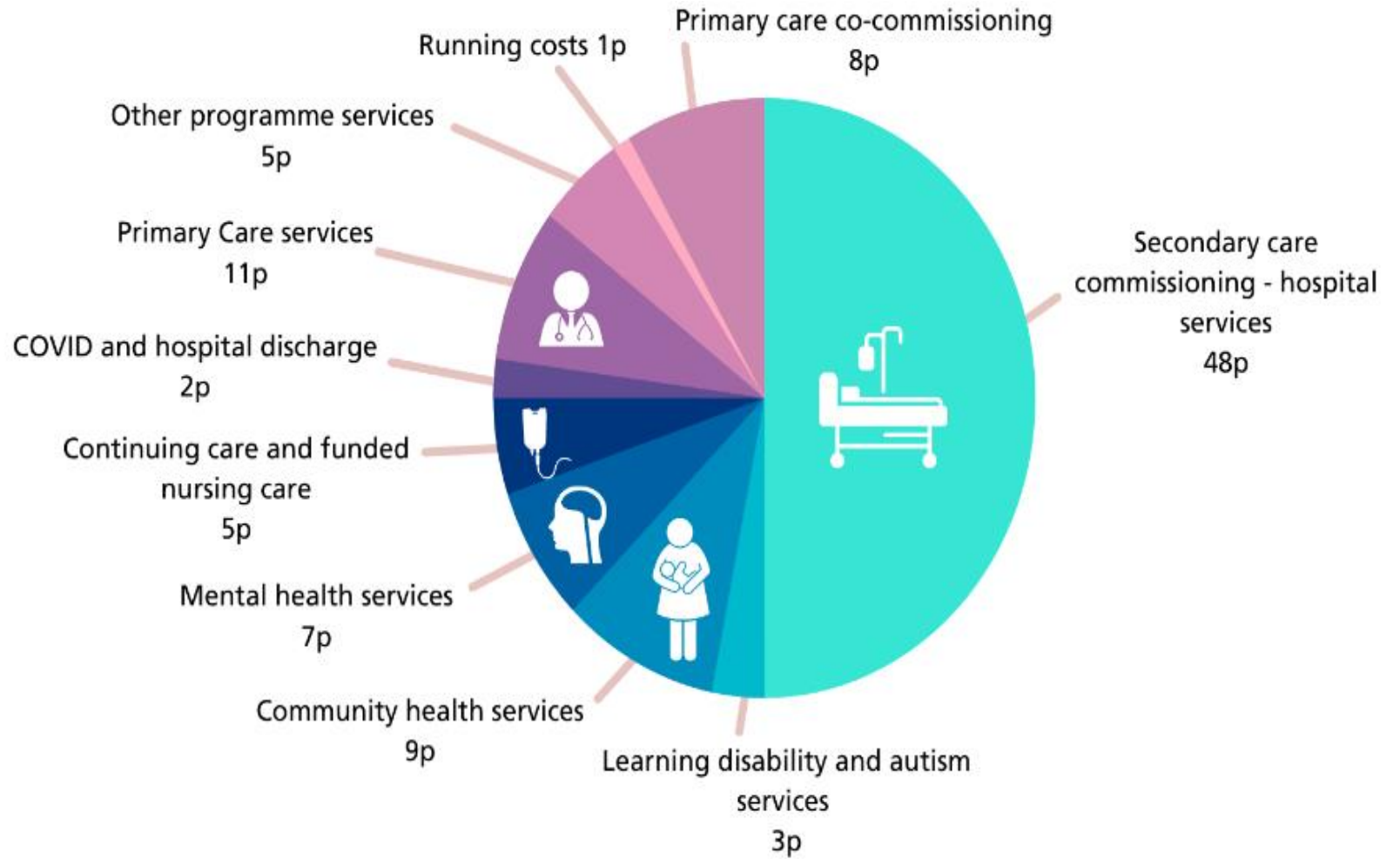
64 people would be Christian and 27 would not have a religion or belief



3 would be veterans of working age



How do we currently spend the Somerset NHS* pound?



£993.5 million for 2020/21

**Social care spend to be added to sit alongside*



Our Somerset ICS vision and strategy

Improving Lives is the Somerset county strategy, owned by the Health and Wellbeing Board, which sets out how we will work to deliver improvements for our population.

The Fit for my Future (FFMF) strategy is how the Somerset ICS will deliver the fourth element of Improving Lives and will guide our system planning and prioritisation.

Organisational strategies (for example, the clinical strategy, which underpins the merger of SFT/YDH) will be set in the context of delivering our overall system strategy.

Ahead of the ICS launching, we are refreshing the strategy and engaging with a number of stakeholders to make sure it is fit for purpose and that we learn from Covid; ensure the strategy is inclusive and covers all ages of our population and meets the requirements of the ICS. We are mapping transformation programmes across the system to identify where we have gaps and need to accelerate activities in order to deliver the strategy.

Improving Lives in Somerset

County Vision

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

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

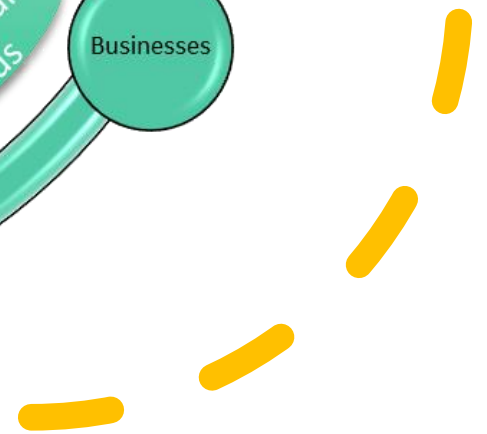
FFMF Vision

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

Our improving lives strategy



Draft – a work in progress



Health and Care Strategy (Fit for my Future) aims

1. IMPROVE THE HEALTH AND WELLBEING OF THE POPULATION

- Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness

2. PROVIDE THE BEST CARE AND SUPPORT TO PEOPLE

- Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting

3. STRENGTHEN CARE AND SUPPORT IN LOCAL COMMUNITIES

- Develop and enhance support in local neighbourhood areas and bring care and support closer to home

4. REDUCE INEQUALITIES

- Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health

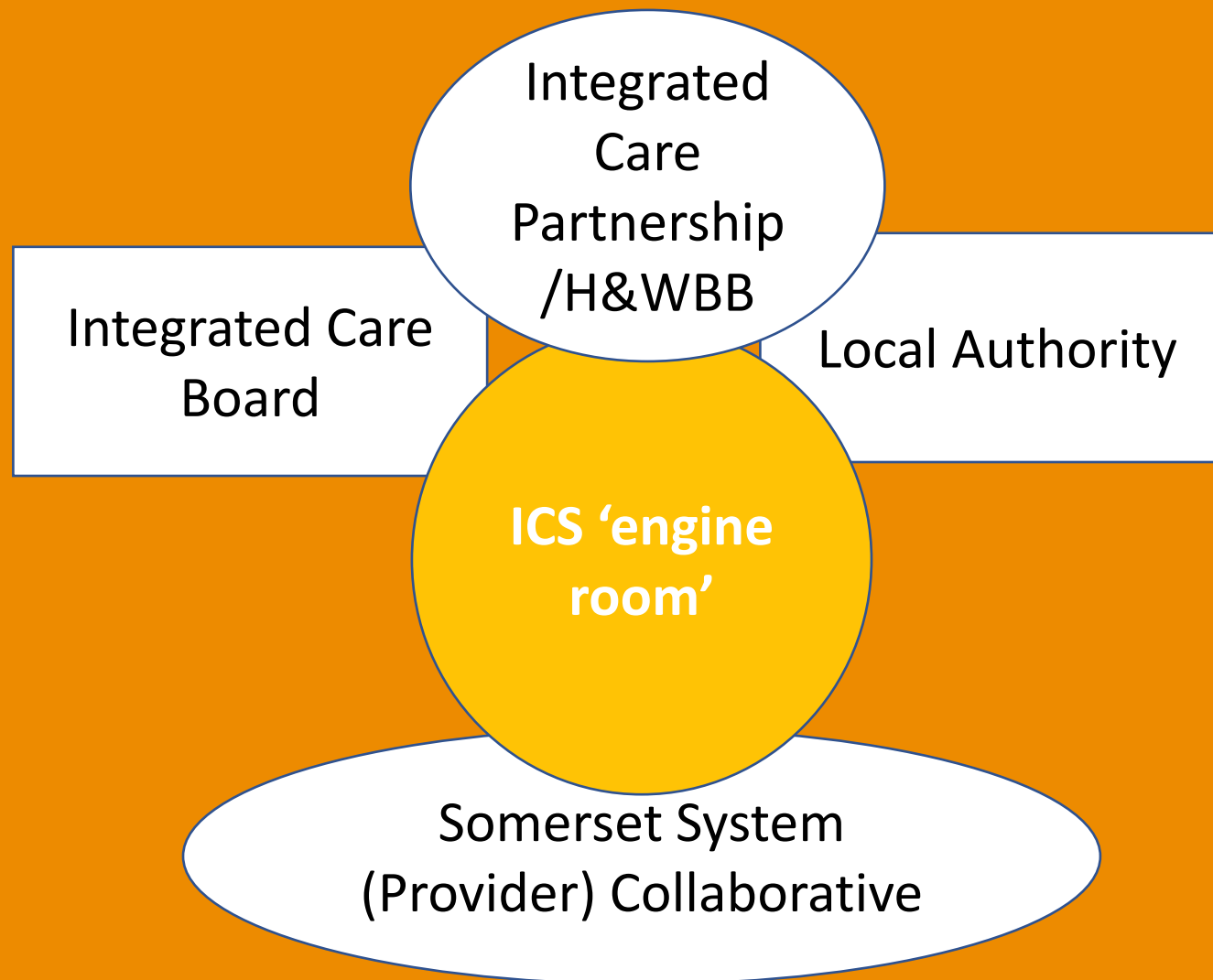
5. RESPOND WELL TO COMPLEX NEEDS

- Improve outcomes for people of all ages with complex needs through personalised, co-ordinated support

Principles of system working

- Our overriding principle is to work as one system, putting collaboration at the heart of all we do.
- This means we will commit to work as one health and care system, taking a single approach to strategy, planning, workforce and finance.
- We will put a commitment to improving the health and wellbeing of the people of Somerset at the heart of our approach and work together to address inequality by targeting our focus and resources towards prevention and early intervention, while ensuring the sustainability of our statutory services.
- We will underpin this with an ICS wide approach to population health management and improvement.
- We will work as anchor institutions within our local economy and will commit to 'buy local, employ local and invest local' wherever possible, playing our part in workforce development and economic regeneration.
- We will ensure that the views of the people of Somerset are central within our decision-making and that the voice of Somerset and the South West is strong nationally.

Somerset Integrated Care System

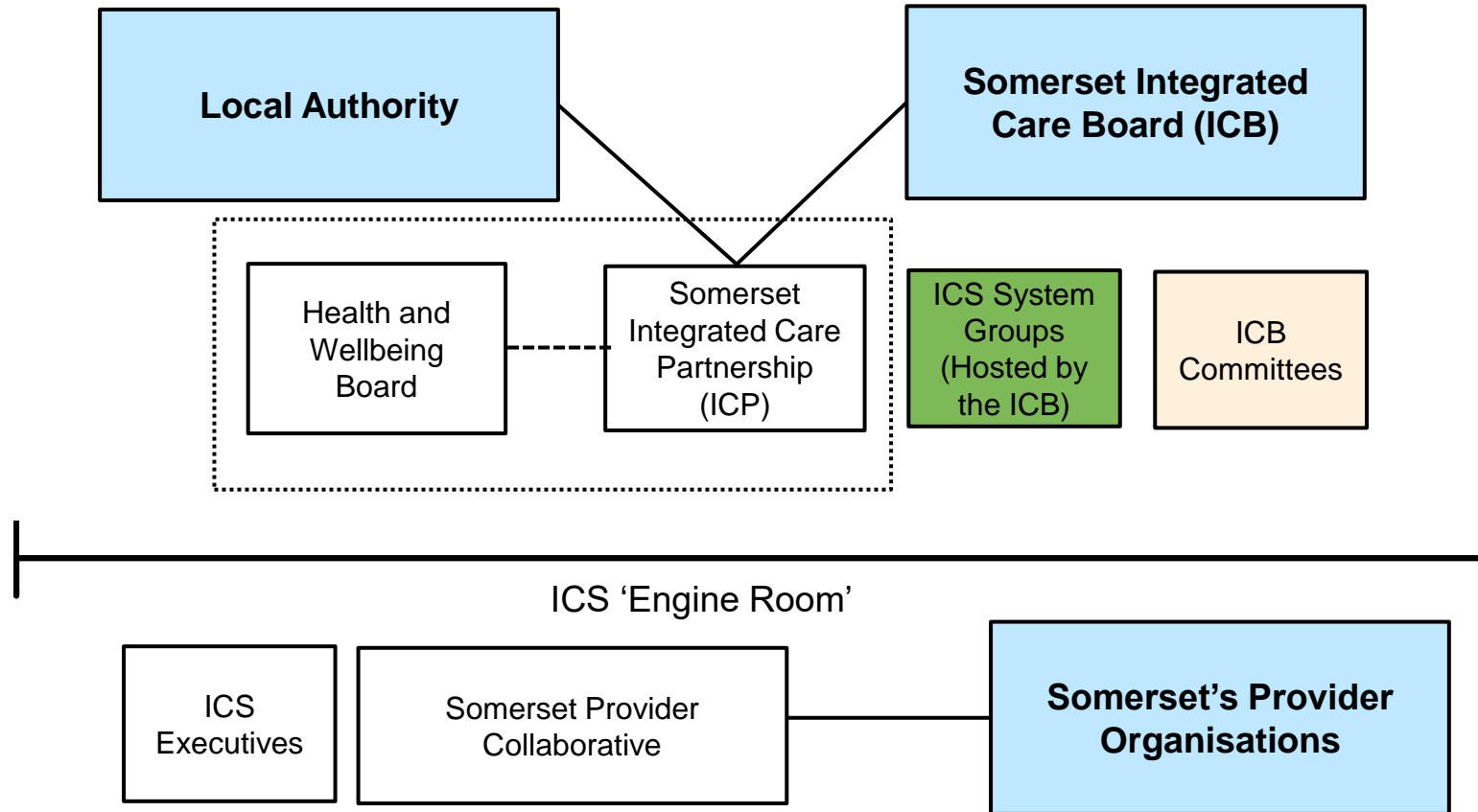


System strategic leadership



Delivery

Somerset ICS governance arrangements – DRAFT



What is the system 'engine room'?

The engine room is a way of working, where partners come together to work as a single system, guided by our new principles of working.

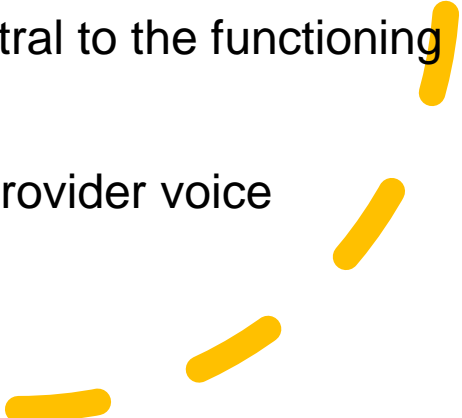
Through this all partners commit to do things once and do things together.

Initially, the engine room is made up of teams from all partner organisations with a senior executive mandated by the system to lead the work. However, as the system develops, functions could be consolidated to be hosted within a single partner organisation.

The engine room could expand over time but initially would include:

- A population health hub (including analytics and insight)
- A single, system Programme Management Office (PMO)
- Transformation and improvement
- Service strategy, design and implementation
- Digital, workforce and financial strategy development and implementation
- Communications and engagement

Professional and Clinical Leadership

- Vitally important and currently a work in progress
 - We need to ensure strong professional and clinical involvement and engagement in all parts and at all levels of our ICS and ICB
 - Independent validation and sense checking of system risk
 - Future service design, transformation and improvement
 - Engage with colleagues over the coming months to inform the best model for Somerset and compare and contrast with other systems
 - Previous discussion and varied views as to the value of a 'clinical cabinet'
 - The Clinical Executive Committee (CEC) central to the functioning of the CCG
 - Opportunity to strengthen the Primary Care provider voice
 - Key to the success of the 'engine room'
- 

Proposed composition of the ICB

Role	Number	Voting/Non-Voting
Chair	1	Voting
Non-Executive Directors	4	Voting
Chief Executive**	1	Voting
Director of Finance**	1	Voting
Medical Director**	1	Voting
Director of Nursing**	1	Voting
Additional Executive Directors	See next slide	Non-Voting
Foundation Trust Partner Member	1	Voting
Primary Care Partner Member	1	Voting
Local Authority Partner Member	1	Voting
Director of Public Health	1	Voting
VCSE	1	Non-Voting
Healthwatch	1	Non-Voting

Year 1 priorities

To continue to lead the pandemic response and recovery

To create the ICS 'engine room'
- Starting with the population health hub

To establish the ICP and confirm our ICP and health
and care strategies

To develop and implement a systemwide strategy to
sustain and develop primary care

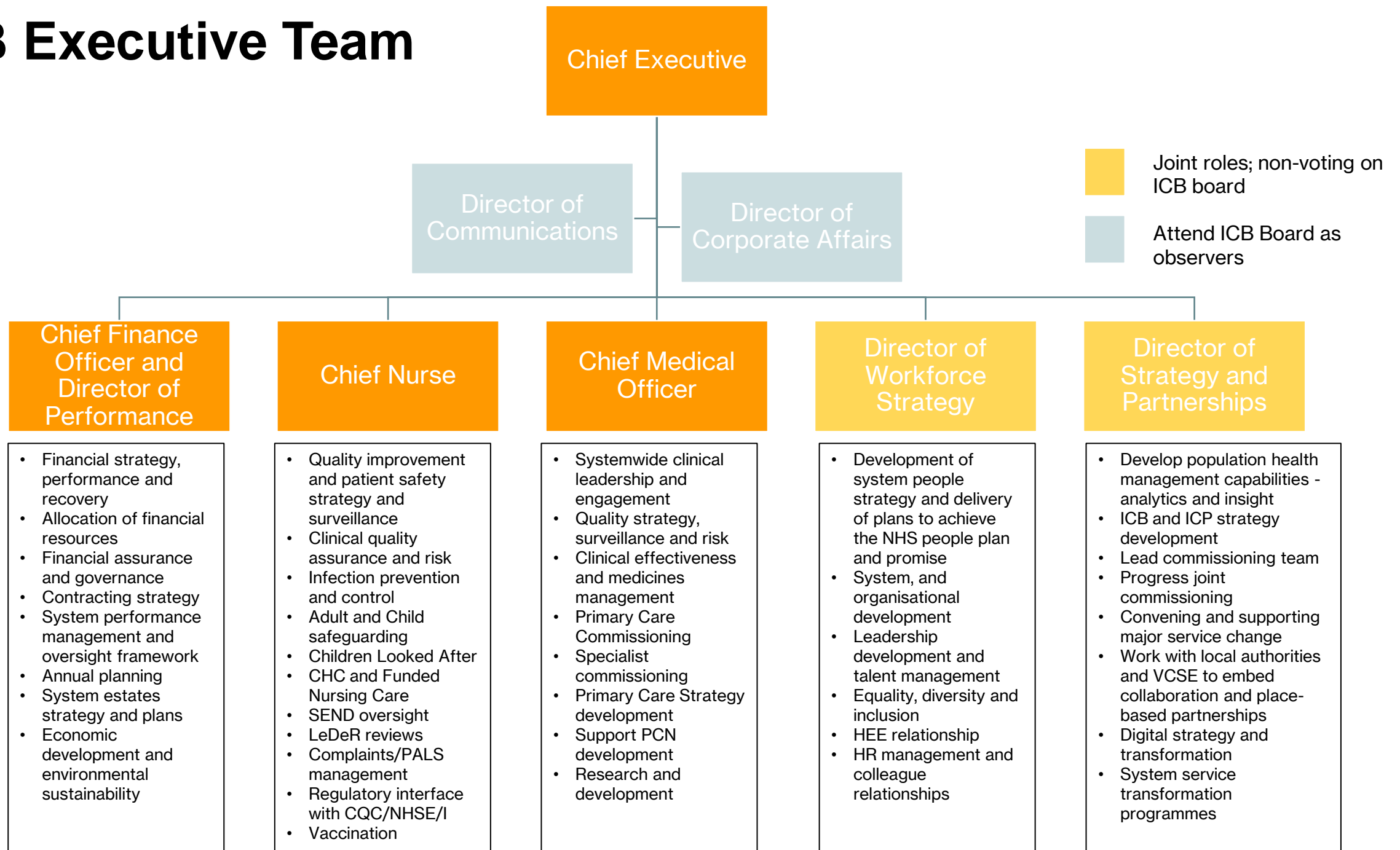
To develop and begin to implement our 5-year system
financial and workforce strategies

Board, organisation and system development

Appendices:

- ICB Executive structure
- ICB committees and ICS system groups – roles and responsibilities

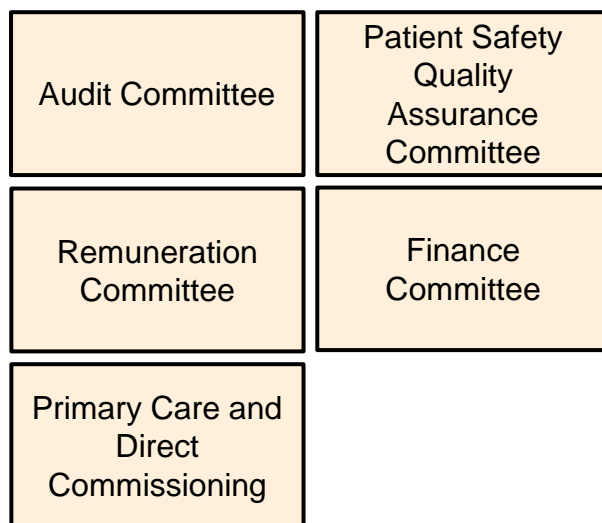
ICB Executive Team



ICB committees** structure – DRAFT



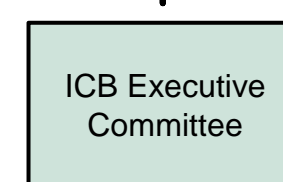
ICB Assurance Committees



ICS System Groups (Hosted by the ICB Board)



Delivery



Page 19



Statutory bodies



Joint committees in common* OR ICB committees with Partner Members



ICB assurance committees (chaired by a Non-executive Director)



ICB delivery committees (chaired by an Executive)

**An overview of committees' roles and responsibilities is set out as an appendix

ICS bodies

Integrated Care Partnership (ICP)	Integrated Care Board (ICB)	Provider Collaborative
<p>A committee, not a body, established by the ICB and the local authority as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population.</p> <p>The ICP to have a specific responsibility to develop an integrated care strategy.</p>	<p>ICB will have a Unitary Board. Key functions include:</p> <ul style="list-style-type: none"> • Developing a plan to meet the health needs of the population. • Allocating resources to deliver the plan across the system (revenue and capital). • Leading system implementation of people priorities. • Leading system-wide action on data and digital. • Monitoring and addressing unwarranted variation, health inequalities. • Driving joint work on estates, procurement, supply chain and commercial strategies. • Planning for, responding to and leading recovery from incidents (EPRR). • Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services. 	<p>The proposed merger between SFT and YDH will enable Somerset to meet the aims of NHSEI’s provider collaborative guidance:</p> <p><i>-All trusts providing acute and mental health services are expected to be part of one or more provider collaboratives by April 2022.</i></p> <p><i>-Community trusts, ambulance trusts and non-NHS providers should be part of provider collaboratives where this would benefit patients and makes sense for the providers and systems involved.</i></p> <p><i>-ICS leaders, trusts and system partners, with support from NHS England and NHS Improvement regions, are expected to work to identify shared goals, appropriate membership and governance, and ensure activities are well aligned with ICS priorities.</i></p> <p>However, in Somerset we have a broader definition of provider collaboration, which also encompasses primary care, the voluntary sector, and social care and as such we are evolving the Somerset Collaboration Forum to enable providers to work together collectively across Somerset.</p>

ICB assurance committees

Audit Committee	Primary Care & Direct Commissioning Committee	Remuneration Committee	Finance Committee	Patient Safety and Quality Committee
<p>Integrated governance, risk management and internal control</p> <p>Internal audit, external audit and counter fraud.</p>	<p>Enable the members to make collective decisions on the review, planning and procurement of primary care services in the ICB, under delegated authority from NHS England.</p>	<p>Make recommendations relating to all aspects of pay and other benefits, arrangements for termination of employment and other contractual terms for: Accountable Officer, directors and other Very Senior Managers.</p> <p>Make recommendations to contractual arrangements for clinicians engaged to support the ICB Board.</p>	<p>To monitor, advise on and recommend to the Board matters relating to the ICB's financial strategy and policies, use of resources, annual budgets and financial performance and risks.</p>	<p>Review current and potential risks to patient safety, quality of service delivery and safeguarding. To ensure mitigations are in place and escalate if appropriate.</p> <p>Oversee and be assured, together with other responsible forums, that effective management is in place to address patient safety, serious incidents (SI's), safeguarding and quality.</p>

ICS system groups (hosted by the ICB Board)

Somerset Assurance Committee (SAF)	Quality Group	People Board
<p>A single forum to monitor and oversee finance, performance and quality, in line with NHSEIs System Oversight Framework.</p> <p>The SAF will highlight areas of strength and areas of poor or deteriorating performance which will be reviewed by exception.</p> <p>The SAF will provide assurance for ICS partners, including commissioners, providers and regulators. The regulator will use the SAF as the one place at which NHSEI will have oversight of performance within Somerset. Monitoring and oversight will be conducted jointly by the ICS and NHSEI Regional Team, supported by an MoU.</p>	<p>Forum to share intelligence, identify and support management of concerns. Focus on diagnosis, planning, improvement and learning, including reducing health inequalities through wider determinants of health. Involves collaborating on risks and sharing practice and developing a systems mindset to quality/ risk .</p>	<p>We are proposing that this will operate as a committee in common to provide the strategic direction and leadership to deliver workforce transformation for the Somerset ICS by working collaboratively across the health and social care sector and with key partners and within own constituent organisations.</p>

Health & Wellbeing Board – SEND Update

21 March 2022



Joint working between services is underdeveloped...

Children, young people and their families are not at the centre of leaders' thinking.

... services working in isolation

The autistic spectrum condition (ASC) assessment pathway in Somerset is dysfunctional.

...too much variability in the implementation of the reforms across front line services... even when children and young people have had their needs identified accurately, many do not then have these needs met well enough

The rate of exclusion of children and young people with SEND is too high.

...limited capacity to bring about the improvements that are needed.

little evidence to show anything is leading to a better experience for children and young people with SEND and their families..

March 2020

The timeliness of the assessment process for plans is too slow.

...started to implement the SEND reforms too late.

Joint commissioning is limited and in its infancy... opportunities to pool resources to tackle areas of need in the area are underutilised.

The quality of assessing and then meeting needs across the area is inconsistent and often weak.

...widespread weaknesses in the identification and meeting of children's and young people's needs.

EHC plans are generally education plans, with little and often no input from health and care professionals

Somerset SEND WSoA

Culture of inclusion and collaboration

- **IP1:** Work more closely with children and young people with SEND and their families to understand and learn from their experiences when formulating strategies to improve the area.
- **IP2:** Further improve leadership capacity across services

Joint working and commissioning

- **IP3:** Continue to strengthen partnership working across education, health and social care.
- **IP4:** Improve joint commissioning arrangements to ensure they meet needs, improve outcomes and achieve cost efficiencies.
- **IP5:** Develop a more effective neurodevelopmental pathway, specifically for autism

Inclusive education

- **IP6:** Extend inclusive practice across schools across the local area and in turn reduce exclusion rates which mean too many children and young people are not accessing education

Better assessment and planning

- **IP7:** Drive out inconsistency in our practices which at times causes unsatisfactory assessment and means we are not meeting the needs of some families
- **IP8:** Carry out assessment, writing and publication of education, health and care plans more swiftly
- **IP9:** Improve the quality of professional advice to ensure consistency of high quality education, health and care plans

How are we implementing WSOA?

- Each **improvement priority** has named lead
- Improvement priorities (IP) grouped in **themes** to avoid “silo working”. School leaders and parent-carers involves in each IP area.
- Dedicated **project management** support from County Council and CCG
- **External support** available from DfE and NHS programmes
- Fortnightly **Delivery Group** led by Programme Manager (Jo Dowling) and Programme Senior Responsible Officer (Rob Hart) brings together IP leads to monitor delivery
- Monthly **Strategic SEND Partnership Board** provides forum for strategic discussion, forward planning and strategic join commissioning.
- Monthly **SEND Improvement Board** chaired by CCG and SCC Chief Execs receives monthly progress report, provide
- Quarterly **Monitoring Meeting** with DfE and NHS England Advisors

Culture of inclusion and collaboration

- More families are attending listening events and new families are getting involved.
- 445 new families have joined the PCF since inspection enabling them to share their experiences
- Beginning culture change around willingness to involve families in service design (e.g. autism pathway)
- We have improved our communication with the SEND community
 - Increase numbers of users are visiting Somerset's Local Offer
 - Improvements in site quality
 - Increased uptake of SEND news
 - Established agreed channels for school communications
 - Increase in Facebook Local Offer page
 - Improvement in School website compliance

Joint working & commissioning

- Undertaken multiagency audit of compliance with statutory duties and taken action to address non/ partial compliance.
- Development of Joint Commissioning Strategy
- Joint work in progress focusing on access to therapies, specialist equipment, habilitation.
- Interim autism service in place removing barriers to assessment – from 20% starting assessment within 3 months (April '20) to over 80%.
- Pre-assessment pathway in place increasing joined-up work between schools, LA and health services – schools can refer.

Inclusive education

- School-led Inclusion Enquiry has engaged with school leaders and partners to agree recommendations to strengthen inclusive practice.
- School associations have recruited schools to “Whole Education” programme to strengthen inclusion
- Positive feedback about test and learn “Locality Inclusion Support” meetings in two areas that bring together inclusion and early help so schools can access support and advice in one place.
- Development of area inclusion partnerships so school leaders are more involved in decisions about the provision in their area and how it is used.

Identification, assessment and planning

- Strengthened processes for identifying children at 2½ year check and notifying relevant agencies
- Better awareness of learning disability annual health review
- Improved timeliness of contributions to EHC assessments, and sustained improvements in the time taken for an EHC plan from <20% in 20 weeks in Jan '20 to consistently above 60%.
- More EHC plans identified as good or outstanding

January '22 DfE & NHS Monitoring

- Despite intense pressures caused by Covid and other wider developments, e.g. ICS and LGR overall the **local area has maintained good progress** in implementing the WSoA since September.
- For those planned **actions that are behind or at risk of delay, reasons have been identified and mitigations noted or corrective measures put in place**. Any amendments to the original WSoA have been endorsed by the SEND Board, which continues to meet on a monthly basis and is attended by at least one adviser from the DfE or NHSE.
- SEND **leaders continue to pay close attention and provide robust oversight** of the nine priority workstreams, with implementation of the WSoA continuing to be project managed to a high standard. The establishment of an 'Executive Group' enables urgent matters and barriers to be addressed by those who have the necessary authority to alter operational arrangements.
- Both the LA and CCG continue to arrange additional resources to support the implementation of improvement actions within the WSoA. There has been **significant improvement in collaborative activity** across the local SEND partnership since the inspection.

A headline summary of progress since September:

- Feedback across the partnership has been one of notable improvements since the inspection.
- Stronger partnership, coproduction and 'joined up' working – 'supporting service development together'.
- Positive response to improving inclusive practices for the most vulnerable CYP.
- Higher quality EHCPs produced in a timely fashion, based on better advice.
- Data reflecting improvements in SEND service areas.
- Leaders are confident in securing better outcomes for CYP with SEND as recent changes impact.
- Better use of the local area's resources increasingly evident.

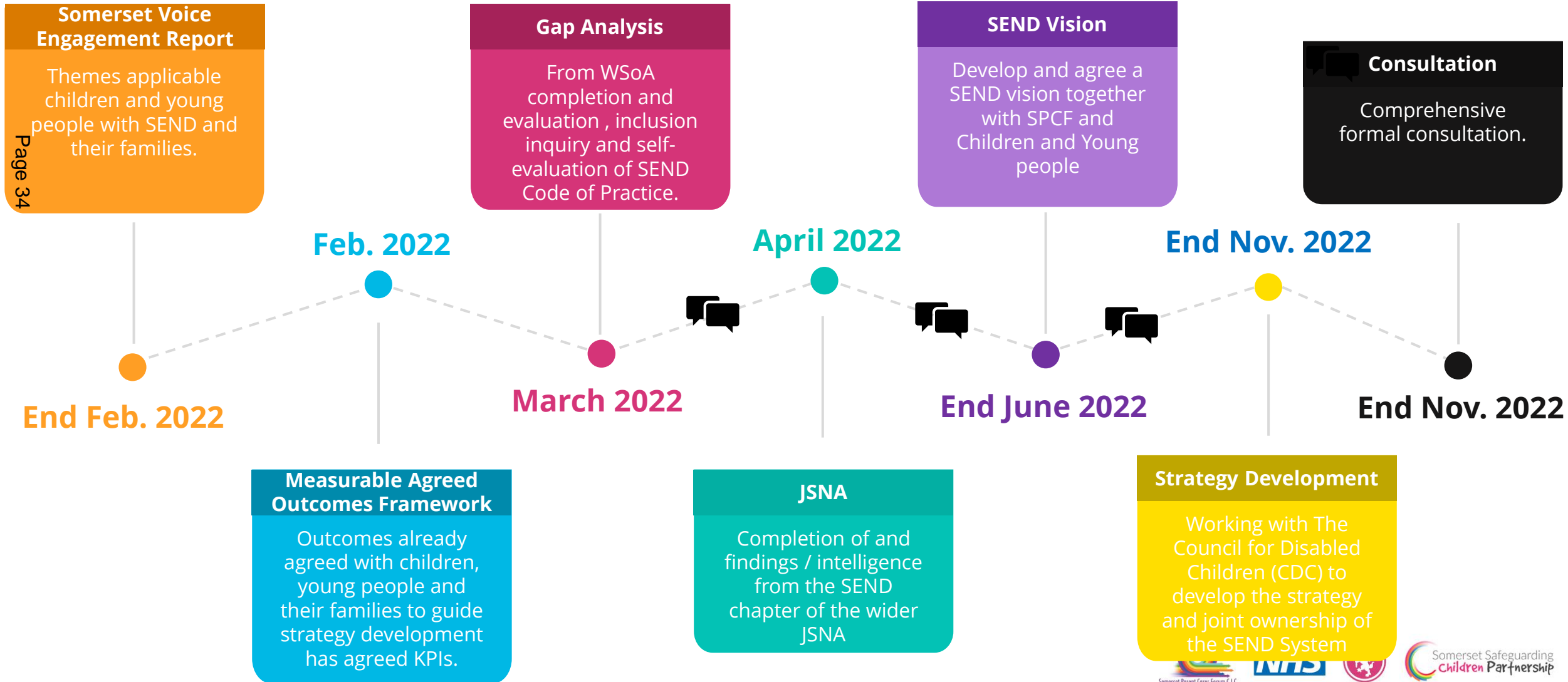
Risks and challenges

- **Engagement** – some work with families and providers has not been able to take place as planned, mostly due to COVID-19
- **Data** – we have not always been able to get systems talking to each other or extract data we need from systems leading to delays in progress in some areas
- **Commissioning restrictions** – COVID-19 has led to restrictions on what changes can be made to health contracts
- **COVID-19 pandemic** – Capacity in services; diversion of resources. Schools, health services under extreme pressure
- **Significant reorganisations** – move to integrated care system (ICS) and local government reorganisation
- **Financial** – High needs budgets under pressure. Somerset's high needs budget is in the lowest quartile nationally.

What more do we need to do?

- Assessing and learning from **impact** of improvements
- Continuing to strengthen **joint working** and culture across system
- Strengthen **working with families** through assessment processes
- Implementation/ roll-out of:
 - **Autism** assessment pathway
 - Area-based structures for aligning **SEND and early help** support
 - Recommendations from **Inclusion Enquiry**
- Educational **inclusion**
- Improving **access** – therapies and mental health
- COVID impact and **system recovery**
- Development of new **SEND strategy** for 2023 onwards

Priorities: SEND Strategy Development





This page is intentionally left blank

Health Protection Forum Assurance Report 2021

Alison Bell/ Jessica Bishop

March 2022

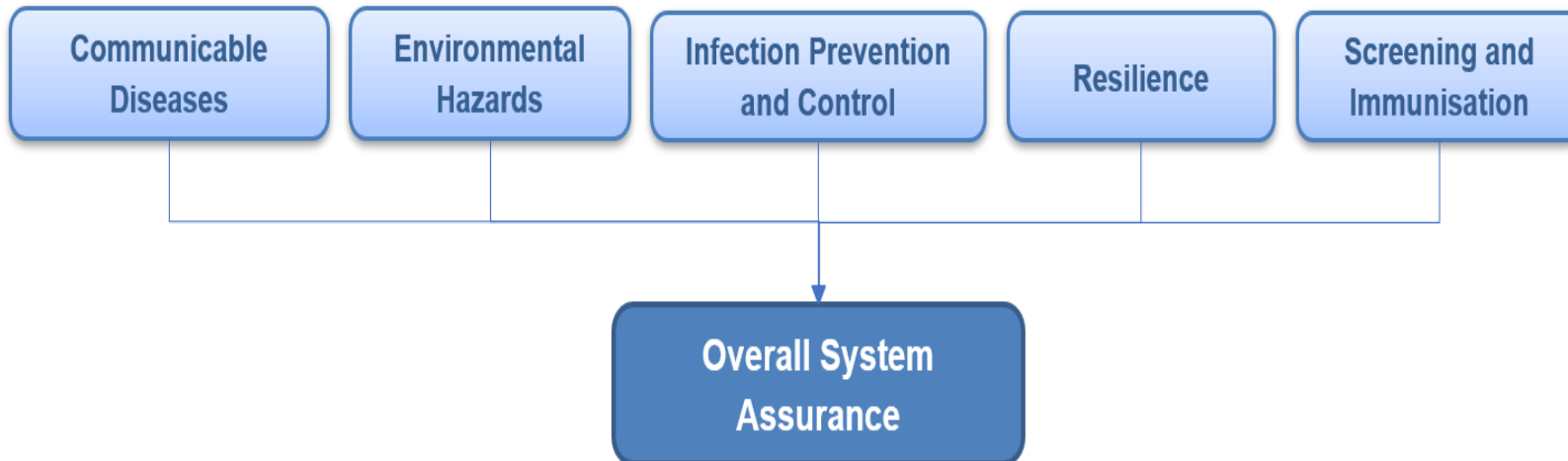




“Health Protection seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation”

PHE, Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch representatives) Regulations 2013, 2013.

Health Protection Forum



2021 – Responding to the Pandemic



- During 2021 Somerset partners continued to respond and manage to the local impact of COVID-19, starting and ending 2021 with cases peaking at record levels.
- System wide catch up programme for health protection workstreams that were put on hold during the height of the Pandemic.
- Moving to embed the COVID response as a business as usual function.
- Maintained response to other non COVID-19 Health Protection incidents/outbreak:
 - 74 Situations/outbreaks
 - 3 complex TB cases
 - 1 Toxigenic Diphtheria case
 - Cluster of a rare strain of Invasive group A Streptococcal Disease amongst the homeless community.



Key areas of success

Communicable Diseases

- Blood Borne Virus e.g Hepatitis and HIV, action group was established in 2021 to review and priorities the 10 recommendations from the needs assessment
- Suite of learning events took place across the health system to identify lessons from the COVID response so far to continually review and improve COVID and non-COVID response arrangements.
- CCG put in place process for testing and prescribing for contacts of avian influenza

Environmental Hazards

- After a period of inactivity due to redeployment into the COVID response, the Air Quality Steering Group reconvened in November 2021.
- SCC Public Health and the Civil Contingencies Unit hosted a virtual workshop in November that shared information on the various national and local schemes available to the population of Somerset who are living in cold homes and/or fuel poverty.

Key areas of success



Infection, Prevention and Control

- Building on wave 1 and 2 of the COVID19 response, the CCG IPC team continue to provide infection prevention and control support across the system. This work has built a cross system approach and puts us in a strong position as Somerset goes into an Integrated Health and Care system in July 2022.

Resilience

- Hinkley Point Offsite Emergency Plan was tested during Exercise Dorado. The Office of Nuclear Regulation (ONR) concluded that the exercise was a satisfactory test of the Offsite Emergency Plan.
- A draft framework has been developed which outlines essential elements required to deliver an RMU capability, along with guidance for planning and considerations for response.

Key areas of success



Screening and Immunisations

- To support the recovery programme, the Somerset Local Immunisations Group was reconvened during 2021.
- The School Aged Immunisations Nursing Team has worked hard to vaccinate children and young people who missed their vaccination in 2019-20 as well as fulfilling the COVID vaccination programme in addition to the usual vaccination schedule.
- Development of the Health Equity Assessment Tool (HEAT) which was designed to help programme leads to systematically assess health inequalities related to screening programmes and identify what can be done to help reduce inequalities.
- Most screening programmes will have caught up with the backlog of invites and screening by March 2022, with the exception of breast cancer screening



Key areas of improvement

- **TB treatment completion** - Somerset is an area of low incidence for TB, publicly available data shows on average 10 cases of TB are identified every year in Somerset. However, treatment completion at 68.8% (2018-20) remains lower than national levels and international standards.
- **Breast Cancer Screening** – The planned catch up recovery date has been moved to August 2022 and is working on increasing the number of women being screening at 36 months.
- **Radiological Monitoring Unit Capacity** – Planning is now managed at a regional level due to cross boundary elements of the plan. Still further work to be done locally to agree locations.
- **Childhood immunisation coverage** – particularly MMR

Priorities for 2022

It is proposed that the focus of 2022/23 is to ensure the strengthening of health protection during a time of transition. Over the next couple of years, Somerset will go through several crucial transitions:

- Somerset Integrated Care System
- Musgrove Hospital and Yeovil District Hospital to both sit under one NHS provider Trust.
- Local Health Resilience Partnership moving to the Integrated Care System boundaries.
- Transition to a Unitary Authority – Somerset Council

The Health Protection Forum will use the strength of its partnership to ensure that during this period of change they retain the capacity to respond and build a stronger system of health protection for the future.



COVID 19 Reporting

- During the response to the COVID19 pandemic, the COVID Engagement Board was stood up to have strategic oversight of the response.
- On the 14th March 2022, the COVID19 engagement board members endorsed the leaders decision to stand down COVID19 Engagement Board.
- Going forwards, the Health and Wellbeing Board will receive COVID reports by exception.





We can all play our part...

During the COVID-19 response, it was clear that the national response was dependent on individuals playing their part in the fight against COVID-19.

Population behaviour is key to protect the health of the public from other diseases/infections:

- Keeping up effective infection prevention and control
 - Keep washing hands
 - If unwell, keep away from other people
- Keeping on top of immunisation and screening appointments

Any Questions?



Somerset Moves

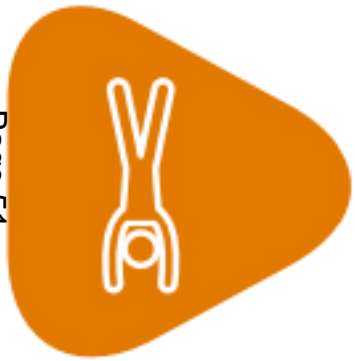
Endorsement of Somerset Moves, the Somerset Physical Activity Strategy

Dr Tom MacConnell (CCG),
Kate Anderson (Public Health), Jane Knowles (SASP)

Somerset Moves

- Our proposed system wide strategy (see the strategy document)
- Shaped through significant engagement with people and evidence
- Overseen by Steering Group (CCG, Foundation Trust, Somerset County Council (Public Health and Education), SASP and independent expert Consultancy)
- 6 focus areas of work
- SASP will drive in collaboration with your organisations and other partners
- The 5 asks will help mobilise the strategy and bring it to life
- Somerset Moves and the 5 asks were endorsed by the CCG Clinical Executive Committee for Somerset CCG in February 2022.

Somerset Moves – the 6 areas of focus



1. Positive experiences for children and young people of all ages



2. Increasing community activity



3. Connecting with health and wellbeing



4. Developing more active environments



5. Supporting and motivating people to move



6. Developing leadership, the workforce and partnerships

Where are we now?

ADULTS

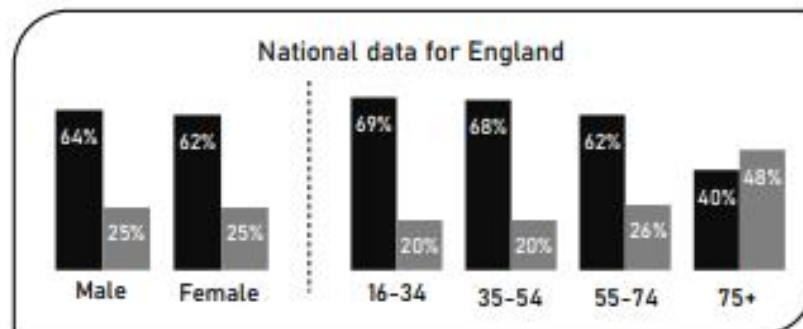
- Over a 1/3 of adults (36%) across Somerset do not meet physical activity guidelines
- 45% of people with a disability in Somerset are inactive
- 30% of people with a long term condition are inactive
- Lower affluence means lower activity levels

CHILDREN AND YOUNG PEOPLE

- Over 50% of children across Somerset do not meet physical activity Guidelines
- 1 in 5 Somerset children arrive at school, with 1 in 3 leaving primary school overweight or very overweight

Covid has had a negative effect on adults and children's activity levels

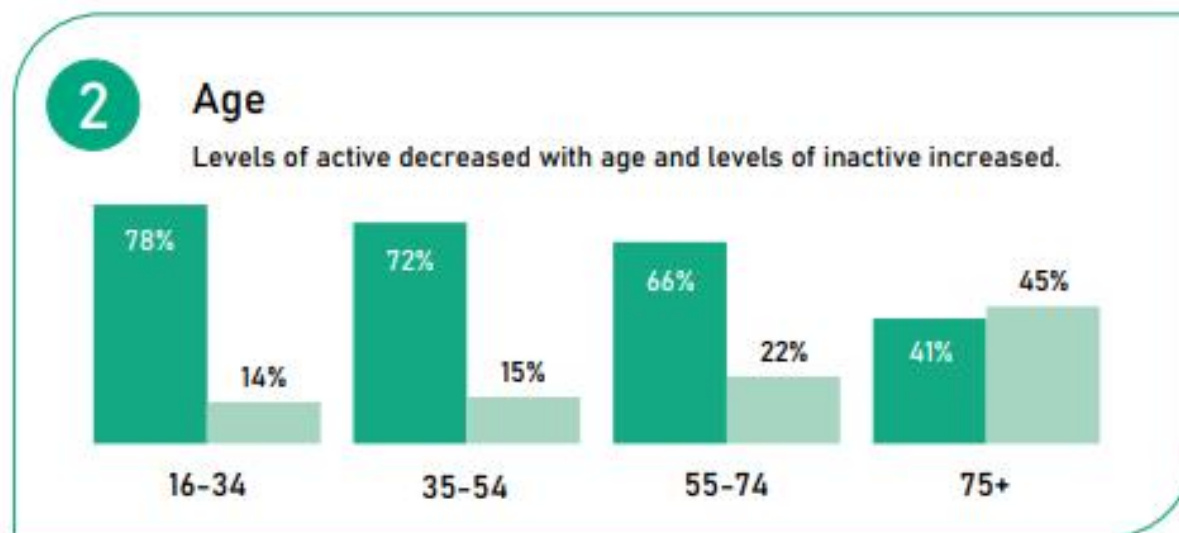
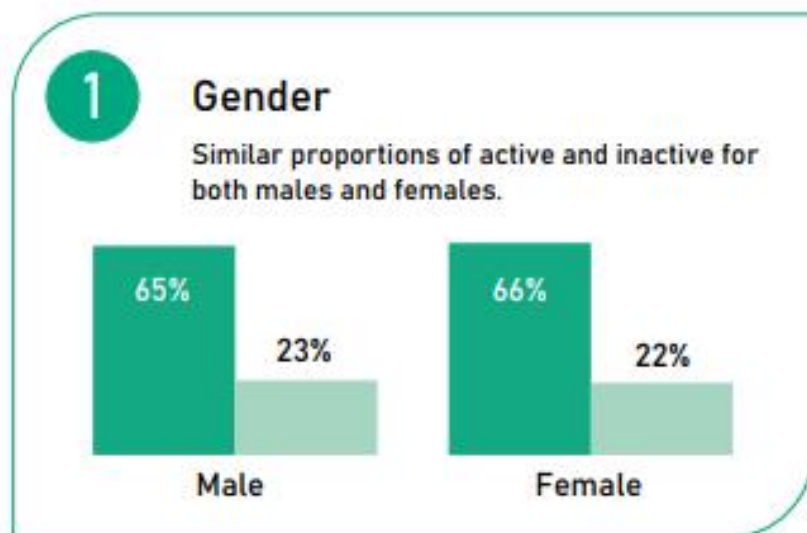
Levels of activity



Summary of demographic differences

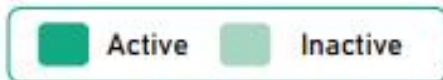
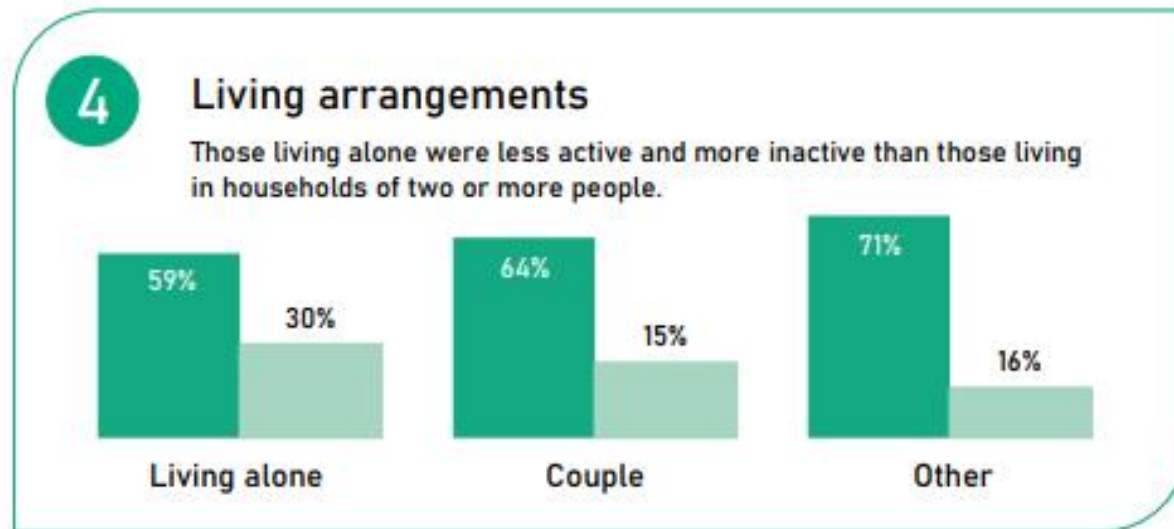
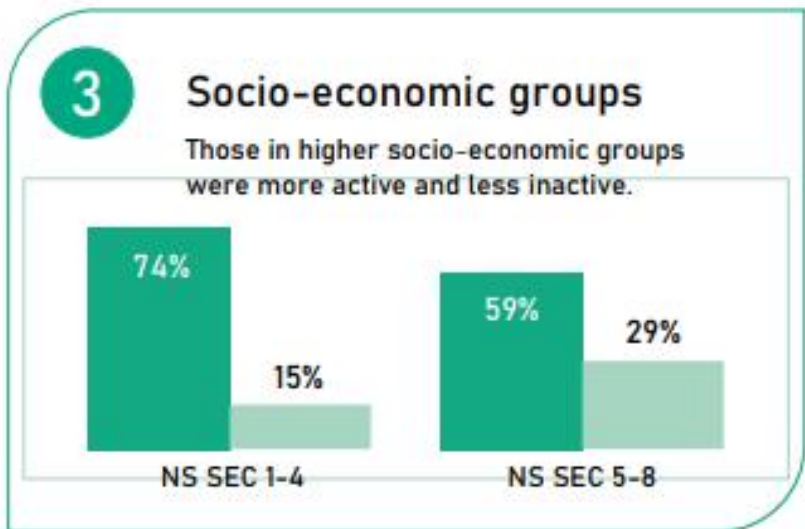
Being active can benefit physical and mental wellbeing. Differences between demographic characteristics can highlight inequalities. Due to 95% of respondents in Somerset being White British, sub-group analysis by ethnicity was not possible.

Page 53



Summary of demographic differences

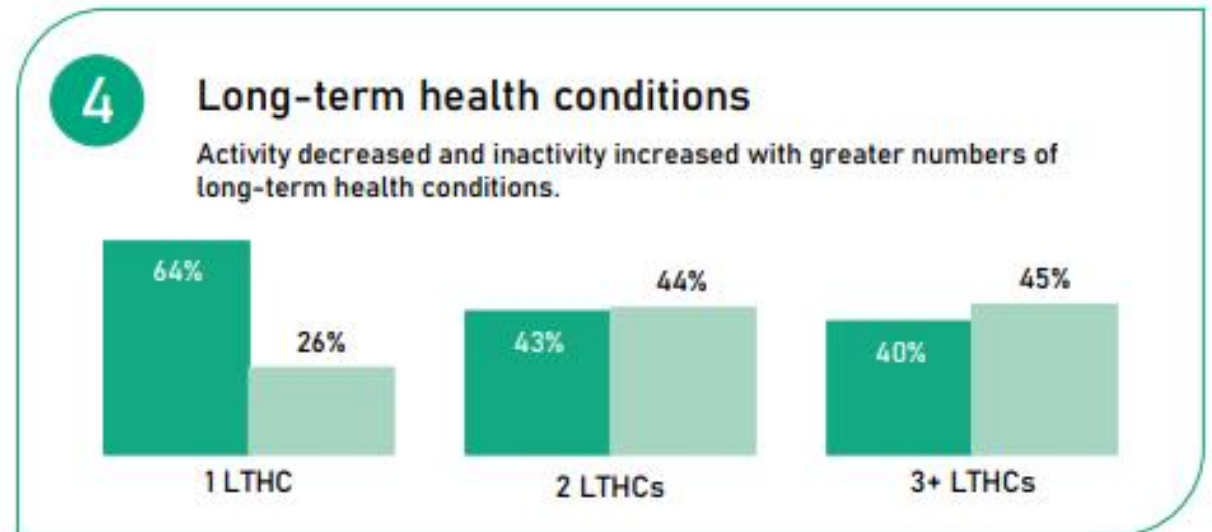
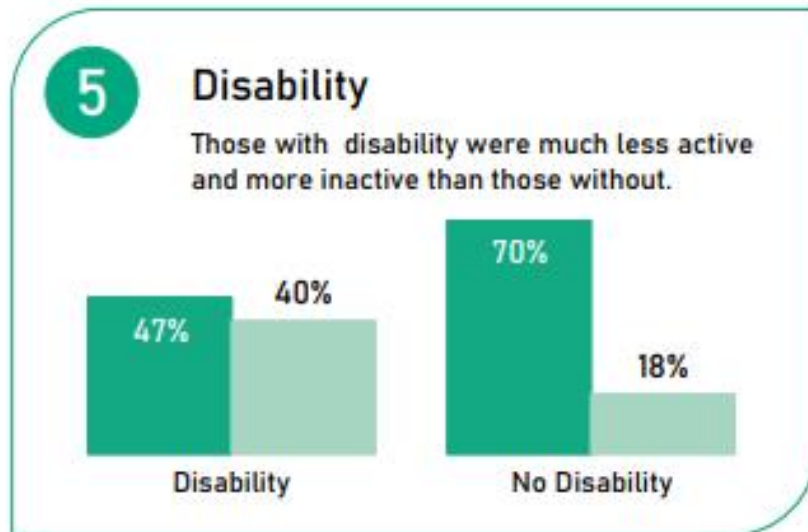
Page 54



Summary of disability and long-term health conditions differences

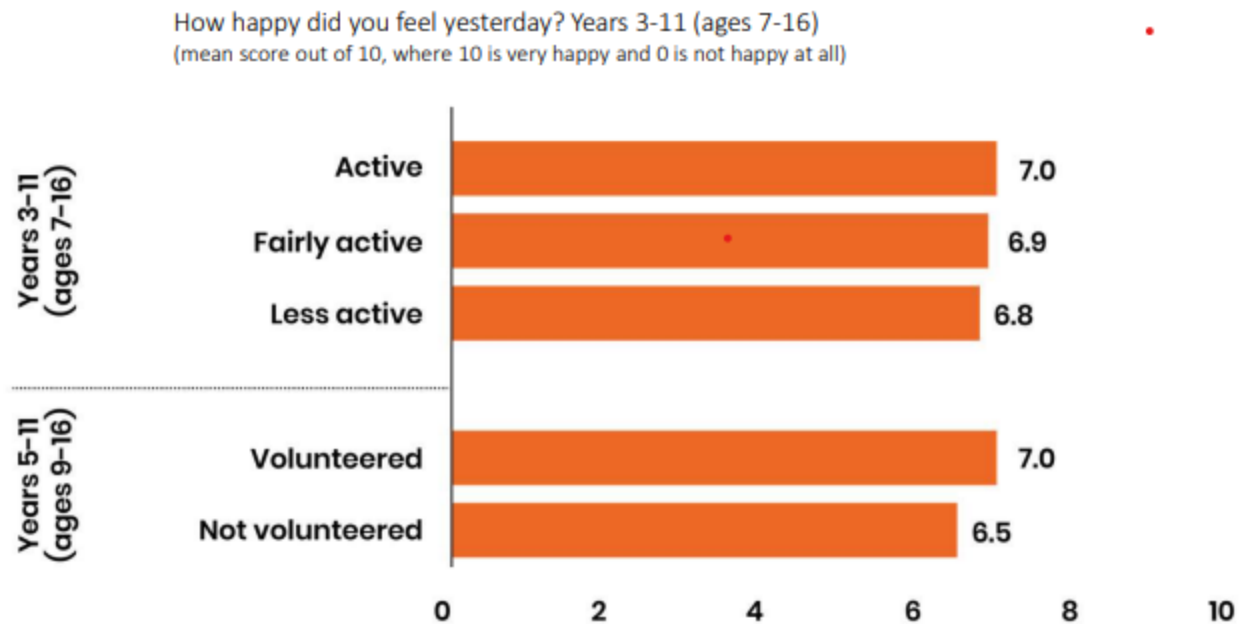
Limiting disability and long-term health conditions is defined as an individual reporting they have a physical or mental health condition or illness that has lasted or is expected to last 12 months or more, and that this has a substantial effect on their ability to do normal daily activities.

Page 55



There's a positive association between sport and physical activity and levels of mental wellbeing

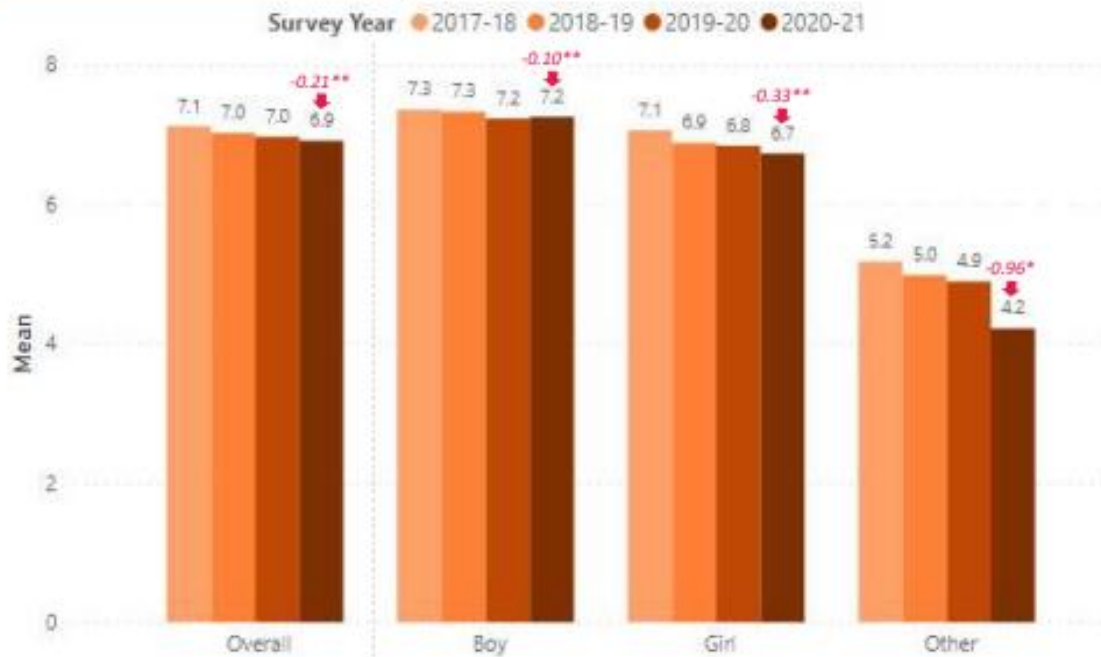
- Mental wellbeing (shown here as happiness) scores are higher for those who are active than those who are less active.
- There's also a positive association between all mental wellbeing measures and volunteering to support sport and physical activity.



Wellbeing has remained stable during the pandemic, but has a longer-term downward trend

- Girls and those who describe their gender in another way show the largest falls in wellbeing since baseline.
- Life satisfaction falls the most for girls (-0.30**), and worthwhileness has changed only amongst girls (-0.19**).

Year 3-11 Happiness



Year group x Gender	Baseline change**
Boys Y3-4	No change
Boys Y5-6	-0.30
Boys Y7-8	No change
Boys Y9-11	No change
Girls Y3-4	-0.21
Girls Y5-6	-0.41
Girls Y7-8	-0.56
Girls Y9-11	-0.23

Links to Improving Lives Strategy



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



Priority Three: Fairer life chances and opportunity for all



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

Realising the strategy – the 5 ‘asks’

Ask	What this would mean
1. Lead by example	<ul style="list-style-type: none">• Nominate a senior leader, a champion for physical activity• For members of your senior leadership team to lead by example and share their ‘moving more’ experiences• For senior leaders visit one or two groups per year who are raising the profile of physical activity• For your Board to focus on physical activity once per year e.g. an agenda item
2. Empowering people in your care	Meaningfully embed conversations and the promotion of physical activity with people and service users that you come into contact with
3. Your workforce	Positively promote physical activity and non sedentary behaviours within your workforce working towards SASP Active Workplace standards.
4. Communications	Support the promotion and take up of physical activity opportunities in key areas of Somerset through your Communications Teams and Channels
5. System level funding	For all partners to commit to reducing inequality and inactivity for the prevention of ill health and support funding opportunities to achieve this through Somerset Moves.

Recommendations:

1. For the Health and Wellbeing Board to discuss, provide feedback and endorse the draft Somerset Moves Strategy.
2. For the HWB to support the implementation of the strategy through the '5 asks'.
3. For all system partners to commit to reducing inequality and inactivity for the prevention of ill health and support funding opportunities to achieve this.

What does success look like



Success will be:

- New and enhanced opportunities and environments to be active created with children and young people.
- More young people achieving the Chief Medical Officer's recommended 60 minutes of physical activity per day (averaged across the week).
- More young people in our least active areas regularly taking part in physical activity, enjoying the experience, being more resilient and reporting more positive mental health.



Success will be:

- An increase in activity levels.
- A broader range of opportunities for people who lack the confidence or opportunity to take part at present.
- Helping people find opportunities that are suitable for them and their ability and individual needs.
- More people from the priority groups regularly enjoying being active.
- An increase in collaboration and good built environment design to encourage more active lives, in targeted places.
- More local activities published to OpenActive data standards, making activities easier to find.



Success will be:

- Increased integration of physical activity and sport within the health care system at both primary and secondary care with it becoming embedded into care pathways.
- More people from the priority groups regularly enjoying being active.
- More people accessing activity based prehabilitation and rehabilitation.



Success will be:

- Adopted Active Environment Strategy and Investment Programme.
- Grow more, better quality and more accessible active places and routes.
- More sustainable network of mainstream and community facilities.
- Holistic policy, practice and governance creating the conditions to enable active lives for all.



Success will be:

- A learning culture with open sharing of insight across the system.
- More inclusive language, imagery and stories across the system.
- More campaigns inspiring us to be active.
- More people and Active Ambassadors helping others to be active and move more.



Success will be:

- Improved system conditions to embed physical activity policy.
- Broadened involvement and advocacy for active lives.
- Strong Council services and leadership, leading to sustained investment in physical activity.
- More system leaders and partnerships advocating for active lives.
- Skilled, supported and diverse workforce to realise our ambitions.

This page is intentionally left blank