

SOMERSET HEALTH AND WELLBEING BOARD

Monday 21 March 2022

11.00 am Virtual via Microsoft Teams



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 R Wyke, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, Judith Goodchild, Trudi Grant, Julian Wooster, Alex Murray, James Rimmer, Mel Lock, Cllr M Best, Sup. Dickon Turner and Richard Schofield

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 11 March 2022

For further information about the meeting, please contact Terrie Brazier - tbrazier@somerset.gov.uk or Julia Jones - jjones@somerset.gov.uk or 01823 357628

Guidance about procedures at the meeting follows the printed agenda

This meeting will be open to the public and press.

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AGENDA

Item Somerset Health and Wellbeing Board - 11.00 am Monday 21 March 2022

*** 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 17 January 2022** (Pages 9 - 18)

The Board is asked to confirm that 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 if these are received three clear working days before the meeting.

5 **ICS Update - Proposed Governance Arrangements** (Pages 19 - 20)

To receive and consider the report.

6 **SEND Update** (Pages 21 - 28)

To receive and consider the report.

7 **Homelessness Reduction Board Report** (Pages 29 - 40)

To receive and consider the report.

8 **Health Protection Forum (HPF) Annual Report** (Pages 41 - 60)

To receive and consider the report.

9 **Somerset Moves - Somerset Physical Activity Strategy** (Pages 61 - 92)

Item Somerset Health and Wellbeing Board - 11.00 am Monday 21 March 2022

To receive and consider the report.

10 **Somerset Health and Wellbeing Board Work Programme** (Pages 93 - 94)

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

11 **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. **Virtual Council Public Meetings**

Please be advised that this an Advisory Board meeting and as a consultative meeting without any decisions to be made is not subject to the 1972 Local Government Act and therefore can take place virtually.

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 or telephone 07790577336/ 07811 313837/ 07790577232

They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers.

Printed copies will not be available for inspection at the Council's offices and this requirement was removed by the Regulations.

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 3 clear working days before the meeting. Email democraticservices@somerset.gov.uk or telephone 01823 357628.

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.

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

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

6. **Meeting Etiquette**

- 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. **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.

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ADVISORY SOMERSET HEALTH AND WELLBEING BOARD**Minutes of an Advisory Meeting of the Somerset Health and Wellbeing Board held virtually via Microsoft Teams on 17 January 2022 at 11.00 am**

Board Members in Attendance: Cllr F Nicholson (Chair), Trudi Grant, James Rimmer, Julian Wooster, Judith Goodchild, Cllr D Huxtable, Sup Richard Turner, Cllr Brian Hamilton.

Other Members in Attendance: Cllr R Williams, Cllr A Bown, Cllr C Lawrence, Cllr H Prior-Sankey

Apologies for absence – Agenda Item 1

Apologies were received from Dr Ed Ford, Dr Alex Murray, Cllr C Paul, Cllr C Booth, Mel Lock.

James Rimmer advised that the CCG is looking at new GP representation for the Health and Wellbeing Board, as Monday meetings are a challenge for some current Board members.

Declarations of Interest - Agenda Item 2

The list of declared interests on the website was noted. There were no new declarations.

Minutes from the meeting held on 22 November 2021 - Agenda Item 3

The minutes were noted.

Public Question Time - Agenda Item 4

There were no public questions.

Somerset Safeguarding Adults Board (SSAB) Annual Report - Agenda Item 5

The Chair invited Stephen Miles, the Service Manager-Team Manager for Safeguarding from the AHY SSAB Business Unit, to make the report; he presented the slides and handed over to the Independent Chair of SSAB to present the report.

He began with the statutory duties of Safeguarding Adults Board, noting that the overarching purpose is to work with local boards and partners to develop safeguarding arrangements for adults with care and support needs and to seek assurance of these arrangements. There are three core duties:

- To develop and publish a strategic plan for meeting their objectives and setting out how member and partner agencies will contribute
- To publish an annual report detailing the effectiveness of their work
- To commission Safeguarding Adults Reviews (SARs) for those cases meeting the criteria

He noted two recent important pieces of work: The South West Audit Partnership, from which the recommendations have now been completed; and the 2020-21 self audit, which is different for adult safeguarding from that for children in that it is consensual and voluntary for adults. The significant point picked up from the audit was the increase and improvement in the number of agencies that responded to the audit, which included the topic of leadership and the effects of Covid (which has led to an increase in the complexity of cases requiring a higher level of managerial support). Also due to Covid, there had necessarily been greater engagement and support between agencies, which they now needed to learn from as a partnership moving forward over the next three years. Covid also presented challenges due to staff redeployment, increased workloads, and recruiting problems. He noted that the audit brought out the question of whether safeguarding was embedded in corporate and service strategies, such as contract management, tender documentation, and safe recruitment, which also will be looked at in the next plan. With respect to Safeguarding Adults Reviews, he stated that there were two SARs commissioned and published in 2020-21, while four of them are anticipated for this year, and they are seeing an increase in referrals for SARs. One area that they will need to focus on will be embedding learning and recommendations, of number of which are in progress. He noted some positive news from the CCG, where the Quality Improvement post has been filled, which will bring more joint learning.

They are now in the last year of the current three-year plan, and work has been grouped into four priority areas, including listening and learning, enabling people to keep themselves safe, working together to safeguard people those who can't keep themselves safe, and Board governance.

The key work highlighted in their annual report included:

- The South West Audit Partnership audit of SSAB's work
- Support to the system during the pandemic and monitoring of the system response
- Publication of two Safeguarding Adults Reviews
- Publication of guidance on medication management, organisational abuse and a series of public leaflets
- Learning from frontline staff about their experiences

- Collaboration with other boards in the region on the annual Stop Adult Abuse Week

Highlights of their progress made this year included:

- Leading the development of a new self-audit process, which has been shared with other regional boards
- Development of new public information on “Mate Crime”
- Development of a new performance dashboard
- Supporting national work and taking forward findings from a national analysis of Safeguarding Adult Reviews from April 2017 to March 2019 for local safeguarding adults boards
- Working with other regional boards to provide a series of webinars during National Safeguarding Adults Week (15-19 November 2021)
- Publication of the Safeguarding Adults Review for ‘Matthew’

He noted that Somerset has an effective partner arrangement for protecting adults with care and support needs and reiterated that SSAB has begun work on their next three-year plan, which will build on their work over the previous three years and will focus on adults with learning disabilities, transitional safeguarding, and people who neglect their own wellbeing (self-neglect). The new plan will be taken to the Board next month. If any members of the Health and Wellbeing Board would like to see the draft plan, the Independent Chairman can provide it.

The Board then discussed the presentation. James Rimmer, Chief Executive, NHS Somerset CCG, stated that he was very pleased with the assurance and quality improvement, as well as the close way of working. He enquired if this would be built into future plans. It was responded that there is rigor behind the recommendations and that the SSAB have briefings, webinars and newsletters for sharing learning, but they do need to ensure that moving forward this learning—and not just the recommendations—is utilised, especially virtually.

Trudi Grant, the Director of Public Health, asked that the SSAB please give the Board an update on the next three-year plan when decided. She noted that the pandemic has meant that there has been huge learning, and she would like assurance that specific pandemic learning will be embedded in the system. She expressed the need to tie in self-neglect—which has not yet been explored very well—with addressing inequalities, as there is often poverty next to affluence in Somerset, and individual self-neglect could be found in either situation. The Independent Chair replied that he would be happy to speak further with the Director of Public Health on these matters, while these issues would also be examined at a regional and national level. He will be happy to send the draft three-year plan to the Health and Wellbeing Board after their Board’s upcoming meeting.

The Chair stated that recovery from Covid is obviously wanted but that things will be different; those working in health and care will have many new issues to face. It was replied that, from the SSAB perspective, prior to the pandemic their Board had only people with safeguarding experience speaking to them; after the onset of covid they had to adapt and they invited responders to come speak to the Board, and more support was given to them. This needs to be looked at in the new plan, and it must be asked, what is the new normal?

Lou Woolway, the Deputy Director for Public Health, said that it was great to see a link with domestic homicide reviews; she added that there is a need to separate out the impact on older people in all learning information and exercises. It was replied that SARs tend to be done with older people; it was also noted that there had been a joint review with the Community Safety Partnership, which will be repeated more often in future.

A Member noted that her biggest concern about older people was their loneliness due to covid, as they are often less able to get out and about than they were in the past and can feel more vulnerable. It was responded that Somerset is fortunate to have a well-established network of community agents, and there is guidance on the website that focuses not only on safeguarding but also on preventative measures for those who are lonely and for hoarders.

Another Member raised the issue of hospital discharges and asked if SSAB will be looking at preventing admissions in the first place, as this often occurs because of loneliness and hoarding. It was replied that this had not yet been considered, but the Independent Chair will take it away and raise it, as it could be part of the partnership preventative agenda.

There was a query whether the growth of supportive neighbourhoods and communities from the beginning of the first lockdown forward could be harnessed to assist with safeguarding generally, albeit this was a difficult concept to define. It was replied that this goes back to the preventative agenda; it was agreed that it is difficult to define what is safeguarding and what isn't, but the Independent Chair will discuss the issue with the police representative at the next executive meeting.

Julian Wooster, Director of Children's Services, opined with respect to the Health and Wellbeing strategy that there may be duplication of effort if SSAB loses its focus on safeguarding; it was responded that this will be discussed, and it will be decided how the two boards work together. He noted that as regards older people, SSAB has a statutory duty around care and support, which is a key responsibility, but by working closely with other boards, they can also take care of other needs which may fall into a grey area. The Deputy Director for Public Health observed that this is similar to their work on how the Health and Wellbeing Board and the new Integrated Care Board will

be brought together, which will include Fit for my Future and the Improving Lives strategy.

The Chair thanked the presenters for the report and noted the information; and she mentioned that the national panel has just set up a library which includes Somerset.

The Somerset Health and Wellbeing Board received, considered, and discussed the presentation and noted the progress made by the SSAB.

Somerset Safeguarding Children Partnership Twelve-Monthly Report - Agenda Item 6

The Director of Children's Services, Julian Wooster, presented the report, noting that safeguarding children differs from safeguarding adults; he explained the Executive structure, wherein he has been nominated by the Local Authority and oversees the work together with Val Janson, Director of Quality and Nursing at Somerset CCG, and Dickon Turner, Superintendent at Avon and Somerset Constabulary. Following the 2018 guidance, the Chair of the Executive rotates, and currently he holds that role.

He noted that responsibility for the work of the Partnership is shared between three statutory partners: Somerset County Council, Avon and Somerset Constabulary, and Somerset Clinical Commissioning Group, while the Somerset Youth Forum is also a part of the Partnership and meets via Zoom to discuss important issues for children and young people in Somerset. Other pieces of work have been done on child exploitation, strengthening links between partners, and supporting vulnerable families. Later on this year they will report lessons learned from Covid; for the most part they have worked very effectively, but sometimes less so with certain families. There is a consultation going on with respect to the next Children and Young People's Plan, which collectively will need to be signed off by the Health and Wellbeing Board in the next few months.

As noted above, one area where a great deal of time was spent was in hearing from young people and getting their feedback. In relation to this, a video was played for the Board entitled "Children's Safeguarding Training for GPs", which was presented by Dr Jo Nicholl of Somerset CCG. She met in March 2021 with numerous young people to ask questions about their thoughts and experiences with their GPs. After the video, the Director of Children's Services observed that the concerns raised by the young people could also refer to other services and professions as well.

The Board then discussed the presentation. The Chief Executive-NHS Somerset CCG thanked the Director of Children's Services and said it was great to see Dr Nicholl bringing her expertise to the issue of young people and GPs. He asked that the video be widely distributed. It was responded that the Partnership is keen to have continued

feedback from young people and that they also have a video on how allegations made against authorities (such as in schools, involving bullying, etc.). He noted that they have done a great deal of work around identifying bullying and abuse.

Judith Goodchild of Healthwatch stated that it was a very interesting video and asked what is being done to disseminate it to GPs and schools. It was replied that the Partnership holds regular online events and have subgroups like the health group who share this information; such a structure works very effectively. Aside from this, it is up to the GPs to take some action, while Ofsted and other inspectorates will note the information.

The Deputy Director of Public Health asked if commissioning and strategic thinking within safeguarding were being maximised; it was responded that part of what is being asked of partners is to include direct feedback from young people, such as those in children's homes; this has led to better offers from bidders and has focused the process on supporting the children. The Fire service has done great work involving children and young people.

The Director of Public Health stated that she loved the video; she also referred to the slide (Slide 12 of the presentation) on Early Help that stated, "Evidencing the impact of early help remains a challenge and will also be addressed through the development of the next Somerset Plan for Children, Young People and their Families" and noted the importance of quantifying this impact. She opined that the Health and Wellbeing Board and ICB need to do more in this respect, albeit it is difficult to measure what you have prevented, as the traditional ways of measuring, including cause-and-effect, are not adequate. The Health and Wellbeing Board and other such bodies need to have a discussion on how we measure, as well as on making decisions based on factors other than measurement such as common sense and moral considerations. Otherwise, we will not get enough investment in prevention. The Chair added that case studies and the "story" are very important. The Director of Children's Services agreed, noting the effect of lifestyles on wellbeing, but said that it is a challenge and that a national debate on this subject is occurring. He said that their children's home initiative was approached very differently from the norm, and a different approach is necessary across the health sector.

The Chair thanked the presenter and the Board for their contribution, noting that the next generation are very important as they will be the future leaders.

The Somerset Health and Wellbeing Board received the report and noted the presentation.

ICS Verbal Update - Agenda Item 7

James Rimmer, Chief Executive-NHS Somerset CCG, provided the update, noting that there will be a full update next month with the involvement of Paul von der Heyde, Somerset ICS Chair and NHS Somerset ICB Chair Designate, and Jonathan Higman, NHS Somerset ICB Chief Executive Designate. He stated that the key item to note is that there has been a delay nationally in the start of the ICB/ICP, which was due to begin on 1st April but will now begin on 1st July. The ICS and its current arrangements will continue until then. In the meantime, the aim is to work together across all aspects of health and care in Somerset; they are still working in the background on the common agenda and the governance arrangements.

The ICS Chair acknowledged that they were proceeding with a gradual handover; the ICS Board's work is ongoing and will become increasingly active, with their next meeting taking place in mid-February. The ICB Chief Executive Designate pointed out the importance of determining how the ICP will function; the situation in Somerset is not as complex as in other places, but prevention and methods of measurement are key. The Improving Lives strategy needs to be a focus, and they will be working with the CCG over the next few months, making these exciting times. The Chair said that change can be unsettling but encouraging.

The Director of Children's Services declared that, at some stage, it needs to be understood how safeguarding will fit in with the ICB/ICP, and he asked if discussions are ongoing nationally and/or locally. The ICB Chief Executive Designate replied that they will be working hard to ensure that the transfer from ICS has no negative effects and that joint working is strengthened. He said that he will be happy to discuss this separately with the Director of Children's Services.

The Board thanked the presenters for their update.

The Somerset Health and Wellbeing Board received and noted the verbal update.

Annual Public Health Report - Agenda Item 8

Trudi Grant, Director of Public Health, presented the APHR, which she noted is the statutory duty of the Director of Public Health. Last year the report focused on the pandemic's effects on adults; this year it focuses on the specific impact of covid on children. The information and experiences were gained from the school survey and focus groups. The school survey involved 8000 children from 92 schools, while the focus groups involved children aged 11-18 across the county. It was extremely valuable to get the children's feedback.

The key findings from the focus groups were that there was a wide diversity of reactions to covid measures and the pandemic. In general, children of secondary school age were much more negative than those in primary school, probably because there is usually less social life amongst younger children. The worries of children

included missing out, mental health, digital exclusion, lack of services, not seeing family for long periods, difficulties with being around parents all day, eating too much, spending too much time online, and difficulties with sleeping patterns. However, they were happy with the support received, particularly the peer support. Positive reactions included the opportunity for spending more time outdoors and doing more school work and reading. For the future, the return of normality was desired; some children wanted online education while others did not, while some saw another potential lockdown as the last straw. The most important issue was to keep the children in schools; schools must be the last thing to close.

With respect to the recommendations found in the report, it was noted that the impact of health and social inequalities has been exacerbated and made obvious by the pandemic, and there is a need to address this more in all policies and commissioning. There is also the need to engage more in Somerset in one unitary fashion, and a need to recognise that children and young people will need more help and support to remedy the effects of the pandemic. The wellbeing framework needs to develop and extend, and children and young people need to know how to find and utilise it. With respect to moving from the pandemic stage to endemic status, the vaccine programme will remain critical and infection control behaviours must continue, as the latter have assisted in reducing other infectious diseases as well.

The Director of Children's Services commented that one issue to note was the social context in which everyone operates, as this has rapidly changed and is now tricky and very different from before. The move toward online, individualised tuition is both good and bad, as it helps children with studies but not with social interaction. Inequality has also come to the fore. It was responded that there is always change with significant events, but the good thing is that we have learned from it; the pandemic has a very long 'tail', and we need to be open-minded regarding the change in the needs of the population, both children and adults. The changes for children and young people could last for years. It will be necessary to really think about what need to be re-set, such as workplaces and schools, but this need to maximise learning should be seen as a positive. It was pointed out that a risk lies in telling people that we will be returning to normal, as that can sometimes add to stress levels. The Chair observed that the concept of family will have changed.

The Chief Executive-NHS Somerset CCG stated that it was a very helpful report and useful as a record of the pandemic. With respect to mental health, they have been able to respond with initiatives and improvements, which they need to continue with. The impact has been far greater on children and young people as the pandemic has been a more significant part of their lives, so their feedback is very important.

The Chair observed that the earlier point made about all bodies having one way of engaging was very important, and she thanked the Director of Public Health for the report, as well as the Board for their input.

The Somerset Health and Wellbeing Board received and noted the report, and also noted that recommendations had been agreed at the Cabinet meeting.

Work Programme - Agenda Item 9

The Deputy Director for Public Health discussed the Work Programme; she noted that there would be room for one more item at the March meeting but advised that going forward they would need to allow more time for the ICS/ICB update at each meeting. She can be contacted via email to add any items, but they need to be strategically planned.

The Somerset Health and Wellbeing Board noted the Work Programme.

Any Other Items of Business - Agenda Item 10

There were no other items of business.

The meeting ended at 12:52 pm

CHAIR

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Somerset County Council
Scrutiny Committee
– 2 March 2022

Proposed Governance Arrangements for the Somerset ICS

Lead Officer:

Author: Jonathan Higman, ICB Chief Executive Designate

Contact Details: jonathan.higman@nhs.net

Cabinet Member:

Division and Local Member:

1. Summary

- 1.1. This paper gives a brief update on the development of the Somerset Integrated Care System (ICS). A more detailed overview will be presented on the day of the meeting.

2. Issues for consideration / Recommendations

- 2.1. To provide feedback and offer support on the proposed vision, ways of working and governance arrangements for the Somerset ICS.

3. Background

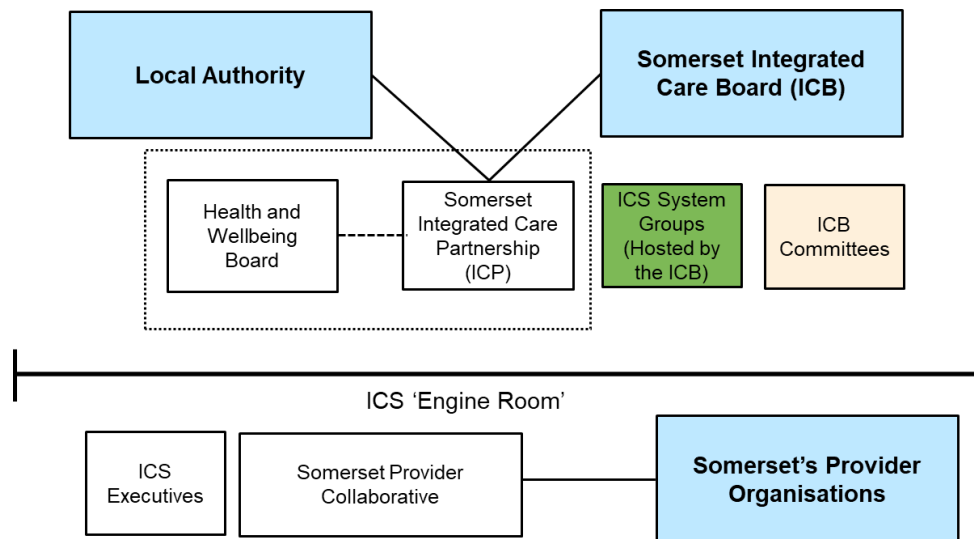
- 3.1. Integrated care systems (ICSs) are partnerships that bring together providers, commissioners and the voluntary, community and social enterprise sector across a geographical area ('system') to collectively plan health and care services to meet the needs of their local population, in line with four key aims to:

- **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**.

- 3.2. The Health and Care Bill was published in July 2021 and is making its way through Parliament. It introduces two-part statutory ICSs, comprised of an Integrated Care Board (ICB), responsible for NHS strategic planning and allocation decisions, and an Integrated Care Partnership (ICP), jointly established by the local authority and the ICB, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population. The current target date for establishment of ICSs in statutory form is 1 July 2022, subject to the passage of the Bill through Parliament.

- 3.3. Joint working arrangements have been in place at a system level for some time and putting ICSs on a statutory footing is consistent with the journey we had started in Somerset.

3.4. Somerset has a low-complexity system configuration, with a smaller number of statutory health and care organisations when compared to other areas. This will be beneficial as we develop as an ICS. We will ensure that we use this to our advantage as we develop the governance arrangements for the Somerset ICS to maximize efficiency and effectiveness, and build on the progress we have made in working collaboratively across our system. A more detailed overview will be presented on the day of the meeting, but at a high level we are proposing the following:



4. Consultations undertaken

4.1. Not required, but engagement is taking place across the system.

5. Implications

- 5.1.** The Somerset Clinical Commissioning Group will be closed down and superseded by the establishment of the Somerset ICB.
- 5.2.** At its meeting on 10 November, the Health and Wellbeing Board (HWBB) supported a recommendation to establish a close working relationship with the ICP. This means there will be an alignment of work programmes and that the meetings will be held in common where possible, recognising that legally we are required to maintain separation of the ICP and HWBB.

6. Background papers

- 6.1.** Integrating care – next steps to build strong and effective integrated care systems across England.
- 6.2.** Health and Care Bill
- 6.3.** Integrated Care Partnership I(ICP Engagement Document: Integrated Care System Implementation

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

Special Educational Needs and Disabilities (SEND) update

Lead Officer: Rob Hart, Assistant Director Inclusion
 Author: Vikki Hearn, Joint Strategic Commissioner Children’s and Health
 Contact Details: vhearn@somerset.gov.uk

<p>Summary:</p>	<p>Following a Special Educational Needs and Disabilities (SEND) local area inspection in March 2020, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a joint Written Statement of Action (WSoA) was required to address nine areas of weakness in the local area's SEND practice.</p> <p>A programme of work is in progress to address these areas of weakness and feedback from the Department for Education (DfE) and NHS advisers following the fourth WSoA monitoring meeting highlighted that despite intense pressures caused by the Covid pandemic and other wider developments (Integrated Care System and Local Government Review), the local area has maintained good progress in implementing the requirements identified through the WSoA.</p> <p>The SEND Code of Practice, January 2015, outlines the expectation for local areas to have a Joint Strategic Need Assessment (JSNA) which includes ‘specific analysis of the needs of vulnerable groups including disabled children and young people and those with SEN, those needing palliative care and looked after children’ (3.23: SEND code of practice). This helps the local area to provide a ‘clear relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual Education, Health and Care plans (EHCPs)’ (3.20: SEND code of practice).</p> <p>SEND strategic partners are asking the Health and Wellbeing Board to note the local areas progress across the nine improvement areas within the WSoA and to note and monitor the creation of a SEND needs assessment as part of the overarching children and family’s needs Assessment.</p> <p>Following this, the local area will create a new SEND strategy outlining the future improvement priorities, based on:</p>
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	<ul style="list-style-type: none"> • the SEND needs assessment, • the local area self-assessment against the SEND Code of Practice • Working together with children and young people with SEND and their families <p>Progress against this action will be reported to the Health and Wellbeing Board at the next update.</p>						
<p>Recommendations:</p>	<p>That the Health and Wellbeing Board note and monitor progress against the nine improvement properties within the SEND WSoA and supports the next steps and key challenges for the future of SEND improvement in Somerset.</p> <p>That the Health and Wellbeing Board note the need for the creation of a SEND needs assessment as part of the overarching children and family’s needs Assessment to inform joint commissioning and SEND strategy development. This will be published on the Somerset Intelligence website and on the Local Offer.</p> <p>That the Health and Wellbeing Board allocates a development session on what the findings of the JSNA mean for the health and social care system.</p>						
<p>Reasons for recommendations:</p>	<p>To update the Health and Wellbeing Board on progress against the SEND WSoA and outline plans for the next steps for SEND improvement across the local area.</p> <p>To support the need to formalise SEND, as part of the wider Needs Assessment process for children, young people, and families, which will feed into the JSNA for Somerset. This will enable a comprehensive analysis of population need to inform commissioning intentions and to set the priorities for the SEND strategy.</p>						
<p>Links to The Improving Lives Strategy</p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p> <table border="1" data-bbox="544 1778 1468 2110"> <tr> <td data-bbox="544 1778 1289 1904">A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td data-bbox="1289 1778 1468 1904"></td> </tr> <tr> <td data-bbox="544 1904 1289 2029">Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td data-bbox="1289 1904 1468 2029"></td> </tr> <tr> <td data-bbox="544 2029 1289 2110">Fairer life chances and opportunity for all</td> <td data-bbox="1289 2029 1468 2110" style="text-align: center;">✓</td> </tr> </table>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services		Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment		Fairer life chances and opportunity for all	✓
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Fairer life chances and opportunity for all	✓						

	Improved health and wellbeing and more people living healthy and independent lives for longer	✓
Financial, Legal, HR, Social value and partnership Implications:	<p>There are no financial, legal, social value or HR implications. The SEND WSoA outlines the local area commitment to fulfilling identified improvement requirements for children and young people with SEND and their families in Somerset. The JSNA is a system wide partnership document which will inform our joint commissioning and operational direction of travel.</p> <p>Work has already been commissioned by the Somerset Clinical Commissioning Group (CCG) to better understand the information (data) available to develop a comprehensive JSNA and where improvements may be required. In addition, the CCG commissioned a parallel workstream to research, design and create personas of individuals accessing the current services, highlighting any frictions or enablers they experience - these can be used to help Somerset teams to identify and prioritise changes to SEND pathways (including digital channels) based on what people need the most.</p> <p>The next steps for SEND improvement will depend in part on the priorities set by the JSNA and will need to be development collectively by the local area.</p>	
Equalities Implications:	The JSNA and send strategy development will help the system to understand and address any equalities implications for this cohort.	
Risk Assessment:	Without a JSNA the SEND local area is unable to set coherent and needs led priorities for future strategy development, commissioning and working practice.	

1. Background

- 1.1 Following a SEND local area inspection in March 2020, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a joint Written Statement of Action (WSoA) was required to address nine areas of weakness in the local area's SEND practice:

1. The lack of focus on the experiences of children and young people with SEND and their families when formulating strategies to improve the area
2. The lack of leadership capacity across area services
3. Weak partnership working between services across education, health and care
4. Poor joint commissioning arrangements that limit leaders' ability to meet area needs, improve outcomes, and achieve cost efficiencies
5. The ineffective assessment pathway for autistic spectrum conditions
6. Too many children and young people not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area
7. Poor assessment and meeting of need caused by inconsistent practice leading to poor outcomes for children and young people with SEND
8. Poor timeliness of the assessment, writing and publication of education, health and care plans
9. The wide variances in the quality of education, health and care plans caused by weaknesses in joint working

1.2 The WSoA therefore contains nine improvement priorities designed to tackle these areas of weakness. These are overseen by the SEND Improvement Board and a regime of monitoring visits (every three months) by the allocated Advisors from the DfE and the NHS. The fourth WSoA monitoring meeting took place in January 2022. This was very positive with advisor's feedback stating that despite intense pressures caused by the Covid pandemic and other wider developments (Integrated Care System and Local Government Review) overall the local area has maintained good progress in implementing the requirements identified within WSoA. In addition, they highlighted that for those planned actions that are behind or at risk of delay, reasons have been identified and mitigations noted, or corrective measures have been put in place. Finally, they were encouraged by the continued momentum, stating that SEND leaders continue to pay close attention and provide robust oversight of the nine priority workstreams and that barriers are addressed by those who have the necessary authority to alter operational arrangements through the SEND Partnership Board.

- 1.3 The last monitoring report feedback highlighted the following headline areas of progress apparent from the evidence provided:
- Feedback across the partnership has been one of notable improvements since the inspection.
 - Stronger partnership, coproduction and 'joined up' working is apparent – 'supporting service development together'.
 - There has been an overall positive response to improving inclusive practices for the most vulnerable children and young people.
 - Evidence shows an overall higher quality of Education Health and Care Plans (EHCPs) which are produced in a timely fashion, based on better advice.
 - Data reflects improvements in SEND service areas.
 - Leaders are confident in securing better outcomes for children and young people with SEND even as recent changes start to have an impact.
 - Better use of the local area's resources is increasingly evident.

- 1.4 One key area of improvement identified was across the joint commissioning arrangements between Somerset County Council and the NHS to improve leaders' ability to ensure they are meeting area needs as well as improving outcomes and achieving cost efficiencies. This was underpinned within the WSoA with an agreed outcome to ensure there is a clear and shared understanding of the local area needs by ensuring that the Somerset strategic needs assessment accurately reflects the needs of local children, young people and their families.
- 1.5 In July 2021 work was commissioned by the Somerset Clinical Commissioning Group (CCG) to conduct a data mapping exercise to better understand the information (data) available to develop a comprehensive JSNA and to help identify where improvements may be required. In addition, the CCG commissioned a parallel workstream to research, design and create personas of individuals accessing the current services, highlighting any frictions or enablers they experience - these can be used to help Somerset teams to identify and prioritise changes to SEND pathways (including digital channels) based on what people need the most.
- 1.6 The data mapping exercise supported the well documented issues that Somerset is data rich, but intelligence poor and there is a paucity of understanding of local data to inform the planning of services around children's and family health. The resulting report has made the following key recommendations:
- Data needs to be viewed more collectively to inform commissioning and targeted service delivery. Information should be brought together to deliver a system wide needs assessment, a Joint Strategic Needs Assessment for children and families. Statutory needs assessments such as SEND could then sit under this wider umbrella
 - The route for development, ownership and sign off for a children's and Families JSNA needs to be established
 - Wider data sources need to be brought together to inform system wide performance reporting e.g. SEND performance reporting utilising data from across the system to provide deeper insight enabling informed challenge and improved outcomes
- 1.7 WSoA is now in year two of its delivery and the local area has succeeded in making progress against all nine identified priority areas. Using evidence from the SEND JSNA, the local areas self-assessment against the must do and should do statements within the written statement of action and working together with children and young people with SEND and their families the local area will create a SEND strategy outlining the future improvement priorities.

2. Improving Lives Priorities and Outcomes

- 2.1 Fairer life chances and opportunity for all and improved health and wellbeing and more people living healthy and independent lives for longer – Evidenced by the improvements achieved through the WSoA. A JSNA will help commissioner to identify where precious resources can be fairly distributed and will help the system to prioritise the response at a strategic level.

3. Consultations undertaken

- 3.1 The Somerset Parent Carer Forum are actively engaged in the delivery of the WSoA, the development of the SEND Strategy and in supporting the improvements to joint commissioning across the Local areas and beyond. They endorse the requirement for a children, young people and families JSNA with a topic specific focus around SEND

4. Request of the Board and Board members

- 4.1 That the Health and Wellbeing Board note and monitor progress against the nine improvement properties within the SEND WSoA and supports the next steps and key challenges for the future of SEND improvement in Somerset.
- 4.2 That the Health and Wellbeing Board note the need for the creation of a SEND needs assessment part of the overarching Children and family's needs assessment to inform joint commissioning and SEND strategy development. This will be published on the Somerset Intelligence website and on the Local Offer.
- 4.3 That the Health and Wellbeing Board allocates a development session on what the findings of the JSNA mean for the health and social care system.

5. Background papers

- 5.1 [SEND Code of Practice](#)
[Somerset SEND Written Statement of Action](#)
[Somerset WSoA Progress Report January 2022 FINAL.pdf](#)

6. Report Sign-Off

6.1

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Lou Woolway	10/03/22

	Cabinet Member / Portfolio Holder (if applicable)	Claire 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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Homelessness Reduction Board Progress Report

Lead Officer: Claire Tough; Director of Neighbourhoods, Homes in Sedgemoor

Authors: Andrew Lloyd, Health Promotion Manager, SCC / Lynn Collingbourne, Associate Consultant, ARK Consultancy

Contact Details: alloyd@somerset.gov.uk / lcollingbourne@arkconsultancy.co.uk

<p>Summary:</p>	<p>In September 2020 the Somerset Health and Wellbeing Board (HWBB) approved the establishment of a Somerset Homelessness Reduction Board (HRB) to sit within its governance framework. The inaugural HRB meeting took place in April 2021 with the first true activity focussed meeting taking place in June 2021 where it agreed it's terms of reference – attached at Appendix A.</p> <p>Despite the inevitable diversion of focus created by local government reorganisation and the establishment of the Integrated Care System, the Board has made good progress with several initiatives under its remit:</p> <ul style="list-style-type: none"> • The development of the Better Futures programme during 2020 left the Somerset partnership with a clear plan to improve the future outcomes for rough sleepers and other homeless individuals experiencing multiple disadvantage and the Board has been managing progress with this. • Development of a dashboard to assess delivery of key projects and overall achievement of the aim to reduce homelessness. • During 2021 the Homeless Nursing Team which was established following a HEPP funded Pilot has now become a permanent team within SFT linking with existing wider health promotion activity. <p>This report provides an update for the SHWB on the progress with these initiatives and the impact they are having for homeless people.</p>
<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Board:</p>

	<ul style="list-style-type: none"> i. Receives for information an update on the work of the Homelessness Reduction Board and continues to support its activity. ii. Ensures its members contribute positively to the Better Futures agenda, including facilitating the cultural change necessary to make the Creative Solutions approach effective. 								
<p>Reasons for recommendations:</p>	<p>To provide an update on the work of the HRB since the HWBB approved its establishment in September 2020.</p> <p>Supporting the work of the HRB will continue to highlight the system wide role the board ha, in Somerset: to coordinate, monitor and lead across all areas related to homelessness reduction activity and in particular the Better Futures programme.</p>								
<p>Links to The Improving Lives Strategy</p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p> <table border="1" data-bbox="544 969 1466 1435"> <tr> <td data-bbox="544 969 1291 1099">A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td data-bbox="1291 969 1466 1099"></td> </tr> <tr> <td data-bbox="544 1099 1291 1229">Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td data-bbox="1291 1099 1466 1229"></td> </tr> <tr> <td data-bbox="544 1229 1291 1308">Fairer life chances and opportunity for all</td> <td data-bbox="1291 1229 1466 1308" style="text-align: center;">✓</td> </tr> <tr> <td data-bbox="544 1308 1291 1435">Improved health and wellbeing and more people living healthy and independent lives for longer</td> <td data-bbox="1291 1308 1466 1435" style="text-align: center;">✓</td> </tr> </table> <p>Homelessness is recognised as a health and wellbeing issue. People who experience rough sleeping also experience some of the most severe health inequalities and report much poorer health than the general population. Many have co-occurring mental ill health, drug and alcohol dependence and physical health needs, and have experienced significant trauma in their lives.</p> <p>The Somerset Homelessness Reduction Board vision that 'By 2027 all elements of local government, in partnership with the voluntary sector, business and wider society, will be working together to ensure that everyone in Somerset has access to secure and suitable housing with appropriate support so that no-one should have to experience homelessness or rough</p>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services		Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment		Fairer life chances and opportunity for all	✓	Improved health and wellbeing and more people living healthy and independent lives for longer	✓
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Fairer life chances and opportunity for all	✓								
Improved health and wellbeing and more people living healthy and independent lives for longer	✓								

	<p>sleeping again' and subsequent workplan directly supports these priorities.</p>
<p>Financial, Legal, HR, Social value and partnership Implications:</p>	<p>The activity managed by the HRB creates social value by improving the lives of people experiencing or at risk of homelessness. By reducing the impact of homelessness on our communities, through making homelessness rare, brief and non-recurring, we will also reduce the impact on public funding streams.</p> <p>The HRB membership reflects the statutory (housing, health and social care) and VCSE sectors and partners are engaged in collaborative delivery of the HRB programmes. Whilst clients and others with lived experience of homelessness are not yet represented on the Board, engagement with them is already informing its activity.</p> <p>There are no specific financial, legal or HR implications.</p>
<p>Equalities Implications:</p>	<p>It is widely understood that homeless people, particularly rough sleepers and other individuals who have experienced multiple dis-advantage, are disadvantaged in relation to access to statutory services. The activity managed by the Board seeks to reduce these inequalities and improve health and wellbeing outcomes for these households and individuals.</p> <p>A comprehensive equalities impact assessment was completed to inform the development of the Somerset Homelessness and Rough Sleeper Strategy 2019-23 which has direct relevance to the work of the HRB.</p> <p>The equalities impact of the work of the HRB was referred to in a report to HWBB in September 2020 when it was reported that the HRB will review the Somerset Homelessness and Rough Sleeper Strategy and accompanying Action Plan. Any revisions to the action plan will need to be informed by the existing EIA and any future refinement of this. In addition, there is ongoing evidence gathering, e.g. Vulnerability Pathways and Health Needs Assessment. Both of these pieces of work will provide a rich source of equalities relevant data to inform the development of specific proposals/future commissioning arrangements.</p>
<p>Risk Assessment:</p>	<p>Covid has presented significant opportunities to support the cohort of homeless and vulnerably housed adults in Somerset – the learning from which we need to understand and use to influence future provision.</p>

Risks:

- How we will affect system change in a local climate where we have LGR, ICS and central government lead housing policy such as RSI 22-25 which is district council led.
- Shortage of and future provision of single person accommodation in a housing market lacking stock

This is linked to:

- Provision of suitable floating support for those adults who require support once they have moved on – for their tenancy but also their health, social and community needs
- Ensuring that existing and new health provision is considered in a system wide manner and well-coordinated to ensure equity in the offer across Somerset.

1. Background

In September 2020 the Somerset Health and Wellbeing Board (HWBB) approved the establishment of a Somerset Homelessness Reduction Board (HRB) to sit within its governance framework. The HRB met for the first time in April 2021 and its terms of reference are attached at Appendix B.

Membership includes key sector representatives from statutory and voluntary organisations who work with those who are homeless (or at risk of becoming homeless) or rough sleeping. All board members are sufficiently senior in their own organisations to take strategic decisions (including budget / commissioning decisions) and ensure that actions they commit to on behalf of their organisations are delivered. Meetings are held quarterly.

Despite the inevitable diversion of focus created by local government reorganisation and the establishment of the Integrated Care System, the Board has made good progress with several initiatives under its remit:

- The development of the Better Futures programme during 2020 left the Somerset partnership with a clear plan to improve the future outcomes for rough sleepers and other homeless individuals experiencing multiple disadvantage and the Board has been managing progress with this.
- The establishment of the pilot Creative Solutions team in SWT for adults experiencing complexity and for whom the existing system does not work.
- During 2021 the Homeless Nursing Team which was established following a HEPP funded Pilot has now become a permanent team within SFT linking with existing wider health promotion activity. The team is seen as vitally important not only for the clients but also as a catalyst/hub from which to develop a wider, coordinated needs led homeless health offer across Somerset.

This report provides an update for the HWBB on the progress with these initiatives and the impact they are having for homeless people.

2. Better Futures

The Board has been monitoring progress with the Better Futures programme action plan. The plan covers six themes:

- Early help and prevention
- Commissioning homes and support
- Appropriate use of short-term supported accommodation
- Access to permanent homes
- Sustainable tenancies
- Leadership, learning and governance.

A dashboard summarising the status of the theme action plans as at January 2022 is attached at Appendix B. This demonstrates that good progress is being made against most of the key actions but that there is slippage in some areas.

Early help and prevention - Helen Price (Assistant Director Children's Social Care) is member of the HRB which ensures that links between the work of the HRB and P2I for example are fully considered

SCC and districts councils are currently providing joint funding towards the delivery of the P2I innovation pilots – the results of these pilots will be reported to the HRB and will eventually be used to inform future commissioning arrangements.

Individual case studies within the P2I service are being considered within the Better Futures 'commissioning theme' (see below) to help improve pathways and associated support.

In November 2021 we provided Helen Price with a snapshot regarding those families in Temporary Accommodation.

At that time there were 137 families across Somerset who were vulnerably housed in some sort of temporary accommodation.

Whilst housing teams have reported that they consider the needs of the family, when processing housing/homelessness applications, analysis conducted by Emily Harding-Moody at the First Response MASH/Early Help Hub shows that currently less than 1% of referrals to Children's Social Care are known to have a 'housing' origin.

Despite the low number of referrals, we know that over 80% of those received at both Level 3 (FIS) and Level 4 (Safeguarding) are of a good standard and are accepted by Children's Social Care.

As part of the Better Futures work theme around Early Help and Prevention we have linked with SSCB and promoted their training offer to all HRB member organisations. This still requires further work and there is no doubt that the pressures of Covid on all workforces and their capacity to do additional training has impacted on this.

Over the coming period we will be conducting targeted work with Registered Housing Providers to increase; awareness, training and skills around Early Help / Prevention.

Under the **commissioning** theme, the plan is now progressing at pace with the needs and supply analysis complete and co-production sessions having commenced. The desired outcomes from the co-production phase are:

- i. A greater focus on the barriers to people moving on from supported accommodation and a whole system approach to overcoming these. This could free up sufficient supported accommodation for those who need it.
- ii. A shift in the levels of support available in some settings to enable those with higher levels of need and specialist support needs to be accommodated safely.
- iii. Provision of treatment accommodation to support those who want to recover from drug and alcohol misuse.
- iv. Review of the need for and options to deliver step-down accommodation for those discharged from hospital, pending appropriate resolution of their housing needs.
- v. An increase in the number of homes that are accessible for people with mobility difficulties.
- vi. A shift towards more accommodation with self-contained bathroom and kitchen facilities.

At the first session in January 2022 commissioners and providers worked together to generate plans for delivering these outcomes. The first outcome is complex, requiring greater access to suitable homes, including engagement with private landlords to encourage them to let to homeless people, as well as system and communication changes, such as management of expectations about availability of accommodation and resolving the disincentive to find employment whilst living in supported accommodation due to the support service charges applied. A task and finish group is being established to work on this outcome.

The potential to commission treatment accommodation to support those who want to recover from drug and alcohol misuse is being considered by a small group including commissioners, the dual diagnosis service (in Somerset Foundation Trust) and the drug and alcohol service (commissioned from Turning Point). It will explore the way current services can work together using existing resources to support homeless accommodation providers; and better understand the needs for treatment accommodation – the latter will build on the data provided by providers of supported accommodation for homeless people.

Step-down from hospital accommodation: For those over the age of 55 step-down accommodation is available and allocated through the weekly hospital discharge meeting involving; housing, health and social care. Options for alternative provision of step-down accommodation for younger people leaving hospital and requiring care and support to regain independence are currently being explored.

Plans for achieving the other outcomes are being developed between providers and district council housing teams. In Somerset West and Taunton, because of the imperative to move people living at Canonsgrove by March 2023, a plan had already been developed and good progress is being made. Currently only 38 people remain, against a target of 40 by the end of March 2022. In South Somerset plans are progressing for the replacement of the Pathways hostel with a decommissioned care home, representing better quality accommodation for those needing temporary housing.

In addition to the commissioning activity described above, the specific requirement to accommodate prison leavers has been recently reconsidered due to the ending of the Positive Lives arrangements. Julian House currently provides 21 units of dispersed accommodation across Somerset (12 SSDC, 7 SWT and 2 Sedgemoor) under a Positive Lives contract. From April 2022 this arrangement will be extended with the Police and Crime Commissioner and Probation jointly managing the contract. At this point it is intended to formally recommission the accommodation and support service, with a new contract to commence from October 2022.

Under the **appropriate use of short-term supported accommodation** theme, a new multi-agency team has been established, the Creative Solutions group, initially focussed on the Somerset West and Taunton area to support the decommissioning of Canonsgrove. The team comprises housing, health and social care practitioners from both statutory and VCSE sectors and has been meeting weekly since August 2022. The meetings are facilitated by Second Step as part of their countywide contract and a strengths-based approach to assessment of needs and solution generation.

The approach and the way it has worked in recent months is currently being evaluated by the team and recommendations for improving this moving forward being developed. Initially there was a lack of engagement by some agencies and whilst attendance has improved over time, there continues to be some rigidity in adherence to established rules, rather than working creatively as mandated by the HRB.

A task and finish group is being established to consider the learning from the Creative Solutions team approach, together with reviewing the arrangements in place across the rest of the county, and developing a proposal for the HRB to consider for a new countywide approach to:

- managing access to and move-on from short term supported accommodation and
- developing and implementing holistic, bespoke solutions for people with the most complex needs.

3. Health support:

We have delivered a comprehensive Covid-19 vaccine offer to the wider homeless cohort across Somerset. We commenced the vaccine offer before it was mandated for this cohort with a range of approaches including:

- GP in-reach (Taunton, Canonsgrove and Lindley House)
- GP out-reach (Yeovil, Gateway Church)
- Bespoke NHS Vaccine team sessions at community and accommodation settings and surgeries in all districts.
- Vaccine Centre extended opening (Shepton Mallet)

In January our performance report for Somerset showed:

	Offered	Accepted
Vaccine 1	99% (360 people)	65% (236 people)
Vaccine 2	70% (255 people)	56% (203 people)
Booster	55% (200 people)	30% (111 people)

The population is ever changing – the figures are greater than those currently in accommodation and reflect all known vaccinations delivered to those sleeping rough or vulnerably housed (hostel accommodation etc.)

Our approach to the vaccine and subsequent monitoring has been cited by the Office for Health Improvement and Disparities as an example of good practice to other areas within the SW.

We have since held additional evidence based bespoke sessions in Wells, Frome and Yeovil.

Homeless Nursing Team pilot – In September the Homeless Nursing Team approach was adopted by Somerset Foundation Trust as business as usual.

Sitting within the Neighbourhoods and Primary Care directorate the team now is now fully staffed.

The team, in addition to supporting individuals within settings, have forged links into the existing network of Health Link Workers in addition to their NHS colleagues and are working in a range of settings. The team have already begun to identify gaps in the system (see oral health and dentistry below).

There is a less complete but developing GP offer across Somerset – the HRB is keen to ensure that this is linked to the wider homeless health offer.

Oral Health and access to Dentistry has been identified as a priority area of need.

People who experience homelessness have higher dental treatment needs compared to the general population. However, their use of dental services and levels of treatment completion are low.

There is little to no capacity amongst existing provision to effectively meet the needs of this cohort.

Somerset PH are currently preparing a bid to pilot a bespoke dentistry offer for this cohort which includes an oral health promotion programme and training.

We are drawing on the comprehensive evidence base which exists regarding this and learning from the effective strategies which exist elsewhere in the SW.

The Somerset Health Inequalities Delivery Highlight Report identifies the development of an Oral Health pathway as a mitigation action and we have HEP funding to support this.

Outreach Clinics (homeless and vulnerable groups) and Oral Health Improvement both feature within the current NHS Somerset Action Plan

Palliative Care

Dr Lisa Horman (Specialist GP and HRB Board Member) has commenced work with colleagues from St Margaret's Hospice, Musgrove Park palliative care dept, Better Futures, Adult Social Care, SWT and Mental Health Social Care, to consider the challenges in providing palliative care for homeless people and (at the time of this meeting) have presented case studies and observations, to the HRB, regarding improving access to palliative care for this cohort.

Health Protection

On March 22nd operational colleagues from outreach and accommodation settings (hostel, refuge etc.) are attending a Health Protection session organised by Somerset Public Health Team to brief on Sexual health / HIV / and other blood borne viruses, common infections, prevention, Oral health, etc.

Alison Bell (Consultant, Public Health) is briefing the HRB in relation to this on 8th March.

Clinical Psychology

The last two years have been a period of opportunity to support the Homeless cohort in Somerset with significant investment from central government in order to fund accommodation and support as part of Everyone In and more recently

Protect and Vaccinate. The Rough Sleeper Initiative (?) funding is now on phase 5 and is supporting Local Authorities develop and implement their housing approaches.

The workforce supporting the client group has primarily been drawn from a range of relatively specialist accommodation providers with high client to staff ratios.

Several settings have experienced traumatic deaths over the period in addition to the long periods of restrictions on social activity and the pressures that this has created for the client group and in turn the workforce.

Feedback from these providers at the recent Better Futures commissioning day identified a gap around access to clinical psychology for staff and clients. Whilst this is available within the commissioned Step Together service and provided to the Homeless Nursing Team it is not a universal offer to all those engaged in supporting this often-complex client group (adults experiencing a combination of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system).

We have a meeting scheduled with Lorna Stewart, Consultant Clinical Psychologist and Lead for Colleague Psychological Health (SFT) in early March to progress.

Dual Diagnosis – Somerset Foundation Trust’s mental health directorate have agreed to focus on treatment housing and complex needs housing as part of the 2022 dual diagnosis strategy and work with providers and commissioners to meet this objective

4. Gypsy, Roma and Traveller Community

The work of the Gypsy, Roma and Traveller (GRT) working group is now within the remit of the HRB. The priorities for the group are conclusion of the GRT accommodation assessment and development of a permanent transit site.

5. Improving Lives Priorities and Outcomes

Fairer life chances and opportunity for all

Included in the body of the report.

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

Included in the body of the report

6. Consultations undertaken

Better Futures Commissioning sessions involving a wide range of partner agencies and engagement with clients during the development and implementation of the Creative Solutions approach.

7. Request of the Board and Board members

To continue to recognise, support and promote the work of the Homelessness Reduction Board.

To support and encourage the development of a co-ordinated and comprehensive health offer for those who are homeless or vulnerably housed.

8. Background papers

The Homelessness Reduction Board report to HWBB in September 2020.

9. Report Sign-Off

	Seen by:	Name	Date
Report Sign-Off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	Click or tap to enter a date.
	Cabinet Member / Portfolio Holder (if applicable)	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 Protection Annual Assurance Report 2021

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

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

Contact Details: 07890581023

<p>Summary:</p>	<p>The Somerset Health Protection Assurance Report documents the progress made during the last 12 months and the identified priorities for the next year.</p> <p>In summary the Director of Public Health is assured that systems are in place to protect the health of the population, however there are opportunities during 2022 to strengthen the health protection system.</p> <p>2021 has been another year dominated by the COVID19 pandemic which continues to impact the residents and businesses of Somerset. There has been a notable move to ensure workstreams placed on the back burner during the height of the Pandemic are picked up again as part of a system wide catch-up programme.</p> <p>This report documents the progress against the 2021 priorities which include:</p> <ol style="list-style-type: none"> 1. Communicable Diseases <p>Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system.</p> <ol style="list-style-type: none"> 2. Environmental Hazards <p>Ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported and prioritised.</p> <ol style="list-style-type: none"> 3. Infection Prevention and Control <p>Recognise the impact on other infectious disease of having effective infection control measures in place, such as enhanced</p>
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	<p>handwashing and social distancing and see how these measures can remain with us beyond COVID-19.</p> <p>4. Resilience</p> <p>Working closely with local and regional forums, ensure local and regional emergency response arrangements are in place to protect the health of the population.</p> <p>5. Screening and immunisation</p> <p>Ensure screening and immunisation programmes meet national standards and where work is required to increase uptake, reflect local priorities to achieve national standards.</p> <p>The report details the progress made in each of these areas.</p>								
<p>Recommendations:</p>	<p>That the Health and Wellbeing Advisory Board notes the report, and is minded to endorse the priorities proposed for 2022/23 to ensure the strengthening of health protection as Somerset goes through several crucial transitions</p>								
<p>Reasons for recommendations:</p>	<p>The Somerset Health Protection Forum and Director of Public Health have identified this priority in order to be assured that suitable arrangements are in place to protect the health of the Somerset population and reaches vulnerable populations within Somerset.</p>								
<p>Links to The Improving Lives Strategy</p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p> <table border="1" data-bbox="544 1435 1469 1901"> <tr> <td data-bbox="544 1435 1291 1563"> <p>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</p> </td> <td data-bbox="1291 1435 1469 1563"></td> </tr> <tr> <td data-bbox="544 1563 1291 1691"> <p>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</p> </td> <td data-bbox="1291 1563 1469 1691"> <p><i>Yes</i></p> </td> </tr> <tr> <td data-bbox="544 1691 1291 1776"> <p>Fairer life chances and opportunity for all</p> </td> <td data-bbox="1291 1691 1469 1776"></td> </tr> <tr> <td data-bbox="544 1776 1291 1901"> <p>Improved health and wellbeing and more people living healthy and independent lives for longer</p> </td> <td data-bbox="1291 1776 1469 1901"> <p><i>Yes</i></p> </td> </tr> </table>	<p>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</p>		<p>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</p>	<p><i>Yes</i></p>	<p>Fairer life chances and opportunity for all</p>		<p>Improved health and wellbeing and more people living healthy and independent lives for longer</p>	<p><i>Yes</i></p>
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<p>Improved health and wellbeing and more people living healthy and independent lives for longer</p>	<p><i>Yes</i></p>								
<p>Financial, Legal, HR, Social value and partnership Implications:</p>	<p>This is a statutory role of the Director of Public Health acting on behalf of the Secretary of State for Health.</p>								

	There are no direct financial implications as a result of this report.
Equalities Implications:	There are no equalities implications arising directly from accepting this report. The identified priorities for the coming year will help to address health inequalities.
Risk Assessment:	Failure to address the identified priorities could lead to the Director of Public Health being unable to be assured about arrangements in place to protect public health in the county.

1. Background

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

2. Improving Lives Priorities and Outcomes

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

3. Consultations undertaken

- 3.1. As this is an assurance report, no consultations have been undertaken.

4. Request of the Board and Board members

- 4.1. To consider the information presented within the Health Protection Annual Report
- 4.2. Recommend that the HWBB are in agreement that the Director of Public Health is assured that systems are in place to protect the health of the population in Somerset during a time of transition.

5. Background papers

- 5.1. [Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) regulations 2013](#)

[\(Department of Health, Public Health England & Local Government Association, May 2013\);](#)

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

6. **Report Sign-Off**

6.1

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	27/01/22
	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 Protection Forum
Assurance Report
2021

January 2022

Contents

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Introduction

Health Protection seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation¹.

The Somerset Health Protection Forum comprises professional partners, across agencies, holding health protection responsibilities. The Forum has a collective role to provide assurance on behalf of the Director of Public Health, to the Health and Wellbeing Board.

Working alongside accountability structures of individual partner organisations, the aim of the Health Protection Forum is to ensure effective and integrated systems are in place for protecting population health, with specific reference to: communicable diseases; environmental hazards; infection prevention and control; resilience; and screening and immunisation.

Providing a mechanism for strategic multi-agency working, the forum enables professional discussion in relation to maintaining effective and efficient health protection systems across Somerset. This ensures that, as a collective of responsible organisations, challenges, risks and opportunities are identified prioritised and addressed as efficiently as possible.

The purpose of this report is to give an overview of the work that has taken place during the past 12 months, the key issues and risks arising, and the priorities for the year ahead.

¹ 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.

1. COVID-19

The SARS CoV-2 virus emerged first back in 2019, but the Somerset Health Protection Forum members have continued to manage the local impact of this disease throughout 2021. The county is currently tackling the 4th wave of the pandemic and providing support to Care Homes, Schools and businesses who are all implementing control measures to try and control transmission. The longevity of this pandemic has placed an enormous pressure across the system which has impacted delivery of the agreed health protection priorities.

2. Strategic Action Plan Priorities 2021

To ensure the Health Protection Forum has a focused agenda and forward plan, a Strategic Action Plan is developed annually. This identifies the priorities and actions to be taken across the system over the coming 12 months, as approved by the Health and Wellbeing Board.

The priorities for 2021 were categorised by the following subjects: **Communicable Diseases, Environmental Hazards, Infection Prevention and Control, Resilience and Screening and Immunisations**. Progress against the agreed actions is summarised as follows:

2.1 Communicable Diseases

Ensuring robust communicable disease incident and outbreak response arrangements were in place and embedded across the Somerset system was an important priority for 2021.

During 2021, there have been 74 situations/outbreaks/incidents in addition to the COVID-19 Pandemic that have required a public health response. These threats to public health ranged from complex TB cases requiring multiagency support to ensure treatment compliance to a scabies outbreak in a care home, a case of legionnaires linked to a caravan park and a cluster of a rare strain of Invasive Group A Streptococcal Disease amongst our homeless community.

In Autumn 2021, an Avian Influenza (bird flu) Prevention Zone was declared across Great Britain to protect flocks from bird flu this winter. Avian influenza is a notifiable animal disease that mainly affects birds but can also affect humans and other mammals. In January 2022, the first human case of Avian Influenza in the western

hemisphere was notified in South West England (not Somerset). In Somerset, there have been several contacts of suspected bird cases of Avian Influenza, which has tested our response arrangements to safely swab and prescribe antiviral prophylaxis in a timely manner.

Even though many planned workstreams were put on hold due to the COVID-19 response, it was clear that a strong system response to COVID-19 has led to enhanced outbreak management processes.

Priority 1: - Translate the Tuberculosis (TB) service specification into the clinical service delivery

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 (WHO states 85% of cases should complete treatment within 12 months.) This shows there is still much to do in Somerset

In July 2021, the new TB Action Plan for 2021-2026 was published. The aim of the TB Action Plan 2021 to 2026 is to improve the prevention, detection and control of TB in England. The Action Plan will focus on the needs of those affected by TB and TB services whilst recognising the impact and learning of the coronavirus (COVID-19) pandemic. The TB Action Plan will support a year-on-year reduction in TB incidence and in-UK TB transmission and enable the UK to meet its commitment to the World Health Organization (WHO) elimination targets by 2035.

This new action plan supports the ongoing work to translate the TB service specification into clinical service delivery, discussions are ongoing with clinicians and commissioners of hospital services.

Priority 2: Ensure the recommendations for action from the Blood Borne Virus needs assessment and strategy are progressed.

A Somerset blood borne virus needs assessment was completed during 2020 to ensure that people with Blood Borne Viruses are identified and supported by appropriate services in Somerset. This brought partners together who work with high-risk populations. E.g. people who inject drugs, the homeless and commercial sex workers.

An BBV action group was established in 2021 to review and priorities the 10 recommendations from the needs assessment. There have been some delays due to services being pulled back into the COVID19 response but the following priority workstreams have been identified:

1. The data and modelling within the needs assessment are now out of date so requires a refresh to include data from the last 5 years but include caveat for the year 2020.
2. Revisit the pathways for screening, diagnosis, and treatment, but split across the different risk groups to identify preventative measures in place specific to the risk group and identify any gaps.

Priority 3: Ensure that learning from the COVID-19 response is incorporated into the Somerset outbreak response arrangements.

Even though the COVID response is ongoing, it is essential that lessons are identified throughout to continually review and improve COVID and non-COVID response arrangements.

The Somerset Health and Care Tactical Group and the Somerset Public Health team both undertook learning events and have used these findings to strengthen the Somerset outbreak response arrangements. Additionally, SCC Public Health engaged with structured debriefs among key partners managed by NHS England.

To inform these learning events, a chronology timeline documenting the public health response to the pandemic was completed. This timeline includes key dates of national/local decisions and published guidance which were significant milestones impacting the local response.

2.2 Environmental Hazards

The priority to ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health were supported and progressed during 2021. The core activity that supports this priority include:

- Maintain oversight of environmental hazards posing a threat to population health (health and safety, food hygiene and standards, air, land, and water)

- Ensure robust multi-agency incident management plans are in place to support individual organisational arrangements; and
- Review significant incidents, making recommendations where appropriate.

Progress against the 2021 agreed priorities are documented below:

Priority 1: Respond to the Climate Change Emergency and deliver the Somerset Air Quality Strategy. Link in with the JSNA that is focused on the health impacts of Climate Change

During the first 18 months of the COVID pandemic, work to progress the Air Quality (AQ) priority was on hold due to staff redeployment. The AQ strategy review was also on hold to ensure solid links with the Somerset Climate Change Strategy that was in development at the time.

The Air Quality Steering Group reconvened in November 2021 and agreed the following actions:

- In light of the Local Government Review, not to revise the draft Air Quality Strategy, but instead to produce an air quality delivery action plan, potentially to sit as a supplementary document to the Climate Change Strategy.
- To proceed with purchasing and deploying real time air quality monitors in the Taunton and Yeovil Air Quality Management Areas, plus additional monitors available for deployment on an as needed basis. For example, to monitor impacts of new developments, air pollution complaints, supporting schools.

Priority 2: The Somerset Climate Change Emergency Strategy will be requested to take forward work on environmental hazards relating to housing and build on progress from the COVID-19 response to establish a task and finish group to identify work around minimising the health impact of cold homes, improving housing standards and messages specific to infectious disease threats.

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. A wide range of partners attended and now have information on all these schemes and how they can be accessed. Additionally, this workshop was used as an opportunity to remind people of other threats to health during the winter, including influenza and then benefits of a flu jab for priority population groups.

2.3 Infection Prevention and Control

The CCG Infection Prevention and Control Team continue to co-ordinate, monitor, and address infection prevention and control priorities and local needs and reflect national ambition.

Progress against the 2021 agreed priorities are documented below:

Priority 1: As part of the Integrated Care System development ensure system wide infection, prevention and control support, regardless of organisational boundaries or funding streams, to effectively tackle infections.

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 (e.g homeless hostels, children's residential homes, private hospitals, the care sector, and NHS providers) funded through the national COVID19 outbreak management fund. This work has built a cross system approach and starts us in a strong position as Somerset goes into an Integrated Health and Care system in July 2022.

2.4 Resilience

During 2021 the resilience of the Somerset system has continually been tested and strengthened locally as part of the ongoing COVID response.

During the summer of 2021, the Hinkley Point Offsite Emergency Plan was tested during Exercise Dorado. This was a Level 2 multi agency exercise consisting of two modules:

- Module One – focusing on Scientific & Technical Advisory Cell (STAC) and Media arrangements within the response to an off-site nuclear emergency
- Module Two – focusing on the strategic transition considerations from response to recovery

Due to the COVID19 restrictions, this exercise took place entirely virtually. Understandably, this presented the response with some challenges, but it was a good test of the response during unprecedented times. SCC Public Health undertook joint chairing, with the UKHSA, of the STAC, which was a good test of our capability. The Office of Nuclear Regulation (ONR) concluded that the exercise was a satisfactory test of the Offsite Emergency Plan.

Every year NHS England carry out an assurance process to ensure that all NHS organisations and providers of NHS funded care are meeting the Core Standards for Emergency Preparedness, Resilience and Response (EPRR). It was concluded that each of these key providers were substantially compliant and no significant risks have been identified.

In 2022, emergency planning functions within the NHS will be delegated to the ICS. There is much work to be undertaken to prepare for this and the Somerset Health and Social Care Emergency Planning group is working to deliver this transition.

Progress against the 2021 agreed priorities are documented below:

Priority 1: Design a solution to ensure Radiation Monitoring capacity in place, should an incident occur.

In the event of an incident that causes a radioactive dispersal into the environment, there is the requirement to carry out population radiation monitoring. For some time, this has been a gap in planning due to a lack of national guidance. However, in Somerset we have continued to work with the Local Health Resilience Partnership to ensure this piece of work is given priority in the workplan.

Following a series of working group meetings involving UKHSA, Somerset County Council, NHS E&I, Somerset CCG and SWAST, 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.

It is recognised that in order to consider Avon & Somerset as having the capability to deliver an RMU or similar monitoring facility, further work will need to be mapped, approved and supported for delivery both locally and regionally

It should be highlighted that this has been produced in the context of an absence of clear and current national guidance; variance in approach within and between regions; and competing local and regional priorities.

Next Steps:

- UKHSA and NHSE&I to lead on regional planning to resolve issues identified in the local framework such as staffing and equipment.
- Locally agree on potential locations Radiation Monitoring Units
- Southwest CBRN (Chemical, Biological, Radiological and Nuclear) working group have agreed to adopt the RMU Regional Planning group into their governance processes to take the work forwards as business as usual.

Priority 2: Mass Casualty Planning

Mass casualty planning remains on the Local Health Resilience Partnership workplan and an Exercise (Alliance) was postponed due to COVID response pressures on participating organisations.

2.5 Screening and Immunisations

The Health Protection Forum undertakes the assurance function on behalf of the DPH to ensure screening and immunisation programmes meet national standards and coverage targets and reflect local priorities for increasing uptake. The core activity that continues includes:

- Monitor local performance of all screening and immunisation programmes.
- Work across the Public Health system to reduce inequalities in accessibility of services and raise local awareness, encouraging uptake of all programmes; and
- Review programme performance and make recommendations for improvement where appropriate.

The report below covers the position as of January 2022:

Breast cancer screening – The programme has a planned recovery date of August 2022 (this is a delay from the original deadline) and is working on increasing the number of women being screened at 36 months, as per national standard. Open invitation letters continue to be used to help clear backlogs. Once backlog has been cleared the programme will increase their focus on increasing uptake.

Cervical screening - Latest data shows patients referred being seen in a timely way. Slight delays in processing samples from the lab has meant 14-day turnaround target has not been met, but all samples processed in 21 days and performance above national average. Contracts being finalised to allow sexual health service in Somerset to offer cervical screening opportunistically to patients whose screening is due.

Bowel cancer screening – Providers have increased invitation rates and colonoscopy capacity (compared to pre-Covid) in order to address backlog of invitations and have maintained this despite the recent wave of Covid-19. Invitations are being sent out a maximum of 6 weeks after screening due date, in line with national standards. Age extension now includes 56-year-olds and on schedule to extend to 58-year-olds in April 2022.

Diabetic eye screening – Recovery of service on track to recover by the end of March 2022 and maintaining high uptake rate, improving from 80.4% in January 2021 to 89.9% in October 2021 despite challenges of Covid-19. Providers have also been consolidating their approach to addressing health inequalities within the service using the HEAT (Health Equity Assessment Tool) developed by PHE.

Abdominal aortic aneurysm (AAA) screening – Somerset and North Devon provider has had minimal numbers of men delayed their screening opportunity. The provider is forecast to be on track to complete the 2021/22 on schedule according to national standards. Providers have also been asked to complete a HEAT tool and we are developing a AAA regional inequalities network.

Antenatal and new-born screening programmes – Screening programmes were maintained since the start of the pandemic, some pathways adapted but now restored to recommended guidance. No concerns from Key Performance Indicators. Newborn hearing screening programme is now fully established as a hospital model. Non Invasive Prenatal Testing (NIPT) rolled out as per national recommendations & timescales.

Pre-school immunisations – Vaccination uptake during 2021 has remained around the levels seen before the covid-19 pandemic. There are some delays in when the vaccination is delivered with primary immunisations (8, 12 and 16 weeks) prioritised (with majority seen within 2 weeks), followed by 1 year immunisations and finally 3 year 4 month booster vaccinations.

School-Aged Immunisations – Service has worked hard to vaccinate those due for HPV (human papillomavirus), DTP (Tetanus, diphtheria and polio) and MenACWY (Meningococcal groups A, C, W and Y disease) both for those eligible in the 2020-21 academic year and for those who were unable to be vaccinated in 2019-20. Some second doses of HPV will need to be given in 2022 as 6 month gap between doses is required and some children were due to have both doses in 2020-21.

Flu programme was significantly expanded to include all children from reception – year 11 (an additional 4 year groups on previous year) as well as supporting the COVID vaccination of 12-15 year olds. Nationally all services struggled to get enough staff to offer all vaccinations. Secondary schools prioritised for flu vaccination with many primary schools being scheduled up to end January 2022 for flu vaccination (with exception of special schools who were prioritised).

Adult Immunisations – Targeted work with practices to increase Shingles uptake planned for February 2022. New Shingrix vaccine available as Shingles vaccination for immunocompromised patients.

Targeted Immunisations – with a national pilot for newborn blood spots to detect condition SCID, those eligible for BCG vaccination now need to be given vaccination at 28 days rather than at birth to allow SCID result to be confirmed.

In support of the existing screening and immunisation programme in Somerset, key updates to the priorities include:

Priority 1: To support the recovery programme to catch up from immunisations missed due to the COVID-19 pandemic.

COVID-19 has had a significant impact on the health systems ability to deliver both screening and immunisation programmes. All programmes have robust recovery plans in place, the details by each programme are listed above.

To support the recovery programme, the Somerset Local Immunisations Group was reconvened during 2021. This group also encourages close working networks, opportunity to share information and supports resolution of operational issues. There was great representation from all organisations at the first group which highlights the benefits participants get from the group and this will be needed as we try and get the immunisation programmes back on track, to prevent outbreaks of vaccine preventable diseases, such as measles, a key concern, given lowered vaccination coverage

Priority 2: To work with screening and immunisations teams to ensure that the pandemic does not increase health inequalities in access to screening.

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including the nine protected characteristics of the Equality Act 2010, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group.

NHS England/Improvement is committed to ensuring that all screening programmes by developing the Health Equity Assessment Tool (HEAT). This tool consists of a series of questions and prompts, 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. It is hoped that this tool will be rolled out across all screening programmes.

3. Priorities for 2022

Instead of the usual thematic priorities, 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**

One of the lessons learned from the COVID-19 pandemic is people need support which is joined up across local councils, the NHS and voluntary and community organisations. The Somerset Integrated Care System (ICS) aims to embed this collaboration, helping local services to respond to the challenges of the pandemic and beyond and to plan in a way that improves population health and reduces inequalities between different groups.

Infection Prevention and Control is an area which may be impacted by the move to an ICS. Currently, there is an abundance of skills and knowledge of IPC within the Acute and Community hospitals. However, there is a real need for this IPC expertise and resource within the community where many of the infections are acquired. During the pandemic, Somerset has made enormous progress in supporting IPC within community settings, but there remains much to do.

- **Musgrove Hospital and Yeovil District Hospital to both sit under one NHS provider Trust.**

The Boards of Yeovil District Hospital NHS Foundation Trust (Yeovil Hospital FT) and Somerset NHS Foundation Trust (Somerset FT) have committed to merge organisations and create one single NHS provider trust for Somerset in order to better support the health and care needs of the population.

- **Local Health Resilience Partnership moving to the Integrated Care System boundaries.**

The Avon and Somerset Local Health Resilience Partnership coordinates health emergency planning arrangements and provides the link into the Local Resilience Forum. This partnership has been led by NHSE/I with a LA Director of Public Health CO-Chair (this role is currently filled by the Somerset Health Protection lead

Consultant). In line with the Integrated Care System changes, the LHRP workplan will move to the Somerset footprint.

We are ahead of the curve in Somerset, as we had already established the Somerset Health and Social Care and Emergency Planning Group to focus on Somerset specific issues and strengthen the link between health and social care and emergency planning. This group, led by the CCG, will continue to drive the LHRP workplan.

- **Transition to a Unitary Authority – Somerset Council**

The Government has confirmed that Somerset’s five councils will be replaced by a single council delivering all council services to communities in the county. Somerset’s County and District Councils are now working together to deliver the new council for Somerset that will bring together existing council services. The new council will officially come into being in April 2023.

Currently, the County and District Councils work closely together as part of the Health Protection Forum to tackle health protection issues in Somerset. We will still work closely together but how we do this will change and we need to make the best of the opportunities to improve our planning and resilience as part of the process.

4. Conclusion

2021 has been another year dominated by the COVID19 pandemic which continues to impact the residents and businesses of Somerset. There has been a notable move to ensure health protection workstreams put on hold during the height of the Pandemic are picked up again as part of a system wide catch-up programme. The COVID19 response is now becoming a business-as-usual function which must adapt and flex depending on the national/global pandemic situation.

Previously, the Health Protection priorities have focused on specific areas of concern that require additional focus and attention. However, Somerset is facing a number of significant changes over the next few years and it is crucial that priority is given to this transition ensuring that lessons are learnt from the COVID19 response and opportunities are taken to ensure the system is strengthened to be able to tackle health protection threats in the future.



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Somerset Moves – A strategy to increase the take up of physical activity across Somerset

Lead Officer: Jane Knowles / SASP Chief Executive Officer

Author: Somerset Moves system wide steering group

Contact Details: jknowles@sasp.co.uk / 01823 653990

<p>Summary:</p>	<p>Physical activity is essential for human health and wellbeing and increasing our movement and physical activity is proven to improve health and wellbeing outcomes.</p> <p>Relatively, physical exercise often features in a limited way in how our services relate to people in our care, in how it relates to our workforce and human resource policies and in how we influence health and wellbeing through other key partners, organisations and the public.</p> <p>In recognition of this, Somerset Activity and Sports Partnership (SASP) on behalf of Somerset system partners have drawn together a comprehensive strategy, <i>Somerset Moves</i> which intends to raise the profile and take up of physical activity across all groups of people in the County. The content of the strategy has been informed through widespread engagement with people, service users, patients and partner organisations and reflects essential aspects of the evidence base.</p> <p>Members of the Somerset Health and Wellbeing Board are asked to support the strategy in three important ways:</p> <ol style="list-style-type: none"> 1. To endorse the strategy, in terms of its overarching aims, intentions and the key domains of action 2. Consider the '5 asks' and take these back to their host organisation. Where possible gain agreement within that organisation to achieve the '5 asks' 3. Report back on your organisation's progress with the '5 asks' at the meeting of the HWB in the Autumn of 2022 <p>A crucial factor of the strategy will be for partner organisations to lead by example.</p>
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	<p>The '5 asks' of all system partners in mobilising Somerset Moves are:</p> <table border="1"> <thead> <tr> <th data-bbox="544 226 799 264">The Ask</th> <th data-bbox="799 226 1482 264">What this would mean</th> </tr> </thead> <tbody> <tr> <td data-bbox="544 264 799 734">1. Lead by example</td> <td data-bbox="799 264 1482 734"> <ul style="list-style-type: none"> Nominate a senior leader, a champion for physical activity For members of your senior leadership team to periodically share their 'moving more' experiences Each year senior leaders visit one or two groups who are helping to raise the profile of physical activity Your board (or similar) has a focus on physical activity once per year (e.g. an agenda item) </td> </tr> <tr> <td data-bbox="544 734 799 947">2. People in your care</td> <td data-bbox="799 734 1482 947"> <ul style="list-style-type: none"> Meaningfully embed conversations and the promotion of physical activity with people and service users that you come into contact with through your work. </td> </tr> <tr> <td data-bbox="544 947 799 1122">3. Your workforce</td> <td data-bbox="799 947 1482 1122"> <ul style="list-style-type: none"> Positively promote physical activity and non-sedentary behaviours within your workforce working towards SASP Active Workplace standards. </td> </tr> <tr> <td data-bbox="544 1122 799 1290">4. Communications</td> <td data-bbox="799 1122 1482 1290"> <ul style="list-style-type: none"> Help support the promotion and take up of physical activity opportunities through your communications teams and channels </td> </tr> <tr> <td data-bbox="544 1290 799 1417">5. Funding</td> <td data-bbox="799 1290 1482 1417"> <ul style="list-style-type: none"> If not already in place, consider the allocation of funding to help raise activity levels directly </td> </tr> </tbody> </table>	The 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 periodically share their 'moving more' experiences Each year senior leaders visit one or two groups who are helping to raise the profile of physical activity Your board (or similar) has a focus on physical activity once per year (e.g. an agenda item) 	2. People in your care	<ul style="list-style-type: none"> Meaningfully embed conversations and the promotion of physical activity with people and service users that you come into contact with through your work. 	3. Your workforce	<ul style="list-style-type: none"> Positively promote physical activity and non-sedentary behaviours within your workforce working towards SASP Active Workplace standards. 	4. Communications	<ul style="list-style-type: none"> Help support the promotion and take up of physical activity opportunities through your communications teams and channels 	5. Funding	<ul style="list-style-type: none"> If not already in place, consider the allocation of funding to help raise activity levels directly
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<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Advisory Board is minded to:</p> <ol style="list-style-type: none"> Endorse the Physical Activity Strategy Endorse the five asks and discuss them within their host organisation Discuss progress in taking forward the five asks at the September meeting of the Board. 												
<p>Reasons for recommendations:</p>	<p>Like many aspects of health and wellbeing, improving the take up of physical exercise is complex and multi-faceted. Progress will need to take place across a number of domains. The 5 asks are based on an important question:</p>												

	<p><i>'How best can key partner organisations of the Board help bring the strategy to life'?</i></p> <p>The 5 asks to recognise the value-adding contribution we can each bring in ensuring that:</p> <ul style="list-style-type: none"> • Physical activity features much more highly in how we relate to people in our care • Physical activity becomes part of how we relate to people who work for us • We lead by example – we ask the public to 'do as we do', not just 'do as we say' • We use our resources and influence to encourage other organisations and groups to contribute to this vital issue 								
<p>Links to The Improving Lives Strategy</p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p> <table border="1" data-bbox="544 857 1468 1144"> <tr> <td data-bbox="544 857 1289 927">A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td data-bbox="1289 857 1468 927"></td> </tr> <tr> <td data-bbox="544 927 1289 999">Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td data-bbox="1289 927 1468 999">✓</td> </tr> <tr> <td data-bbox="544 999 1289 1070">Fairer life chances and opportunity for all</td> <td data-bbox="1289 999 1468 1070">✓</td> </tr> <tr> <td data-bbox="544 1070 1289 1144">Improved health and wellbeing and more people living healthy and independent lives for longer</td> <td data-bbox="1289 1070 1468 1144">✓</td> </tr> </table>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services		Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	✓	Fairer life chances and opportunity for all	✓	Improved health and wellbeing and more people living healthy and independent lives for longer	✓
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Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	✓								
Fairer life chances and opportunity for all	✓								
Improved health and wellbeing and more people living healthy and independent lives for longer	✓								
<p>Financial, Legal, HR, Social value and partnership Implications:</p>	<p>There are extremely positive implications for the people and communities of Somerset in seeing an increase in people taking up physical activity. There are no legal or HR barriers. There are positive implications for a number of key partners to endorsing together the 5 asks. The strategy can be furthered significantly by utilising resources already in place with new or specific funding needed to realise the full ambitions of Somerset Moves.</p>								
<p>Equalities Implications:</p>	<p>The take up of physical exercise is, like many areas of healthy lifestyle behaviour, associated with considerably health inequalities. Often the people who could benefit most from physical activity do not readily take up for a variety of reasons including: access to facilities, financial means, personal freedom and time, confidence and self image, not understanding it's importance, family and other cultural barriers.</p> <p>National research shows that these barriers are more prevalent for certain groups in our society including those with lower affluence, those with disabilities including Long Term Health Conditions, ethnic diversity, age and gender differences.</p>								

	Somerset Moves, recognises this and focuses on those groups who are least active to reduce these health inequalities.
Risk Assessment:	We know that physical activity improves wellness, improves social connection and reduces the likelihood and severity of cardiovascular problems. The strategy offers a significant opportunity to reduce the risks and impacts of sedentary lifestyles.

1. Background

- 1.1. The need to raise levels of Physical Activity across the county and across all age groups is a key priority in Improving Lives and identified through the Somerset Fit For My Future programme.
- 1.2. These call for physical exercise to become a much stronger social norm and for services to pay more attention to physical activity in their engagement with people in their care and their workforce. (The health and care workforce in Somerset extends to many tens of thousands of people and their families).
- 1.3. Somerset Activity and Sports Partnership have taken the lead, on our behalf to draw together a strategy to help us all move more and to start this much earlier in life. The strategy has been drawn up following the consultation set out within it and summarised below.

2. Improving Lives Priorities and Outcomes

2.1. **Priority 2 – Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment**

People who have access to green space and the natural environment have more opportunities to be physically active. Furthermore, increasing access and participation in green spaces has an important impact on mental health.

Physical activity offers the opportunity for social contact to reduce loneliness and isolation helping to build and maintain happy and positive friendships and feeling part of a community.

Priority 3 – Fairer life chances and opportunities for all

Adopting a “think family” approach offers the opportunity for a positive family life which provides a child the opportunity for a healthy life; helping to develop healthy lifestyle habits within the family environment

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

This has particular relevance to supporting people to choose healthy and active lifestyles and improve their own physical and mental wellbeing, with all partners doing what they can to provide the information and support for people to make positive lifestyle choices

3. Consultations undertaken

3.1. Somerset Moves began with a review of the national and local strategic context, key data, insight, and trends. From this an online Big Conversation open to residents, organisations, partners and stakeholders to share ideas through our online consultation platform was opened for four weeks with over one hundred responses.

In order that key themes and challenges coming from the Big Conversation were addressed, four virtual engagement stakeholder workshops shaped around these themes were hosted and facilitated to produce the first draft of the strategy.

A final phase of consultation to test and refine the draft strategy content and priorities was then facilitated.

4. Request of the Board and Board members

4.1. Endorses the Physical Activity Strategy, endorses the five asks and discusses them within their host organisation, and updates the September Board with an update on progress.

5. Background papers

5.1. The Somerset Improving Lives Strategy sets the background imperative for us to help raise the level of physical activity in the county.

6. Report Sign-Off

6.1

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

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Somerset Moves

The strategy for the development of physical activity and sport across Somerset 2022-2030

'Enabling Active Lives For All'





Introduction

Somerset Moves is our strategy for improving lives in Somerset through physical activity and sport.

It has been shaped by people's ideas from an online conversation, virtual workshops and evidence of what helps people to be active.

Everyone has a role to play in Somerset Moves; people, communities, and organisations from every sector and place across the county, pulling together with a shared goal to help people move more.

This document, '*Somerset Moves*' is our system wide strategy, setting out what we need to do in Somerset to get people moving more for their health and wellbeing, by building activity and more movement into daily life. Helping people move a little more, making it easier for them to be active, to take part in sport, and making physical activity a natural part of how we all live, travel, work, and play in Somerset.

A quick note on terminology:

The terms **activity** and **movement** are used to refer to all kinds of physical activity, including sport, exercise and informal incidental activity. Each term speaks to different people in different ways, but all have equal value and place in enabling people to move more.






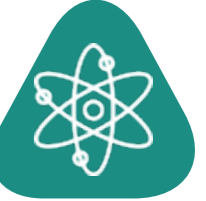
The term **system** is used to describe the wide range of organisations, environments and individual factors that influence activity and movement. This includes all the people who influence activity and movement, be that formally as part of their role, or informally in a personal capacity.

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Why moving matters

We believe everyone should have access and opportunity to the benefits of moving regardless of age, gender, race, ability, background or geography.

Physical health and wellbeing	Mental health and wellbeing	Social and community development	Economic development	Individual development	Environmental sustainability
					
Physical activity can help to prevent and manage over 20 chronic conditions and diseases, and therefore has fundamental role to play in improving our health and wellbeing and reducing the risk of long term health conditions.	The natural process of releasing 'feel good' endorphins helps to lift the mood and promotes long-term mental health.	Sport and physical activity enable people to have fun, make friends, be healthy and build stronger community connections. Increasing social trust, belonging, and community participation improves road safety, reduces loneliness, quality of life, place and environment.	A healthy population is a productive one. Today, the mental and physical health of our workforce has never been more important as we look to build, and rebuild, vital industries and support our national economy through incredibly challenging times.	Supports social and economic inclusion by improving school readiness, education attainment, self-esteem, productivity and independence.	Contributes to a greener, healthier environment and more sustainable living, travel, and places.

*Adapted from Greater Manchester Moving in Action 2021-2031 Strategy

Why moving matters

We are all designed to move. But our modern world has evolved to keep the majority of us still. Physical activity and sport contribute to both our physical and mental wellbeing, our social and community development, and our economic and individual development¹. Activity and moving more are key to improving lives.



Physical health and wellbeing

Making activity and movement part of our everyday lives will help us live happier and healthier lives, enable our communities, places, and economy to thrive, and will contribute towards a more sustainable county.

When we're young, being active helps our body develop properly², with a strong heart, healthy bones, muscles, and brain development. It also helps us connect to people and places we live.

As we get older, regular exercise that raises our heart rate a little reduces the risk of physical and mental illness – from heart disease, strokes, colon cancers to obesity and osteoporosis as well as depression, forms of dementia and anxiety among other conditions³.



Mental health and wellbeing

Greater self-esteem. Increased confidence. Reduced anxiety. Movement, sport, and physical activity are proven to make us feel good⁴.

The evidence shows that people who get active have greater levels of happiness, life satisfaction and feeling worthwhile.



Social and community development

Activity and sport have an incredible ability to bring together people of all ages, cultures and backgrounds in the places we live, reducing social isolation and building a sense of pride and belonging.



Economic development

£1 spent on community sport and physical activity generates nearly £4 for society and the economy⁵.



Individual development

From a young age, being involved in activity and sport equips us with essential life skills, from self-control to teamwork, conflict resolution to leadership⁶. There's a proven link between taking part in physical activity and improved job opportunities, including young people not in education, employment or training⁷.



Environmental sustainability

The government declared a climate emergency in 2019, setting a net-zero carbon target by 2050. This has seen an acceleration in the work to reduce our carbon footprint, as we effectively respond to climate change, create sustainable communities and drive industry innovation across the sector.

Sustainability and new green technology are playing a key role in the design and management of sports recreation and leisure facilities. Promoting sustainability can help drive down running costs and make a real contribution in the battle against climate change. The need to raise awareness, find solutions and build in resilience are an ever more pressing matter.



However, we know that there are a number of people who lack the confidence, access or opportunity to take part, and who are not currently moving enough for their health and wellbeing. Inactivity increases the risk of making people sick and unhappy, unproductive, stressed and is contributing to climate change through reduced active travel.

We want that to change, and the good news is that it is within our collective power to enable that change to happen.

As we emerge from the pandemic, sport and physical activity provides a proven, effective way to reach people across the county and create a wealth of overlapping, life changing benefits.

How we got here

Somerset Moves began with a review of the national and local strategic context, key data, insight, and trends to help us consider the changing landscape.

We then hosted an online 'Big Conversation', open to everyone in Somerset to share their thoughts and ideas through our online consultation platform.

To help us to further understand the challenges, we provided the opportunity for community organisations, partners, and stakeholders to participate in a series of virtual workshops to discuss the issues, develop ideas and help shape key areas.

We then paired people's ideas with evidence of what helps people to be active. This led to six themes, each with its own set of priority areas for us to focus on to realise our mission.

We then tested these themes and priority areas through a final phase of consultation to help us to test and refine the draft strategy.

The words on the following pages grew out of these steps and conversations.

These themes and priorities might stem from your words. They might come from the words of your neighbours, friends, family or colleagues.

Somerset Moves seeks to embrace everything that supports people to be active – all the different ways we move, and all the different ways we can help the people around us to move.

It is a call to all of us whether as individuals and organisations, to join together to make it easier for everyone, young or old, whatever their ability and background and wherever they live in Somerset, to be active.

Being active is essential. We can all be active and play a role in supporting others to find their own way to move.

Let's work together to improve lives across Somerset and help make Somerset a happier and healthier place to live.



Insight Gathering

The national and local strategic context, key data and insight



Big Conversation

The opportunity for the residents, community organisations, partners and stakeholders to share their thoughts and ideas through our online consultation platform



Virtual Engagement Workshops

An open opportunity for community organisations, partners and stakeholders across Somerset to consider key challenges we face in Somerset and to help shape the strategy



Strategy Shaping

A series of internal sessions to prepare the draft strategy, centred upon the Insight, Big Conversation and Engagement Workshop findings



Draft Strategy Testing

A final phase of consultation to test and refine the emerging draft strategy content

Where we are now




Over a third of adults (36%) across Somerset do not meet the Chief Medical Officer's recommended 150+ minutes of physical activity per week (162,373 adults)⁸. This has increased over the last 18 months during the Covid 19 pandemic.

45%
of people with a disability in Somerset are inactive

30%
of people with a long term health condition are inactive. This increases where people have a greater number of long term health conditions – 2+ LTHCs (43%) and 3+ LTHCs (57%)

29%
of people in more routine/semi-routine jobs, or who are long term unemployed or have never worked, are inactive

3 out of 5
Almost 3 out of 5 people in Somerset are diagnosed with hypertension, this is higher than the national average.


Physical activity levels generally drop with age, with the sharpest decreases in activity coming at ages 55-74 (24%) and 75+ (47%)

 **50.2%**

Over half of children in Somerset (50.2%) are not achieving the Chief Medical Officer's recommended 60 minutes of physical activity per day (58,746 children)⁹

 **1 in 5**

Nearly 1 in 5 children arriving in primary school are already overweight or living with obesity

 **1 in 3**

The numbers of children who are overweight or living with obesity increases to nearly 1 in 3 by the time they leave primary school

 **29**

There are 29 'highly deprived' neighbourhoods in Somerset (categorised as being within the 20% most deprived in England)¹⁰

 **47,000**

Around 47,000 Somerset residents live in a neighbourhood identified as one of the 20% most deprived in England

 **9.3 years**

Men in the most affluent areas of Somerset, will live on average 9.3 years longer than men in the deprived areas. For women the difference is 7.3 years¹¹

Importantly, we were successfully reducing inactivity in Somerset. Then the COVID-19 pandemic hit. Within the space of a few months activity rates fell and we became more sedentary because of lockdown restrictions.

Our Collective Mission

This is a big agenda, and it includes everyone.

Somerset Moves seeks to embrace everything that supports people to be active – all the different ways we move, and all the different ways we can help the people around us to move. Being active is essential. How we do it is up to us.

If it raises our heart rate and makes us breathe more quickly it counts!

It is all about moving in ways that work for you, and supporting others to find their favourite ways to move, whether that be informal walking and dancing or a facilitated session or sport.

Contributing to improving lives across Somerset

Success would look like:

- Moving is a normal part of everyday life for everyone regardless of age, ability, background or geography.
- People who once struggled to be active feel the positive benefits of increased activity.
- Health inequality gaps will be much reduced.
- All children and young people enjoying physical activity and sport.
- Greater levels of happiness, life satisfaction and mental wellbeing.

Imagine a county where we see:

Moving is a normal part of everyday life for all. A culture of everyone moving, everyday whoever, wherever, whatever your way the day or the evening. Somerset people, families, and communities, in all their diversity, moving their way, living happier and healthier lives.

We will enjoy seeing people who once struggled to be active, feeling the positive benefits of moving. We will celebrate that supporting those who are least active has become the accepted way of doing things for organisations. The work with targeted groups delivers major breakthroughs in reducing health inequalities.

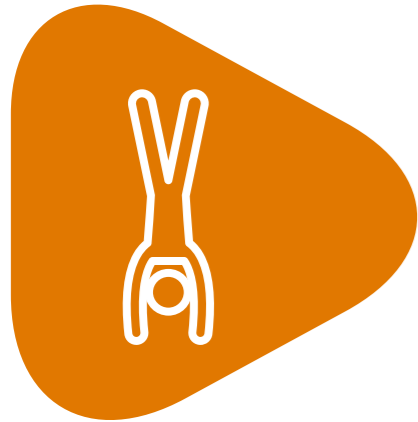
Whether it's a short jog, the walk to school, gardening, cycling to work, playing football or cricket, participating in the junior league, dancing in the living room at home, online armchair exercises, wild swimming, or pool swimming, weightlifting at the gym, or a longer walk through the park. This will be true for all of us.



More people than ever before are playing a part to help ensure that moving, physical activity, sport and active lives are something that everyone has access to and, if they want, are able to participate in, instigate and influence.

All of this will have been made possible by a shift in the way we work together, as individuals and organisations, to meet the needs of our communities and to make physical activity part of all of our daily lives.

What we are going to focus on



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



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

We want to enable all children and young people to become more physically literate, to feel more confident and competent and to gain much more enjoyment from physical activity and sport.



Our ambition

Positive experiences at an early age help build the foundations for an active life. We want to enable all children and young people to become more physically literate, to feel more confident and competent, and to gain much more enjoyment from physical activity and sport. We will particularly need to focus extra support for those who do not currently have the same opportunities to be active.

We want to work with schools, community clubs and organisations to provide environments and opportunities for those who are less confident, less affluent or less supported to find the joy of activity.

Some will want to challenge themselves to fulfil their potential and we want to ensure our children and young people have pathways to support their aspirations.



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.





What we'll focus on:

- **Embedding physical activity across all aspects of school life**
Working with our state funded schools to enable all children and young people to have a great experience, to build their confidence, competence and enjoyment through activity.
- **Putting children and young people first**
Listening, understanding and working with children and young people and their families when we seek to create or improve activities and opportunities.
- **Improving community provision in areas where fewer young people are active**
Making it easier for children to be active within the neighbourhoods where they live.
- **Enhancing support to those receiving free school meals or at risk**
Assisting more children and their families to have equal opportunities to be active.
- **Enriching and expanding holiday activity opportunities**
Exploring funding models with partners to expand the holiday activity provision across Somerset.
- **Targeting teenagers who show the greatest drop off in activity levels**
Making the activity offer relevant and attractive for teenagers in their schools and communities.
- **Working with Early Years education providers**
Supporting children and their families to have the best possible active start in life.



What we heard



"We need a greater focus of providing free or low-cost opportunities for those children or families in receipt of free school meals or referred by their GPs."

Workshop Participant

"I didn't have a great experience at secondary and lost interest."

Big Conversation Participant

"A wealth of evidence shows that young people who are more physically active are happier, healthier, and better equipped to learn. This is why we believe it so essential to have a co-ordinated long-term strategy to tackle inactivity and improve young people's wellbeing."

Big Conversation Participant





2. Increasing community activity

We want to move activity within easier reach of people, increasing access, inclusion and the participation of communities who are currently underserved and under-represented.



Our ambition

Sustaining and creating more accessible opportunities, which are easy to find and meet our individual needs and interests, are central to enabling us to live more active, healthier and happier lives.

We want to ensure that everyone has a broader range of opportunities to be active. We want to make sure that access to opportunities becomes more equitable.

We want to move physical activity, sport and leisure within easier reach of people, increasing access, inclusion and participation of communities who are currently underserved and under-represented.

To achieve this there will be a need to support communities to collaborate on developing local opportunities that meet the needs and interests of those living in their place. This will increasingly require a bottom-up approach to be adopted, working with the people within each place and the organisations trusted by them.

We want to go further with the use of digital technology.



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.



What we'll focus on:

- **Supporting community sport**
Assisting the network of community sport organisations providing a vast array of opportunities across our communities to recover and reinvent after Covid 19 restrictions, and to support those who wish to progress their sporting potential.
- **Supporting active 'Local Community Networks' and places**
Working to grow and spread place-based approaches, environments and partnerships, with more of the most deprived communities across Somerset, to develop local opportunities that meet the needs and interests of those living in their communities.
- **Making it easier to find opportunities**
Embedding the OpenActive data standards across the sport and physical sector in Somerset, and working to ensure all opportunities are published in a consistent way so they can easily feature in campaigns and activity finders.
- **Diversifying opportunities by creating activities with people who find it hard to be active**
We'll be creative in adding movement into other interests and in finding ways to make sessions affordable and accessible.
- **Embracing technology and digital**
Capitalising on the ability for digital solutions to make being active easier, accessible, attractive and relevant to the digitally savvy.



What we heard

“

“Utilising free and varied fitness resources and workouts online I can exercise within the comfort of my own home - easy, fun, saves on travel to and from gym, can be done with family, easier to schedule in.”

Big Conversation Participant

“A lot of the activities aren't local and it means travelling...”

Big Conversation Participant

“Having support from work to fit activity in around work and family commitments.”

Big Conversation Participant

“Listen to people in their communities, to understand the barriers that are in place in those communities to take part in physical activity. Understand what activities communities are interested in and where it is most comfortable to take part.”

Big Conversation Participant

”



3. Connecting with Health and Wellbeing

We want physical activity and sport to become embedded in how we all think about Somerset's, and our own, health and wellbeing.



Our ambition

Our physical and mental health is our biggest asset. However, a significant number of us are not active enough to realise the full benefits for our physical and mental health.

We want physical activity and sport to become embedded in how we all think about Somerset's, and our own, health and wellbeing.

We want to ensure that we align with the health priorities for Somerset. In doing this we will aim to strengthen our connections and collaboration with the health system so more people are recommended or referred into activity as part of primary and secondary care services and care pathways.

We will work increasingly with partners who want to improve people's health through using physical activity and healthy movement.

We will experiment with different approaches to tackle inequalities in health and participation across our communities and population groups.

We also want to capitalise upon the power of activity to positively contribute to pre and post elective surgery outcomes.



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.



What we'll focus on

- **Working collaboratively to embed physical activity and sport into the emerging health and Integrated Care System, primary and secondary care and local community networks**
Developing meaningful links, contributing to policy and strategy and including the creation of local solutions that enables physical activity to play a role in addressing local health needs.
- **Developing a shared and consistent approach to address inequalities**
Working with public leisure providers and community groups to introduce local concessions and a range of interventions to make opportunities accessible for those who can least afford to take part.
- **Prioritising increasing the range of activities available**
Focussing on those people with long term health conditions and other inequalities, using different approaches to address these in health and participation across our communities.
- **Supporting the continuous professional development of health care professionals**
Increasing the learning opportunities available to develop and enhance their abilities to support and motivate people into activity as part of their care pathways.
- **Supporting the expansion of social prescribing**
Working with lead partners to connect more people to community groups and leisure providers supporting and motivating people to improve their health and wellbeing.
- **Supporting the development of health and wellbeing within workplaces**
Promoting best practice in supporting and managing the health and wellbeing of staff, particularly in workplaces enabling employees to fit activity in and around work and family commitments.
- **Exploring the potential to introduce physical activity pathfinder projects**
To assist with the priorities around child development, weight management and long term health conditions.



What we heard



"There should be a focus on beating inactivity amongst all population groups, whilst also prioritising the groups whose inactive behaviours put them at greater risk."
Workshop Participant

"Co-produce solutions with key local communities and individuals, clubs, and organisations within them, to tackle inactivity and inequalities."
Workshop Participant

"I'd like to see us being able to reach those who would not normally engage with physical activity, and those who are more isolated. Making it as accessible as possible."
Big Conversation Participant

"Extend the 'Fit for Surgery' approach for pre-operative exercise and other care pathways, collaborating nationally to increase capability."
Workshop Participant





4. Developing more active environments

We want to grow and improve access to active environments that embed being active where we live, work and play.



Our ambition

The places where we live, work and play, influence our activity levels. There are three broad categories that enables us to live active lives:

- 1) **Mainstream sport, leisure, and wellbeing facilities** – swimming pools, sports halls, fitness facilities, pitches and courts.
- 2) **Community spaces** – parks, greenspaces, blue spaces and open spaces, public rights of way, village halls, community centres and schools.
- 3) **Built environment** – streets, housing estates, squares and paths.

We want to ensure that there is equitable access to mainstream and community facilities.

We want to increase the numbers of us enjoying our natural environment, using the vast array of greenspaces, places for walking, our coastline and inland waterways - to help people to live happy and healthy lives.

Over time to increase activity levels, there will be a need for our mainstream facilities to gradually move from a traditional leisure offer to a modern health and wellbeing offer, without losing core services such as swimming and sport.

Our stock of facilities will need to be more inclusive and environmentally friendly, offering better affordable experiences for us.

There will be a need to rethink the role of mainstream and community facilities, and how their staff can be sustainably deployed to support health and social care and deliver activities and interventions for the communities they serve.

Our community spaces and wider built environment have become increasingly important following the switch towards outdoor activities during the pandemic. We need to seize opportunities to make it easier, safer and more appealing to walk, cycle or play outside and encourage this to happen.



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.



What we'll focus on:

- **Increasing the range of places to be active**
Unlocking permission to use new, non-traditional, or under-utilised spaces to enable more people to be active in locations and environments that suit them.
- **Promoting active travel**
Increasing the emphasis on encouraging ways to travel sustainably for short trips. Increasing the development of safe routes and cycle security solutions.
- **Supporting communities to transform local spaces**
Building community and cross-sector partnerships to support and co-design safe, accessible, and attractive spaces for outdoor play and recreation.
- **Focusing on being carbon neutral and reducing climate change**
Identifying more sustainable solutions for managing larger mainstream and community facilities to achieve a carbon neutral target by 2030.
- **Mapping facility access**
Mapping out the access to, and conditions of, our active environments, to identify inequalities and shape a long-term strategy to address areas of over / under provision.
- **Influencing complimentary policy frameworks and plans**
Pursuing a holistic policy and active design approach with wider public health, planning, transport, social care, education and climate emergency policies and plans to support the future development of neighbourhoods and communities that will encourage and enable us to be active.



What we heard



"Consider what we can do to help address rural and urban inequalities, making start times better to take account travel times and access."
Workshop Participant

"The strategy must consider what is needed to enable (NOT encourage!) people of all ages and abilities to be active in everyday life, with a move away from a car-centric county, to one that supports walking, cycling and public transport on the Dutch model."
Big Conversation Participant

"Making sure we're pursuing a holistic approach is key to creating neighbourhoods that encourage physical activity."
Big Conversation Participant





5. Supporting and Motivating people to move

We want to see greater support to encourage us to get started or keep moving when we feel that we can't do it alone.



Our ambition

We want to see greater support to encourage us to get started or keep moving when we feel that we can't do it alone. We know this is particularly important for those of us who find it hard to be active.

At the moment, not everyone feels supported to be active. We want to create the conditions necessary to see a cultural shift where everyone can play a part in helping and encouraging others to live more active lives.

We want to improve physical activity messaging. We believe this should focus on influencing people's attitudes and beliefs about physical activity, and the reasons why they should participate.

We want to work with partners across Somerset to develop support systems to enable us to achieve this, and realise the power of our collective professional and volunteer workforce.



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.



What we'll focus on:

- **Improving physical activity messaging**
Ensuring messages are inclusive, irrespective of whether you live with a health condition or what age you are.
- **Developing and promoting campaigns which challenge perceptions around who can be active and how**
Campaigns can help raise awareness, generate excitement and inspire us to be active. We will focus on influencing people's attitudes and beliefs about physical activity, and the reasons why they should participate. We will promote national and local campaigns that use inclusive images and encourage more people to be active in ways that work for them.
- **Learning more about the support that is needed and how best to make it available**
We need to understand what support is needed, what helps or puts people off engaging in physical activity and how best to make it available to those who need it most.
- **Continuously improving participant's experiences**
Supporting our professional and voluntary workforce to allow participants to play an active part in the development and progression of activity sessions.
- **Expanding the network of Active Ambassadors who can offer supportive physical activity conversations and help**
Guidance from local people we trust and are relatable can help us inspire the confidence to be active. Active Ambassadors will offer encouragement and advice to help others get started.



What we heard

“

“Physical exercise is something that can take time to show positive results. Relationships with others is important in helping us bridge the gap between inactivity and self-motivated action.”
Big Conversation Participant

“Somewhere to turn to when I need the encouragement/support, either to be active with them or just a bit of ‘you can do this’. It is easier when you have someone else helping you.”
Big Conversation Participant

“I am overweight, I have mental health issues and people don't understand how difficult that is... I know I can be lazy... People think it's a choice and some of it is, but when you are in it then tell me how easy it is to fix - because it isn't and I can't do it on my own.”
Big Conversation Participant

”



6. Developing leadership, the workforce and partnerships

We want to create the right conditions for change across people, organisations and partnerships with the potential to help turn our shared plans and ideas into action.



Our ambition

The people who spend their time helping others to be active, or achieve their aspirations, are our most precious resource.

Activity and sport rely on the capacity, experience, connections and support of hundreds of volunteers and professionals

The capacity, capability and reach of this workforce needs to be supported and strengthened.

We also need to create the right conditions for change across people, organisations, and partnerships with the potential to contribute and help turn our shared plans and ideas into action.

We will need to harness the opportunities that local government re-organisation could present, clearly identifying the role physical activity and sport can play in helping the new Council realise its ambitions for our places, communities and residents.



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.



What we'll focus on:

- **Investing in the professional and voluntary workforce**
Realising the untapped potential of the professional and voluntary workforce, supporting the development of people and skills to respond to changing needs and help realise local community network aspirations.
- **Supporting the network of clubs, groups and local leaders**
Providing opportunities to bring together and support the different networks of professionals and volunteers that make activity and sport happen.
- **Building new strategic partnerships**
Creating strategic partnerships that will support the long-term delivery of the aspirations and ambitions in this strategy.
- **Supporting local government service transformation**
Working to ensure the leaders with responsibility for establishing the new single unitary authority for Somerset, understand the role and needs of its communities and deploy the right services and financial support to create the conditions to achieve the aspirations and ambitions in this strategy.
- **Building capacity**
Addressing the volunteer and staff shortages by rebuilding the capacity, capability and reach of the professional and volunteer workforce, particularly in the communities that need it most.
- **Broadening diversity**
Seeking to broaden the diversity of the range of backgrounds and experiences of our leaders and workforce supporting others to be active or excel.
- **Developing system leadership**
Supporting the development of a diverse range of system leaders, that can catalyse, enable and support the process of system-level change central to helping people to become more active. Realising the power of people.
- **Leading by example**
Inspiring others by being the change we want to see and sharing, online or in conversation, why moving matters.



What we heard

“

“Re-establish the leadership and support mechanisms across the county.”
Workshop Participant

“We would like opportunities to learn from others and also share our own experiences as an organisation. It is important that we know enough to champion each other's work.”
Big Conversation Participant

“We must rebuild the professional and volunteer workforce we've lost during the last 18 months to enable us to meet demand.”
Workshop Participant

”

Measuring Progress



What will progress look like?

When we look back in 2030 to today, we want to be able to celebrate an acceleration of progress, change and impact, shaped and informed by the direction of what we have learned preparing this strategy.

Along the way we'll capture both the detail of the programmes, interventions, partnerships we forge and the influence we bring to help realise our mission and ambitions.

We'll also continue to assess the increase in activity levels across the entire Somerset system, for both adults and children. This will ultimately be the key measure of success for **Somerset Moves**. We'll monitor this through Sport England's Active Lives Surveys, paying particular attention to our least active communities and reducing inequalities.

This will show whether or not the collective action of all of us is having the impact we desire: to increase activity levels, to improve people's experiences, to tackle our inequalities and to improve the capability of our professional and voluntary workforce.

But **Somerset Moves** is about more than numbers. It's also about a shift in the way we work together, as individuals and organisations, to meet the needs of our communities.

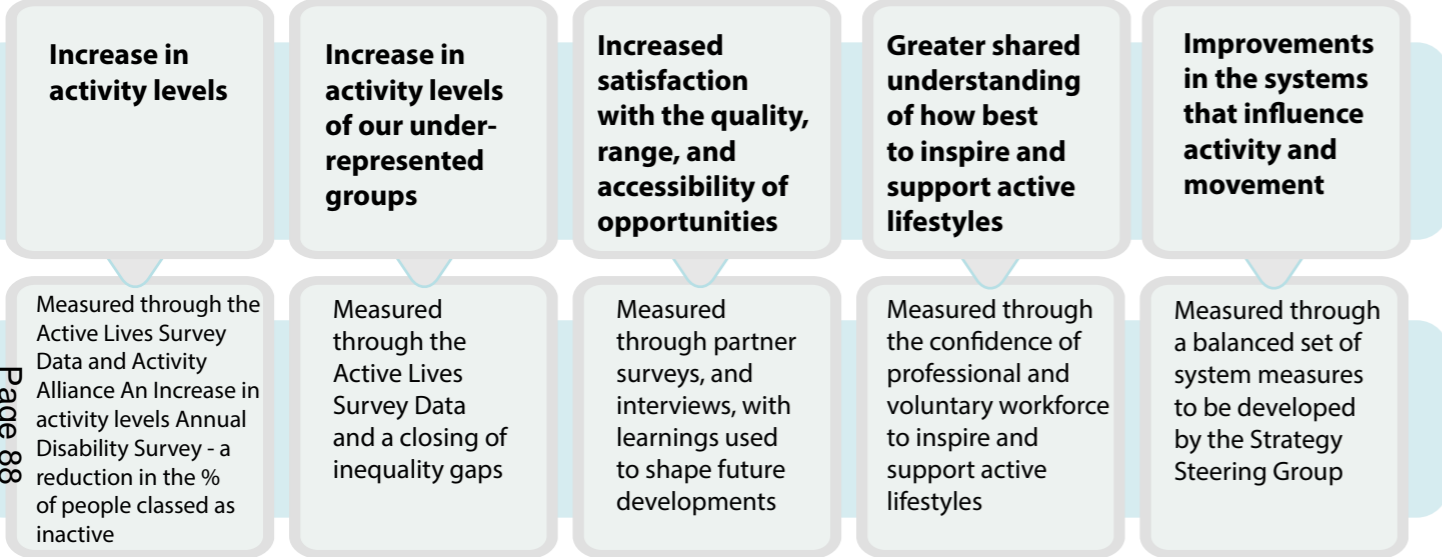


As such, success will also be measured through an increase in strong partnerships, satisfaction with opportunities and on the quality of what we learn and how we use that to support active lifestyles for all.

All of these things will help accelerate our mission each year bringing us ever closer to reaching the ultimate goal where we can all be active in a way that suits us.

Progress Measures

Page 88



Combining data, stories and reflections from individuals and organisations

Milestones



Co-ordinating events and publications to support measurement and learning

Governance

This strategy promises significant changes in the way we support people across Somerset to be active and how organisations work together to help the people around us to move.

The overarching governance of the strategy and responsibility for making sure these changes are implemented will lie with the Somerset Health and Wellbeing and the Somerset Integrated Care Partnership Boards. Health and Wellbeing and Integrated Care Boards are central to the government’s vision of a more integrated approach to health, wellbeing and social care.

The implementation of the strategy will be overseen and managed by the Somerset Moves Strategy Implementation Group. This group will be comprised of a diverse range of system leaders across Somerset with the expertise to drive forward the six key areas of our strategy.

This group will drive and lead overall planning, delivery and progress tracking. They will be responsible for drawing up an implementation plan outlining the work that will be undertaken across the county to deliver Somerset Moves.

The formation of the Somerset Unitary Authority and the Somerset Integrated Care System will mean that 2022/23 will be a year of change and transition.



As these changes unfold, the initial implementation plan will balance the continuing need to be responsive to these developments and the evolving challenges of Covid-19, with the need to be proactive so we can meet the ambitions we’ve set out in our Somerset strategy.

A strategy implementation plan will be developed and published later in 2022/23, when we expect to know more about the Somerset Unitary Authority and the Somerset Integrated Care System, and the impact of Covid-19.

Each will be regularly reviewed collaboratively with partners, and where necessary refined, meaning we can assess progress, as well as adapt when things change.

Governance

Somerset Health & Wellbeing Board

Somerset Integrated Care Partnership and Board

Somerset Moves Implementation Group

Key Organisations Involved



*As Local Government Re-organisation (LGR) and Integrated Care System (ICS) in Somerset evolve these organisations may change and others may be added

Moving Together

This is a huge agenda with the potential, if we work together, to make a step change in improving the quality of people's lives at whatever age or fitness level, or wherever they live in Somerset.

It has high level ambitions and commitments that need to be translated into things that matter to people to support them to find their way to move more for their health and happiness.

So what can YOU do to make a difference as we all have something to offer.

Are you a positive influencer at organisational, community or friendship group level that can encourage and motivate others to find pleasure in moving more? Are you keen to get involved in social marketing campaigns and tell your story as a champion of the cause, so people can relate to and be inspired by your journey?



Are you able to embed some healthy movement into your work or workplace for your colleagues or clients? Are you able to provide resources or people to help? Every step counts because every journey starts with that single step. Help be the change for others as well as yourself.

Moving Together - Join Us

Now is the time to take action. We have experienced how small individual actions as well as large collective actions are relevant to our mission. The ambitions and commitments in this strategy need to be brought to fruition on all levels, under all agendas for change

As a result, everyone can contribute. You can be an influencer, a story-teller, an ambassador, an activity champion, an analyst, a disrupter, and a doer to support Somerset Moves. Both in a personal and professional capacity, people play an important role.

There are lots of ways to get involved to support

- Move in a way that works for you!
- Motivate others – tell others why moving matters to you, how you move, and what helps you move more
- Encourage other people to be more active by asking a family member, friend, colleague, neighbour, or patient what concerns them, how they would like to move more, and what you can do to help
- Be a Somerset Moves champion – unite and share the mission, put moving on the agenda in your work and community, share stories and statistics that may inspire and influence others.
- Create new opportunities for learning, leadership, and movement with others to promote a more active Somerset.



Share
information
and
inspiration



Write into
your
policies



Signpost to
information



Advocate



Put
moving on
the agenda



Help others
to move



Share
stories

References

- ¹ Dolan, P. et al. (2013) *The Happiness Workout; Social Indicators Research: from OPM/Sport England (2017) Review of Evidence on the Outcomes of Sport and Physical Activity.*
- ² Sport Industry Research Centre at Sheffield Hallam University (2020) *Social and economic value of community sport and physical activity in England.*
- ³ Energise Me (2021) *We Can Be Active Strategy*
- ⁴ Sport England (2017) *Active Lives Adult Survey: Mental Health and Wellbeing, Individual and Community Development Analysis; Sport England Children and Young People Survey: Academic Year 2018/19.*
- ⁵ Sport Industry Research Centre at Sheffield Hallam University (2020) *Social and economic value of community sport and physical activity in England.*
- ⁶ OPM/Sport England (2017) *Review of Evidence on the Outcomes of Sport and Physical Activity.*
- ⁷ OPM/Sport England (2017) *Review of Evidence on the Outcomes of Sport and Physical Activity.*
- ⁸ Somerset data – *Sport England Active Live Adult Survey (mid-November 2019 to mid-November 2020) for adults aged 16+.*
- ⁹ Somerset data - *Sport England Active Lives Children and Young People Survey (2018-19 Academic Year).*
- ¹⁰ <http://www.somersetintelligence.org.uk/somerset-facts-and-figures/>
- ¹¹ <https://www.somerset.gov.uk/social-care-and-health/somerset-health-and-wellbeing-board/>

Somerset Moves

The strategy for the development of physical activity and sport across Somerset

Co-ordinated by the Somerset Activity and Sports Partnership

More information:

<https://www.sasp.co.uk/strategy>

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Somerset Health and Wellbeing Board – WORK PROGRAMME 2022

Agenda Item	Date of Meeting	Details and Lead Officer
	13 June 2022 (moved from May)	
PNA - Pharmaceutical Needs Assessment		Pip Tucker (15 min)
Workforce		Jane Graham
Children & Young People Plan		Helen Price
ICS Verbal Update		Jonathan Higman and Paul von der Heyde
	26 September 2022	
<i>Mental health update</i>		
<i>Healthwatch Update</i>		Gillian Kenniston-Goble
ICS Verbal Update		Jonathan Higman and Paul von der Heyde
Somerset Moves update – Physical Activity Strategy (20 mins)		Jane Knowles-Chief Exec at SASP/Kate Anderson-SCC/Thomas Macconnell-CCG
	28 November 2022	
<i>JSNA verbal update</i>		
<i>Somerset Safer Partnership</i>		
<i>Better Care Fund</i>		
ICS Verbal Update		Jonathan Higman and Paul von der Heyde

	Member Information Sheets	
Community Care Somerset Activities and Sport (SASP) Out of Hours 111 Service		TBC Clare Paul - TBC Devon Doctors
	To Add Later	
Neighbourhoods & Communities		Mel Lock
Economic Update – Covid-Related		James Gilchrist
Learning from Covid / Community Support After Covid / Prevention Agenda		Trudi Grant

- Reports should generally be no longer than 6 sides of A4 with detail being contained in appendices or available via contact officer.
- If reports are not received by the deadlines indicated, they will be taken off the agenda for that meeting unless there are exceptional circumstances.
- Draft / final reports and appendices to be sent to the clerk and committee manager via email wherever possible.
- None of the above replaces the need for report authors to consult relevant senior officers on the contents of the draft reports during their preparation.
- **All H&WB meetings – 11am via Microsoft Teams.**