

SOMERSET HEALTH AND WELLBEING BOARD



Monday 26 September 2022

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

To: The members of the Somerset Health and Wellbeing Board

Cllr B Revans (Chair), Cllr Cllr A Dance (Vice-Chair), Paul Von der Heyde (Vice-Chair), Cllr T Munt, Cllr R Wyke, Cllr G Slocombe, Cllr L Trimmell, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, Jonathan Higman, Judith Goodchild, Sup. Dickon Turner, Prof Trudi Grant, Julian Wooster and Mel Lock

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 15 September 2022

For further information about the meeting, please contact Terrie Brazier - tbrazier@somerset.gov.uk or Democratic Services on democraticservicesteam@somerset.gov.uk

Guidance about procedures at the meeting is included in the printed agenda.

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

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AGENDA

Item Somerset Health and Wellbeing Board - 11.00 am Monday 26 September 2022

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

1 Apologies for Absence

To receive Board Members' apologies

2 Declarations of Interest

To receive any new declarations.

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](#).

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

3 Minutes from the Meeting Held on 13 June 2022 (Pages 9 - 16)

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 the questions or statements are received by the deadline of 5:00 pm three clear working days before the meeting.

5 ICS Update

To receive the verbal update from the NHS ICB and to receive the report on proposed future Health and Wellbeing Board and Integrated Care Partnership arrangements (report to follow the agenda).

6 Somerset Children and Young People's Plan (Pages 17 - 22)

To receive the report and presentation, which will include the interactive platform Mentimeter (attendees will go to www.menti.com to participate).

7 Health, Care, and Housing (Pages 23 - 54)

To receive the presentation and recommendations.

8 Somerset Health and Wellbeing Board Work Programme (Pages 55 - 58)

Item Somerset Health and Wellbeing Board - 11.00 am Monday 26 September 2022
To discuss any items for the work programme. To assist the discussion, attached is the Board's current work programme.

9 **Any other urgent items of business**

The Chair may raise any items of urgent business.

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Guidance Notes for the Meeting

1. Council Public Meetings

The former regulations that enabled virtual committee meetings ended on 7 May 2021. Since then, all committee meetings need to return to face-to-face meetings. The requirement is for members of the committee and key supporting officers to attend in person, along with some provision for any public speakers. Provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually.

Please contact the Committee Administrator or Democratic Services on 01823 357628 or email democraticserviceteam@somerset.gov.uk if you have any questions or concerns.

2. Inspection of Papers

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

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

3. Members' Code of Conduct Requirements

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: [Code of Conduct](#)

4. Minutes of the Meeting

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

5. Public Question Time

If you wish to speak, please contact Democratic Services by 5pm 3 clear working days before the meeting. Email democraticserviceteam@somerset.gov.uk or telephone 01823 357628.

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

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

After entering the Council building you may be taken to a waiting room before being taken to the meeting for the relevant agenda item to ask your question. After the agenda item has finished you will be asked to leave the meeting for other members of the public to attend to speak on other items.

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

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

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

If an item on the agenda is contentious, with many people wishing to attend the meeting, a representative should be nominated to present the views of a group.

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

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

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

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

6. Meeting Etiquette for Participants

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

7. Exclusion of Press & Public

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

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, ask Participants to leave the meeting when any exempt or confidential information is about to be discussed.

8. Recording of meetings

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possible use of those images and sound recordings for webcasting and/or training purposes. If members of the public do not wish to have their image captured they should ask the committee clerk, who will advise where to sit or participate in the meeting. If you have any queries regarding this, please contact the Committee Manager for the meeting.

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

SOMERSET HEALTH AND WELLBEING BOARD**Minutes of the Meeting of the Somerset Health and Wellbeing Board
held in the Luttrell Room on 13 June 2022 at 11.00 am**

Board Members in Attendance: Cllr Bill Revans (Chair), Cllr Adam Dance (Vice Chair), Prof Trudi Grant, Lou Woolway, James Rimmer, Julian Wooster, Mel Lock, Sup Richard Turner, Cllr Ros Wyke, Cllr J Keen, Cllr Tessa Munt,

Other Members in Attendance Virtually: Cllrs Alastair Hendry, Andrew Govier, Brian Hamilton, Clare Paul, Andy Dingwall, Andy Hadley, Dawn Denton, Emily Pearlstone, Jason Baker, Leigh Redman, Martin Lovell, Mike Hewitson, Peter Clayton, Rosemary Woods, Sue Osborne, Federica Smith-Roberts

Apologies for absence – Agenda Item 1

Apologies were received from Mark Leeman and Jonathan Higman.

The Chair took the opportunity to acknowledge those members of the Board who were leaving and thank them for all their work: Cllr Clare Paul (Chair), Dr Ed Ford (co-Vice Chair), Cllr Frances Nicholson (co-Vice Chair), James Rimmer (CCG), Dr Alex Murray (CCG), Cllr David Huxtable, Cllr Mike Best. He also welcomed the new Board members: Cllrs Bill Revans (Chair), Adam Dance (Vice Chair), Tessa Munt, Gill Slocombe, and Lucy Trimnell.

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 17 January 2022 - Agenda Item 3

The minutes were noted and accepted as accurate.

Public Question Time - Agenda Item 4

There were no public questions.

ICS Verbal Update - Agenda Item 5

James Rimmer, Chief Executive-NHS Somerset CCG and System Lead, advised that the 2022 Health and Care Act had been formally approved, meaning that the CCG will close on 30th June and the ICB (Integrated Care Board), supported by the ICP (Integrated Care Partnership), will commence on 1st July. The ICB and ICP together form the ICS (the Integrated Care System). The ICB which will have a close working relationship with the Health and Wellbeing Board, meaning that the next HWBB meeting will occur in that context. Everything is currently on track for the closure of the CCG and establishment of the ICB; James Rimmer himself will be leaving and other changes will also occur.

Prof Trudi Grant, Director of Public Health in Somerset, observed that the important work being done is centred on the guidance relating to the ICP sitting alongside the Somerset HWBB in a one-on-one formation, and the responsibilities for each must be worked out. In order to do this, a workshop was held and new guidance has since been issued; the HWBB needs to transform into a system-wide, multi-agency leadership Board that runs in parallel with the ICB. It will be seen how the first few months go, beginning 1st July, then it will be assessed.

Paul von der Heyde, Somerset ICS Chair and Chair Designate for NHS Somerset ICB, noted that the ICB has now confirmed all of the non-executive directors and all but one the executive directors, and there will be a sign-off meeting with the Regional NHS team shortly. With regard to the ICP, he will be meeting with the HWBB Chair very soon. He took the opportunity to thank James Rimmer for all of his work.

The Board then discussed the presentation. It was asked if the intention was to develop the Integrated Care Partnership as a separate body like the Safer Somerset Partnership; it was responded that the idea is for the ICP to statutorily develop the Health and Care Plan and oversee delivery of it, although it also needs to take heed of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy developed by the HWBB, so it will also interact with the HWBB regarding the wider determinants of health. Both are statutory boards; duplication will be avoided, but they will be working together. Another member asked what the current status in Somerset is regarding a single body for all of the acute trusts; likewise for the status of the acutes at the moment; and will the ICS be taking over the commissioning regional commissioning of the NHS services. It was replied that, first, the planned merger between the Somerset Foundation Trust and the Yeovil District Hospital Foundation Trust, which are separate organisations with one executive team serving two boards, is ongoing and they are increasingly working as one; the business case was drawn up last autumn, and the merger will formally take place in the spring of 2023. Secondly, with respect to operational

performance, it remains a challenge but is improving. The NHS has established “Opal Systems Operational Performance Escalation Levels” 1-4 (Level 1 was previously denoted as “green” and Level 4 as “black”); during the past six months, the system was in Level 4, which was extremely challenging due to Covid. The recurrence in the form of Omicron put some of the recovery plans on hold, but Opal level 3 was seen last week for the first time. The situation remains challenging, but they are working closely with social care, where their colleagues have been doing an incredible job both on the front line and in the planning aspects; they have a plan and a real trajectory working in parallel. Primary care remains challenging, but there has been innovation, including a new model in Minehead. As far as the recovery programme goes, there has been a return to elective work but long waits are the longest they have ever been across the NHS and also Somerset; two-year waits are coming down, which they hope to reduce to 400,000 by the end of the year. As to the third point regarding specialised and regional commissioning, this is currently a transition year for the NHS; at the moment in Somerset, primary care GP commissioning is being done, with pharmacy, optometry and dental to come into the system in April 2023. More rare, specialised (tertiary) commissioning which was normally commissioned out will also come in. The plans are still being worked through nationally, but some local and specialised commissioning will be either at the regional or national level, depending on the service. It was added that, because the South West has a series of smaller systems, there has been collaborative work on the plan, which is progressing well.

The Somerset Health and Wellbeing Board noted the update.

Somerset People Plan - Agenda Item 6

Chris Squire, Director of Customer and Digital Workforce for SCC, introduced the topic, noting that he is also the Chair of the ICS People Board, a productive group with inclusive representation from primary care, secondary care, acute care, and the community and voluntary care sectors that deals with workforce initiatives. They will now move into the ICB as far as activities and reporting arrangements. Jane Graham, System Workforce Programme Manager-Health and Social Care and also the workforce lead, then made the presentation on the “ICS People Plan Update for Health and Wellbeing Board Somerset for Health and Social Care”. The slides touched on what the People Board is and their responsibilities, their achievements in 2021-2022, their priorities for 2022-2023, their focus on the ICS Colleague Health and Wellbeing Programme, their purpose/vision/key objectives, their 10-point plan, and their focus on social care.

The Board then discussed the presentation; appreciation was expressed for the very comprehensive presentation, and it was asked if the Prevent Programme for Women’s

Health could be expanded to teenage pregnancy and substance abuse as those can be life-changing and need prevention. It was responded that the programme involves the health of the workforce, meaning people of working age, for which there has been an £800,000 investment from the NHS, which includes training of management in order to help the workforce. It was pointed out that 16-17 year olds also make up part of the workforce, but it was felt that there are specific programmes for teenagers outside of this initiative.

Another member noted with respect to the 10-point plan that it would be helpful to understand where it had failed and where assistance could be offered, in order to aid recruitment and retention of staff; it was replied that there are programmes for young people, return to the workforce, and career change, but there is still a need to work on recruitment. This is due to a very tight labour market and the need of many young people to explore their career options before deciding, and there are many leavers needing to be replaced every year due to issues with pay and career progression. It was enquired that since pay is not the only issue, what else is being done in this area; the response was that with the significant increase in the cost of living, pay matters a great deal, and as a result all social care providers are having problems recruiting and retaining since there are other job options that pay more. There is a need to work together across the system; Yeovil Hospital Foundation Trust does great work on overseas recruitment, and the People Board has begun collaborating with them. It was added that a pilot for international recruitment is being looked at for one of the biggest social care providers, while last year one of the Board's achievements was obtaining funding for a talent hub operated by Somerset Foundation Trust; this would enable the coordinated recruitment and development of talent which would then be deployed where necessary. The trial program includes a reservist scheme, for those who can commit to working up to 20 days per year.

It was opined that there is a need to improve how people value social care and social work, and to look at it in a different way. It was responded that there is indeed a perception issue, so the 'fun' side of social care and its apprenticeships/careers is being promoted; 'Proud to Care' branding is a big part of the strategy.

Great interest was expressed in the Passport to Care, and it was asked how students studying health and care moved into the various specialisations in the field; do they 'fall into' it, or do they choose it and enter into specialities like hospital work? It was replied that the programme is currently in its early stages; the primary idea is to target Chard, Crewkerne and Ilminster for recruitment. As it is a new pilot, the data requested will be known later on, but the People Board would be happy to give a future update. Mel Lock, Lead Commissioner-Adults and Health, stated that they are going into colleges and talking to students about social care; they don't have a breakdown of who ends up working in the field or in which sector though. The challenge is that there

is a ceiling on the number of young people in Somerset, which has an older demographic, which influences the number of those who want to work in the care system. It was added that a nursing degree programme has been set up to start in September at Bridgwater and Taunton College, as well as a social worker degree programme that has been running for three years at Yeovil College; there is also exploration on converting Bridgwater Hospital into a health and social care training centre.

The Somerset Health and Wellbeing Board noted the progress made by the People Board and its delivery measured against the ICS People Plan, and agreed that future reporting arrangements will be made through the Integrated Care Partnership (ICP).

Living with Covid-19 - Agenda Item 7

Alison Bell, Strategic Manager-Public Health, and Joe McGregor-Harper, Covid-19 Health Protection Practitioner-Public Health, made the presentation; the first slide covered the Background and Context of the Covid-19 pandemic (declared on 11 March 2020) and the response in Somerset, which as a system functioned very well. The last meeting of the Somerset Covid-19 Engagement Board was held on 14 March as the response transfers into the 'Living with Covid-19 Plan' which will be administered by the Health and Wellbeing Board. Other topics covered were the aims of the plan, the ADPH (Association of Directors of Public Health) framework, the prevention of negative outcomes, risk mitigation by and for individuals (including behavioural insights via focus groups), management of local outbreaks (including surveillance), risk mitigations for high-risk settings (including care homes and SEND schools), emergency response, and governance (the Health and Wellbeing Board oversees the Health Protection Board and its Health Protection Team).

The Board then discussed the presentation. It was asked what the incidence of long-term covid was, if this was a significant problem, and if there was a plan to deal with it; the answer was that there are different cohorts of people. At any time, just under 2% of people are testing positive for acute covid, while another group of people had actually had Covid and within the first three months had lingering symptoms like a cough and feeling under the weather. Then there were the official long Covid sufferers who had tested positive more than three months ago but were still reporting symptoms of post-viral illness (fatigue and inability to return to work). Those with official long Covid are supported by the NHS through special services, and many are health or care workers. AB said that she could get the actual numbers for those who were interested, which included the Vice Chair (ACTION).

It was enquired what the current situation is as regards organisations being asked to send back Covid testing kits and what the plan is going forward for care/residential homes and SEND schools; it was replied that limited testing is still available for staff in health and care settings although not for SEND schools, and if any symptoms of infectious disease of any type are identified in a high-risk setting, then test kits will be sent out by the UK Health Security Agency in order to determine a definitive diagnosis. It was asked how any increase in variants would be monitored, given the reduction in testing; it was responded that there has been a national discussion on robust surveillance and that the Office of National Statistics is still monitoring the data through a national prevalence survey (the latest data showed that 1.87% of people through a random sample of PCR specimens were testing positive). The specimens are sent to the lab with a certain amount being analysed to determine if there are any new variants; any results from persons testing positive while in hospital or a social care setting are sent to a different laboratory to analyse the genome. Health personnel on the ground are also able to determine differences in symptoms and frequency via 'soft intel'.

The Somerset Health and Wellbeing Board supports the approach described in Living with Covid-19 and will only receive exception reports on Covid-19 as an agenda item if the situation changes.

Pharmaceutical Needs Assessment (PNA)- Agenda Item 8

As a supplement to his report contained within the agenda, Pip Tucker, Service Manager-Public Health, made a presentation on the Pharmaceutical Needs Assessment 2022-25. In explaining what the PNA is, it was noted that it is part of the 'market entry system' for pharmacies and that the Health and Wellbeing board is required to provide this independent, factual view (due for September 2022) because the NHSE has a conflict of interests. From April 2023, pharmacy commissioning will be the responsibility of the Integrated Care Board. The PNA does not review the quality of pharmacies regarding service or hours or assessment locational conditions. The PNA was written by a working group delegated by the Health and Wellbeing Board in October 2021, which is made up of the principal stakeholders (medical and pharmaceutical committees, Healthwatch, NHS England, Public Health, etc). The findings were also presented, with it noted that the steering group is consulting on two improvements (wider commissioning of Hepatitis C antibody testing and the commissioning of an existing pharmacy in Chard to provide Sunday opening); there were also findings outside the scope of the PNA, which noted a considerable reduction in opening hours currently (largely caused by staffing difficulties) that is affecting prompt service.

The Board then discussed the PNA. It was enquired if alternative methods of dispensing medicines were being looked at, such as mobile pharmacies or online services; it was responded that 20% of provisions are now digital. It was suggested that digital prescriptions could cause problems for those without access to online services and that as the population ages, people may lose their sight or the ability to use their hands even if they know how to go online, so it would not be fair to shut down pharmacies. The response was that 80% of prescriptions are still delivered face-to-face and that the trend toward digital is in all sectors; it is positive because it frees up staff and pharmacist time. However, it was agreed that pharmacies should not be closed, as pharmacists also provide advice.

It was observed that many pharmacies are now a part of chains and that there is a pattern emerging of certain meds no longer being available, so were these meds imported? The answer was unknown, as the issue does not form part of the PNA, but there are supply chain issues across all sectors; another response advised that work is being carried out with NHS England to identify substitutes for these meds, and everyone is very grateful to the pharmacy community for this.

A Council Member living in Dorset noted that community pharmacies have had a 40% reduction in funding from the NHS, which has influenced a reduction in opening hours. He opined that PNA's across the country are generally conservative, almost complacent about the situation, and that access is not just about opening hours but also staff levels, which are all affected by funding shortages. It was asked if there was adequate resilience in the sector to cope with this, if the PNA could help remedy it, and what will happen if the situation deteriorates before the next review in three years? It was suggested that weekend openings don't go far enough and could even lead to weekday closures, while more access is needed in some areas for those who can't get delivery of meds. The reply was that Somerset has a higher rate of online prescriptions compared to other counties, that any short-term pharmacy closures are an NHS matter, and that information on the requirements for Chard would be welcomed.

A concern was raised about the NHS promoting pharmacies to take the pressure off GP, as if this is going to happen, there needs to be better access to pharmacies. It was replied that Primary Care encompasses pharmacies as well as GPs, so the PNA is crucial going forward, as during Covid a drop-off in GP visit was seen with pharmacies playing a key role. A huge opportunity will arise with the move to local commissioning, and it is necessary to ensure that each group within Primary Care gets the attention that it needs.

The Director of Public Health pointed out that the PNA is a huge piece of work and that there is not a similar needs assessment for dentistry; it will be interesting to see where it all goes in the future. This information may go to the ICS rather than the HWBB, although commissioning will be done by our system in future.

The Somerset Health and Wellbeing Board endorsed the draft PNA; commented on the provision of Sunday opening in Chard and Hepatitis C antibody testing; and delegated endorsement of the final draft of the report to the Chair of the Health and Wellbeing Board, assuming only minor changes from the consultation draft.

Work Programme - Agenda Item 9

Lou Woolway, Deputy Director of Public Health, stated that as the relationship between the HWBB and the ICP is developed, there will be a need to raise other topic and return to holding workshops. She asked to be kept posted on these matters.

When asked if there were any suggested topics for the Work Programme, it was requested that information be provided on outpatient access. It was also queried if there had been a final report regarding the ongoing programme of improvements for Children's Services, i.e., SEND; Julian Wooster, Director of Children's Services, stated that there had been a final visit from DfE, but work was ongoing as the national SEND system needed improvement. Trudi Grant advised that it had been agreed at the last meeting to run a development session on the topic.

The Somerset Health and Wellbeing Board noted the Work Programme and agreed to run a development session/workshop in July regarding levelling up for the SEND system.

Any Other Items of Business - Agenda Item 10

There were no other items of business. The next meeting is scheduled for 26 September 2022.

The meeting ended at 13:15 pm

CHAIR

The Somerset Children and Young People's Plan 2022-2024

Lead Officer: Julian Wooster, Director Children's Services, SCC

Author: Fiona Phur, Partnership Business Manager, SCC

Contact Details: Fiona Phur, FZPhur@somerset.gov.uk, 07811 307699

<p>Summary:</p>	<p>This report is provided to the Health and Wellbeing Board for their understanding of the consultation and production of the new Children and Young People's Plan, effective from 2022, following the cessation of the previous plan 2019 - 2022. It sets out the production and governance of the Plan which will function as an overarching plan for the children's workforce, 2022-2024.</p> <p>In addition, it details consultation with young people and stakeholders, both across the Somerset Safeguarding Children Partnership Structures but also across groups with responsibility to strategies and action plans to support health and wellbeing at a universal and targeted level.</p>
<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Board receives for information:</p> <ol style="list-style-type: none"> 1. The Somerset Children and Young People's Plan which is a partnership plan for the entire children's workforce 2022-2024
<p>Reasons for recommendations:</p>	<p>The previous Somerset Children and Young People's Plan concluded in March 2022 and consultation on the new plan with children, young people and stakeholders has been underway since June 2021.</p> <p>The plan is submitted to the Health and Wellbeing Board as the overarching action plan, as designed by children and young people, against which existing strategies and plans will align and report.</p>
<p>Links to The Improving Lives Strategy</p>	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</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	X
	Improved health and wellbeing and more people living healthy and independent lives for longer	
	The Children & Young Plan aligns to the Improving Lives Strategy – Fairer life chances and opportunity for all through its vision for all children and young people in Somerset to be happy, healthy and preparing for adulthood.	
Financial, Legal, HR, Social value and partnership Implications:	As a partnership plan, there are no specific financial, legal or HR implications as the plan brings together the measures of existing strategies and plans against the key priorities identified by children and young people. It is designed to coalesce the shared priorities of aspects of partnership working.	
Equalities Implications:	<p>An equalities impact assessment has not been completed since the new Children and Young People’s Plan is an overarching framework which brings together existing strategies and plans against the priorities of:</p> <ul style="list-style-type: none"> • Keeping children and young people safe • Supporting physical and emotional health • Supporting young people to learn and thrive. <p>Strategies and plans against specific areas which sit behind the overarching plan are owned by identified/groups or individuals who are responsible for the equalities implications.</p>	
Risk Assessment:	The risks of fulfilling the Children & Young People’s Plan are aligned to the Children’s Services risk assessment.	

1. Background

- 1.1.** The current plan for Children, Young People and their Families ended in March 2022, and the new plan took effect July 2022. Following the absorption of the Children’s Trust Board into the Somerset Safeguarding Children Partnership (SSCP) arrangements in September 2019, the SSCP has taken oversight of the existing plan and reported on its priorities

through multi-agency safeguarding arrangements. The existing plan, and its successor, are multi-agency plans, owned collectively by the three statutory safeguarding partners – Somerset County Council, Somerset Clinical Commissioning Group and Avon and Somerset Constabulary – as well as relevant agencies as set out in ‘Working Together to Safeguard Children’ (2018).

The SSCP decided, through the SSCP Partnership Business Group in June 2021, to consult widely with children and young people on their priorities and to ratify this with the SSCP subgroups. The plan therefore constitutes what children and young people across Somerset have stated are their priorities, and identified existing strategies, plans and actions to align and report against their key areas of focus.

- 1.2. The process for consultation has been through the SSCP subgroups, as shown in the structure chart <https://sscb.safeguardingsomerset.org.uk/wp-content/uploads/Structure-Chart-Childrens-safeguarding-Arrangements-in-Somerset-Sept-2021.pdf> as well as other associated groups, such as the SEND Improvement Board. There was an expectation that all chairs and members of the subgroups consulted with their sectors/agencies and feedback via the SSCP Business Unit.

The SSCP recognises the need to ensure safeguarding is at the centre of the next plan, but that it also encompasses a whole system approach that supports children, young people and their families who only access universal services, and not just those who make use of targeted or specialist parts of the system.

2. Improving Lives Priorities and Outcomes

- 2.1. Our vision is that Somerset children and young people grow up in a child friendly county that supports them to be happy, healthy and prepared for adulthood. Our vision will help keep our children and young people safe and be ambitious - building a county that encourages equality and diversity, protects the environment and is ambitious on climate change for future generations, and increases social mobility that in turn will build a more prosperous county. We aim to improve outcomes for all our children whilst recognising the need for outcomes to improve faster for vulnerable children and young people.

This rights- based plan centres around the rights of children and young people to expect that they will be safe, have good health and be able to learn and thrive. It focuses on eight priorities:

- Early Help
- Safeguarding from birth to adulthood
- All babies have the best start in life
- Better support for social, emotional mental health and wellbeing
- Support for education and inclusion
- Reduce bullying and promote positive communities

- Reduce poverty and homelessness
- Tackle climate and transport

3. Consultations undertaken

3.1. Consultation across the partnership

The plan, in its various stages of development, was considered at the SSCP Partnership Business Group during quarterly meetings in 2021 and 2022. In addition, this timeframe has been followed in consulting with the SSCP Executive Group. It remains the responsibility of subgroup members and members of the associated functions, as set out on the structure chart, to consult with their sectors/agencies. In addition, Board structures which support universal and targeted priorities, such as the Education Strategy Board, have also been approached regarding how the plan fits with existing and emerging strategies.

Some bespoke meetings have been held with key stakeholders, e.g., Commander for Somerset in the Avon & Somerset Constabulary, Assistant Director for Education, to support their understanding of the purpose of the plan and the process for multi-agency involvement in the partnership plan.

The feedback from partners, notably Somerset County Council, focussed on the need to specify accountable bodies and contributory strategies and this is illustrated against each priority in the plan.

Consultation with young people

Young people have been consulted extensively throughout this process through a variety of means, including:

- The national Make Your Mark survey, 2,500 young people in Somerset voted on their priorities – facilitated by Somerset Youth Parliament
- Youth Forum consultation, which was consultation with young people on their priorities, and a subsequent presentation to the children's safeguarding partnership in its widest sense through an online SSCP Forum week in June 2021.

4. Request of the Board and Board members

4.1. The Somerset Safeguarding Children Partnership, which takes oversight of the Children and Young People's Plan, is a tri-partite arrangement between the three statutory safeguarding partners: Somerset County Council, Somerset Clinical Commissioning Group, and Avon and Somerset Constabulary, and encompasses wider partners, defined as 'relevant agencies' in *Working Together to Safeguard Children (2018)*.

4.2. Members of the Health and Wellbeing Board are asked to:

Endorse the plan for 2022-2024 and support the reporting mechanism as set up by the Somerset Safeguarding Children Partnership, holding the owners of the strategies and plans to account.

5. Background papers

5.1. A copy of the slide set, showing the Children & Young People's Plan, and supporting information can [be found here](#).

6. Report Sign-Off

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

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Julian Wooster	20/07/22
	Cabinet Member / Portfolio Holder (if applicable)	Cllr Tessa Munt	20/07/22
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	20/07/22

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**Health, Care and Housing – Reflecting on ‘*Improving Health and Care Through the Home in Somerset – a Memorandum of Understanding*’
Understanding the Challenges and Identifying Ways of Taking Forward Collaborative Working**

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

Author: As above

Contact Details: m.leeman@somersetwestandtaunton.gov.uk

<p>Summary:</p>	<p>The Somerset Health and Wellbeing Board has recognised the need to deliver improved collaboration between the health, care and housing systems.</p> <p>Improving collaboration, and working towards integrated commissioning across health, care and housing can generate improved outcomes for the population at large, but especially for those who are vulnerable. It can also reduce costs and improve the overall effectiveness of ‘the system’.</p> <p>On the 17th September 2020 the Somerset Health and Wellbeing Board adopted ‘<i>Improving Health and Care through the Home in Somerset – A Memorandum of Understanding</i>’. The MoU contains five themes where enhanced collaboration is sought: rough sleeping and complex homeless; independent living; climate change; nomadic and transient communities; and Health Impact Assessments (HIA).</p> <p>This report reflects on the content of the MoU and seeks to understand the level of progress made against each of the five themes. Importantly, the report seeks a recommitment from partners to collaboration between health, care and housing systems/services – as a key driver of prevention-based service delivery. The report seeks to identify priority activity for the next 12 to 18 months, noting the capacity issues that are being experienced across ‘the system’. The report recommends collaboration with external programmes that can offer support, such as Leading for System Change, which can bring extra leadership capacity to these complex areas of activity.</p>
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<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Notes the progress made with delivering <i>Improving Health and Care Through the Home in Somerset</i> (MoU); 2. Reconfirms the integration of health, care and housing systems/services as a HWBB priority, recognising that progress in this area is an important driver of prevention-focused service delivery, and confirms that all HWBB partners are committed to supporting this work via relevant partnership arrangements; 3. Supports a programme of work (suggestions on Pages 11/12) that will enable us to make significant progress within the realm of health, care and housing integration, recognising that this will require both robust leadership and resources (staff/funding), and commits to this programme of work to coming back to the Board for ratification and monitoring; 4. Supports collaboration with external support programmes (e.g. Leading for System Change/others) who can bring additional leadership capacity, ideas and general support towards this priority area of activity. 								
<p>Reasons for recommendations:</p>	<p>To ensure that the Board has oversight of the work being undertaken to deliver 'Improving Health and Care through the Home in Somerset – a Memorandum of Understanding (MoU), to understand current capacity issues and other challenges, and to provide the Board with an opportunity to directly influence the programme of activity.</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 1473 1466 1944"> <tr> <td>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td>Yes</td> </tr> <tr> <td>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td>Yes</td> </tr> <tr> <td>Fairer life chances and opportunity for all</td> <td>Yes</td> </tr> <tr> <td>Improved health and wellbeing and more people living healthy and independent lives for longer</td> <td>Yes</td> </tr> </table> <p>It is critical that we enhance collaboration and partnership working in the realm of housing and its interrelationship with health and care services (and indeed, other parts of 'the system')</p>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	Yes	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	Yes	Fairer life chances and opportunity for all	Yes	Improved health and wellbeing and more people living healthy and independent lives for longer	Yes
A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	Yes								
Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	Yes								
Fairer life chances and opportunity for all	Yes								
Improved health and wellbeing and more people living healthy and independent lives for longer	Yes								

	<p>including crime, work and skills, and town planning). Housing is deeply connected to care and health and, when one part of the system fails, there are repercussions for individuals and families, as well as financial impact on services. Through enhanced collaboration, we can make progress against all the above priorities.</p>
<p>Financial, Legal, HR, Social Value and Partnership Implications:</p>	<p>Financial and Legal: None at this stage, <i>but potentially significant</i>. This report is seeking agreement to 'nudge' the system and / or build upon existing areas of activity, to help deliver better ways of working. Various projects are suggested that, in due course, will have significant financial / legal implications. Clarity will emerge as we begin to understand the detail. For example, the long-term aspiration of moving towards integrated commissioning arrangements in the sphere of complex vulnerabilities will have significant legal and financial implications, as we potentially work towards bringing together strategy, budgets and workforce. We are at the beginning of this process and more work needs to be undertaken. These factors will be explored within the realm of the ICP/HWBB, LGR, the Homelessness Reduction Board, etc. The same is true for the other priority areas covered by the MoU. For example, a focus on understanding demand and need for specialist accommodation will inevitably produce recommendations that will have financial and legal implications. Clearly, this report is laying down a marker that to get on the front-foot in relation to prevention-based activity, more resources will need to be invested in this area. How that is to be achieved will be a matter for ongoing/priority debate.</p> <p>Social value: There is significant potential to deliver enhanced social value from the content of the MoU. For example, enhanced commissioning arrangements (coproduction) will provide further scope for the VCS to directly influence the nature of the contracts, align contracts to local priorities, achieve wider community benefits and person-centred benefits, and so maximise the value of public expenditure.</p> <p>Partnership Implications: Significant. This report seeks enhanced partnership arrangements within the sphere of health, care and housing.</p>
<p>Equalities Implications:</p>	<p>This report is not proposing any new strategy, policy or programme. Rather, it is a review of existing policy/programmes with a view to suggesting priority areas of focus to help us make progress. As such, a detailed Equalities Impact Assessment is not required.</p> <p>However, the work under-pinning the MoU is informed by a need</p>

	<p>to support vulnerabilities in a holistic manner. Many of the 'protected characteristics' such as age, disability, gender etc can present as vulnerabilities, dependent on the circumstances.</p> <p>As such, a failure among partners to support priority activity within the sphere of this MoU can have an adverse impact on those with protected characteristics</p> <p>The Somerset Housing Strategy (2019) and the Somerset Homelessness and Rough Sleeper Strategy (2019) are underpinned by comprehensive Equalities Impact Assessments. As was more detailed activity such as the need to support rough sleepers during 'Everyone In'. These have been used to help drive the work that forms the content of the MoU.</p> <p>As we progress, it is essential that the equalities agenda forms an integral part of our considerations. These will be matters to be considered by the various partnerships/services that will be responsible for the suggested areas of work i.e. work programmes within the realm of the ICS, Homelessness Reduction Board, the Gypsy and Traveller Working Group, Somerset Independence Plus, etc</p> <p>Critical to this will be the voice of the customer. The customer voice is being used to shape the work of rough sleeper services, the future P2I contract, the expansion of the hospital discharge service etc. It is important that we use data, intelligence and lived experience to shape our future policy, programmes and commissioning intentions.</p>
<p>Risk Assessment:</p>	<p>There are significant risks around the failure to maintain and enhance coordination of service delivery within the sphere of health and care and housing</p> <ul style="list-style-type: none"> • Risks to an individual's health • Risks to partner relations • Impacts on budgets across systems as we lose coordination <p>There are risks to collaborative working should we fail to engage appropriately with all partners on the implementation of the MoU.</p> <p>Unitary Council: The activity within the MoU should assist strategic conversations around the delivery of a unitary authority rather than present any significant risks. Proposals within this report seek to either 'nudge' the system or build upon existing areas of activity, rather than present new areas of complex activity, that could pre-empt the priorities of the new Somerset Council. It is understood that a focus on driving forward prevention-based</p>

	activity (the key thrust of this report) will be a priority for the new Unitary Council.
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1. Background

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

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

- Health and Social Care Act 2012
- Care Act 2014
- Homelessness Reduction Act 2017
- Improving Health and Care Through the Home – a National Memorandum of Understanding 2018
- Supported housing – a National Statement of Expectations
- NHS white paper 2021
- People at the Heart of Care: Adult Social Care Reform White Paper 2021
- ADASS: Care and Support and Homelessness: Top Tips on the Role of Adult Social Care (2022)
- ADASS: Housing and Care: Good Practice Guide (to be published Autumn 2022)

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

The MoU contains 5 priority areas for activity:

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

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

Appendix 1 provides more context on the interplay between health, care and housing. A quick summary on progress against the five themes within the MoU is provided below.

Rough Sleeping and Complex Homeless

- No rough sleeper deaths due to Covid
- Establishment of **Somerset Homelessness Reduction Board (HRB)**
 - *Note: This meeting is well attended, but not all partners are engaging with this important strategic partnership*
- Progression of **Better Futures for Vulnerable People in Somerset**
 - Assessment of demand (housing/support) for individuals with complex needs
 - Creative Solutions Panel (pilot) – with countywide roll-out planned for Autumn 2022
 - *Note: not all partners are currently engaging with this initiative*
 - Collaboration to deliver specialist accommodation solutions (e.g. Housing First, treatment accommodation, move-on etc)
 - Development of countywide metrics
- Countywide expansion of nursing support within rough sleeper settings
 - Royal Society for Public Health award nomination (final decision 20th October 2022)

Independent Living

- The Better Care Fund (BCF) continues to drive a range of prevention related activity (this is delivered through Somerset Independence Plus – SIP):
 - Disabled Facilities Grant (DFGs), Decent Homes (repair grants), Prevention Grants, Modular Ramping, Independent Living Officers (ILOs), Hospital Resettlement Coordinators, Assistive Technology Development, North Taunton Project – low interest loans, accommodation solutions for homeless/rough sleeper community, Empty Homes, Housing Option OTs, Energy (Warm Homes Fund – match funding) – funds currently amount of £6.7M for insulation and heating measures, Independent Assessment Centres (IACs), Discretionary DFGs, Hoarding Services, Support for Lifeline Systems (careline and others). See report to HWBB (Nov' 21)
- SIP have completed 750 home safety checks since 1st April 2022 in response to requests from Public Health for the Ukrainian Resettlement programme (recently employed two additional ILOs for this work following receipt of £100k grant from Public Health)
- Winter Plan – collaboration between SIP, Public Health, Centre for Sustainable Energy (CSE) and Village Agents – to assist the vulnerable, elderly and fuel poor households cope with soaring fuel bills (from 1st Sept)
- Care and housing services had hoped to collaborate to develop a detailed understanding of the demand and need for specialist accommodation – to inform investment and commissioning decisions (including new build/repurposing of existing accommodation). However, we have been unable to make progress in this area
- Individual housing providers have responded to the need to work with care and health services to support independent living. There are many good examples

(see Appendix 1) as well as frustrations as initiatives sometimes fail / are not fully utilised due to lack of engagement and/or commissioning decisions

Climate Change

- The context to this area of work is shaped by the following:
 - JSNA – Climate Change and Health (2019/20) – significant implications for housing, care and health services
 - Somerset Climate Change Emergency Plan
 - Cost of Living Crisis – response (including fuel poverty interventions)
- There is plenty of activity in this area, including district council led housing retrofit /zero carbon programmes. There is also pan-Somerset multiagency activity, e.g.
 - The Safe and Warm Initiative (CSE/SIP/Citizens Advice/HIS) continues to invest in the following:
 - Improving the energy efficiency of homes
 - Making homes healthier
 - Improving people’s confidence to manage energy
 - Reducing Fuel Debt
 - Improving Income
 - Winter crisis support
 - Multi-agency partnerships
 - There is a need to continually upscale energy efficiency interventions

Transient and Nomadic Communities

- Excellent multi-agency support during the Covid pandemic
- Reconstituted the Gypsy and Traveller Working Group set up under Covid to continue to work in partnership across agencies. Sedgemoor District Council chair the group. Governance repositioned to sit within the HRB
- Funding for 2 x Gypsy/Traveller Liaison officers extended
- Progress being made to identify potential sites for permanent and transit solutions – including funding streams

Health Impact Assessments

- This relates primarily to how health, care and housing services relate to the town planning process, and the development and adoption of HIA guidance to inform plan making and the consideration of planning applications for major developments
- Ultimately, this is about neighbourhoods and communities, it’s about how we promote sustainable transport, deliver green spaces for recreation, leisure and sport, deliver the type of accommodation (including specialist) and neighbourhoods that are good for both physical and mental health. It’s about how we work with the town planning process to deliver healthy communities
- Presentation to Somerset Strategic Planning Conference, but unfortunately slow

/ no progress in this area

Demonstrating Impact

It is essential that we can demonstrate the impact of collaborative working. This needs detailed study. External organisations such as The Kings Fund have long provided evidence at a national level of both improved customer outcomes and cost savings. There are plenty of local examples that are worthy of study:

- Canonsgrove (and generally, the 'Everyone In' initiative across Somerset) – success at increasing the numbers of rough sleepers who were able to move from the streets, to supported accommodation to permanent homes
- Nursing Team – supporting rough sleepers across the county, improved health outcomes and reduced hospital / care admissions – this initiative has been shortlisted for an award by the **Royal Society of Public Health**
- Creative solutions – delivering multi-agency creative solutions to those with the most complex of conditions
- BCF / Somerset Independence Plus – a quick example is given at Appendix 1

Challenging Times

The MoU proposes that we aspire to a place where we have alignment of strategies, budget and workforce. However, delivering system integration is a difficult and complex area of work. This is made more challenging by current circumstances, both locally and nationally.

A SWOT analysis is provided at Appendix 1.

Addressing the Challenges

Despite the challenges, work continues with the aim of improving systems and service collaboration, with customer outcomes being centre stage. We are very aware of the potential support and advice that can be provided by external parties (as well as internal innovation).

- The HRB continues to govern and champion the **Better Futures Programme**. The BF programme has six workstreams and we are fortunate to have the continued support of Ark Consultants (commissioned by the four district councils), who bring extra capacity to this challenging area of work. This includes their steer to the Creative Solutions Board, their work to advise future commissioning priorities (e.g. helping us to understand demand and need), their work to support collaboration with Registered Providers (Housing), and their chairing of a sub-group that is seeking to improve access to the private rented sector.
- We are also fortunate to have an offer of help from **Leading for System Change**. LFSC is a support offer to enable people involved in integrating services, in our case via the Somerset Integrated Care System (ICS), to

strengthen their leadership capacity to work effectively across systems and sector/professional boundaries. It's a national offer that's being funded via the NHS Leadership Academy, and Somerset is one of 19 ICSs around the country that are involved. The aim is to provide learning, in designated sessions and working with designated Leadership Academy Faculty, to up to five groups of people, ideally from across sectors and disciplines, who are grappling with complex issues (such as homelessness and related issues) and to support them to apply that learning to work more effectively in collaboration across a system. The offer runs for c 6-8 months, with a view to seeing progress in new thinking, behaviours and approaches. The process started on July 27th with a HWBB sponsored event, that saw 25 people (officer and members) come together to discuss the complexity of collaboration across health, care and housing. We agreed that, given the current challenges and complexity, we need to take small steps and accumulate – in order to drive change. We developed a 'Statement of Common Purpose' and identified 'key themes and areas that we may wish to focus on'. More detail is provided at Appendix 1.

- The topic of testing system integration between health, care and housing is a 'challenge theme' within the next round of **Co-Lab** training. Co-Lab is short for 'Commissioning Labs' with an emphasis on the 'Co' – doing things in partnership. Somerset Co-Labs is a development-based opportunity to support the new authority to transform the impact of commissioning in Improving Lives in Somerset. Co-Lab presents an opportunity to help us explore some of the suggested areas of activity highlighted within this report.

Housing and Care: Good practice guide and ongoing conversations

Usefully, the Association of Directors for Adult Social Services and Housing LIN are about to publish a good practice guide on collaboration between housing and care services. The guide supports councils, with their local partners, to plan for and deliver the range of housing and care options needed by older people and working age adults with care/support needs (this includes working age adults with eligible care needs as well as young people and adults with support needs for example people at risk of homelessness and care leavers)

The guide proposes a framework of activity as follows:

Evidence and Strategy	Market Shaping, Planning and Funding	Delivery and Outcomes
Assessment of need for housing and supported accommodation for older people	Encouraging and stimulating the market of housing and supported accommodation providers	Housing and supported accommodation delivery
Assessment of need for housing and supported accommodation for	Making best use of planning and housing policy	Managing the quality and value for money provided by supported

working age adults with care/support needs		housing
Developing plans/strategies covering housing and supported accommodation for older people and working age adults with care/support needs	Resourcing and funding housing and supported accommodation	Access to housing and supported accommodation: provision of information and advice

The framework is consistent with the ambitions of the MoU and indeed, reflects much of what we know we need to be undertaking. It certainly provides useful context for reflection and planning.

Recently, on 2nd September 2022, approx. 50 staff from care and housing services within Somerset came together to discuss challenges of both operational service delivery and commissioning. Following workshop sessions, various themes / ideas began to emerge. The top four are listed below, but it is important to note that other important areas of work were also highlighted:

Top 4 solutions / ideas

- Money – we need to be investing / pooling money for prevention / tenant support – this includes budgets held by social care (adults/children), public health, health and housing. There was a view that, we are good at talking about this, but little gets done to actually crack this issue
- Multi-disciplinary teams – this can help stop the ‘revolving door’ and help prevent people from going into crisis. Establishing a fully functioning Creative Solutions Panel needs to be a priority.
- Invest in communities – help communities to help themselves, particularly with low-level issues. Invest in locally based prevention packages – this will help prevent crisis
- Under-occupation of social housing stock – we need more investment (staff/budgets) to help encourage tenants who are under-occupying to downsize. There are good models that are being supported by Hinkley Point C funding within Somerset West and Taunton (delivered by SWT Housing and Magna) and SDC, but more investment is needed for a countywide approach

It was agreed that the HWBB should be made aware of these solutions / ideas. All these topic areas are within the suggested ‘areas of potential focus’ below. The group has agreed to come together again to review progress. The HWBB (via the MoU/it’s associated partners arrangements) can help move these matters forward.

Areas of Potential Focus

In summary, and having consulted with a range of HWBB partners, we believe that there are several priority areas that we should focus on. These could be areas that will be lead/supported by (individually or in combination) the HRB, LFSC, other partners. All will require the support of partners within the realm of the ICS/HWBB. A list of potential areas of focus are provided below, these have been grouped into those that facilitate outcomes, and those that deliver outcomes

Potential Areas of Focus – those that *enable* impact/outcomes

- Governance and Leadership
 - The HWBB / ICP to proactively consider the relationship of health and care services with that of housing services, and to seek to drive integration. This includes funding to invest within prevention-based activity.
 - For all partners to proactively support the work of the HRB
- Family Hubs
 - We collaborate as services to pilot work with local neighbourhoods to help deliver placed based outcomes
- Better Care Fund
 - To further explore the potential of the BCF to drive prevention activity
- Commissioning – specific areas of inquiry to include:
 - To explore how we commission, to ensure a person centred/trauma informed approach, to deliver services that can flex to changing circumstances
 - To undertake detailed work to understand the overall demand/need for specialist accommodation and associated support (for older people/those working age adults with care/support needs)*
 - Identify resources to help develop and deliver a countywide approach to HIA

Potential Areas of Focus – those that *deliver* impact/outcomes

- Creative Solutions – working to support individuals with extreme complexity
 - As partners we commit to this. If we can collectively identify solutions for such individuals, the learning can be deployed to other areas of vulnerability
- Workforce – addressing the shortage of affordable, quality and secure accommodation options for key workers
- Specialist Accommodation – to deliver more specialist accommodation and associated support (for older people/those working age adults with care/support needs)
- Adaptation – the need for expansion of housing adaptations to enable older adults to stay mobile in their homes and remain independent
- Gypsy and Traveller Working Group – seeking to deliver permanent and transit

- accommodation with relevant support
- Climate Change – the need to upscale energy efficiency interventions

Further work is needed to understand how these areas of work are to be progressed. This includes identifying lead officers and partnerships, alongside any external / internal support programmes. Some are already in progress, such as Creative Solutions/Family Hubs/Gypsy and Traveller Working Group etc. However, all require the support of the HWBB and associated partners. This detail will be brought back to the HWBB for consideration.

*The Better Futures Programme has made good progress in assessing demand/need for complex homelessness/rough sleeper accommodation and support. However, there also needs to be a focus on other vulnerabilities – elderly, learning disabilities etc

Partnerships

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

2. Improving Lives Priorities and Outcomes

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

3. Consultations Undertaken

- 3.1.** The original report on this topic that was presented to the HWBB on 17th September 2020 sets out the consultations that were undertaken to develop the MoU. The follow up report (July 2021) noted advice/comments received from the then Ministry of Housing, Communities and Local Government.

In developing this progress report, dialogue was undertaken with relevant officer representation from public sector partners: Somerset County Council (Adult and Children services), Public Health, NHS Somerset and the

district councils

4. Request of the Board and Board Members

- 4.1. Board members are asked to note the progress being made with the delivery of *Improving Health and Care Through the Home In Somerset (MoU)*; to reconfirm their commitment to supporting the integration of health, care and housing services through a programme of work that will be ratified and monitored through the HWBB. To support collaboration with external support programmes who can bring additional leadership capacity, ideas and general support towards this priority area of activity.

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

5. Background Papers

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

[Somerset County Council](#)

Report to the Somerset HWBB – 15th July 2021: Agenda Item 7

[Somerset County Council](#)

Better Futures for Vulnerable People in Somerset

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

6. Report Sign-Off

	Seen by:	Name	Date
Report Sign-Off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	15/09/22
	Cabinet Member / Portfolio Holder (if applicable)	Bill Revans	12/09/22
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	15/09/22

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Health and Wellbeing Board
26th September 2022

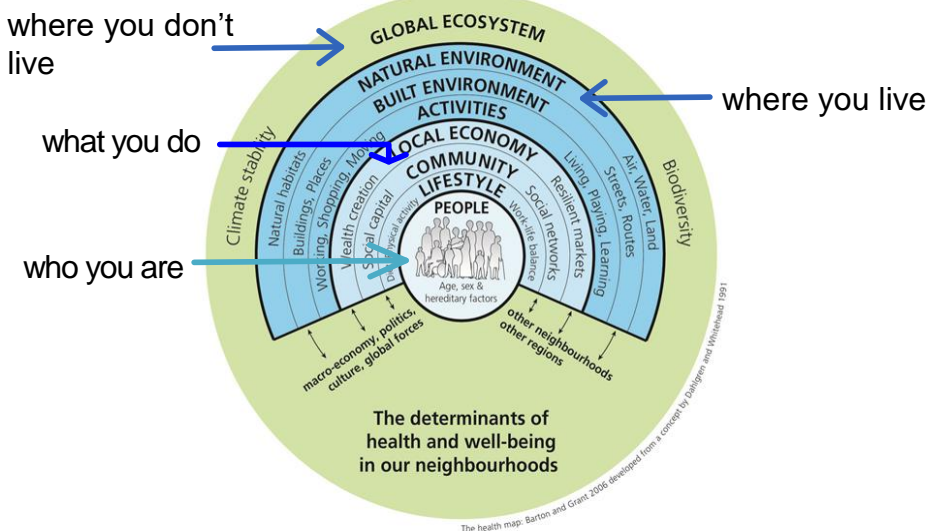
Health, Care and Housing
Reflecting on 'Improving Health and Care Through The Home in Somerset – A Memorandum of Understanding'
Understanding the Challenges and Identifying ways of taking forward collaborative working

APPENDIX 1: Slide Deck
(summary of main report plus additional information)

Mark Leeman (Somerset West and Taunton Council)
m.leeman@somersetwestandtaunton.gov.uk

1

Your health is determined by:



2

Housing is Fundamental to Health and Wellbeing

Maslow's hierarchy of needs places housing as central to achieving health and well-being



McLeod, S. A. (2007). Maslow's Hierarchy of Needs. Retrieved from <http://www.simplypsychology.org/>

3

3

Homes for older people



Unhealthy homes increase the risk of

- respiratory illness
- cardiovascular problems
- excess winter deaths
- physical injuries, particularly from falls
- domestic fires



Unsuitable homes increase the risk of

- physical injuries, particularly from falls
- general health deterioration following a fall
- social isolation



Precarious housing and homelessness increases the risk of

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

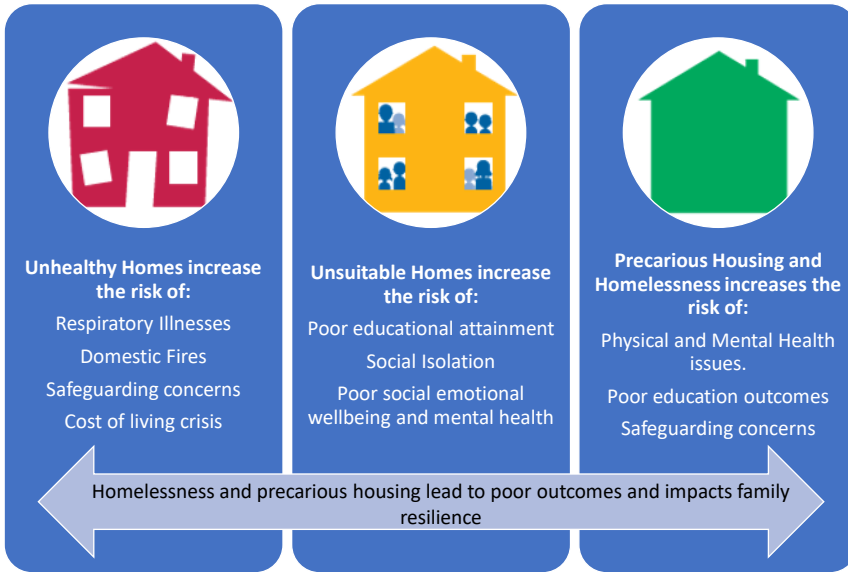
Underlying health issues can in turn raise the risk of being homeless or living in precarious housing

Homes for older people

<https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home>

4

Homes for Families

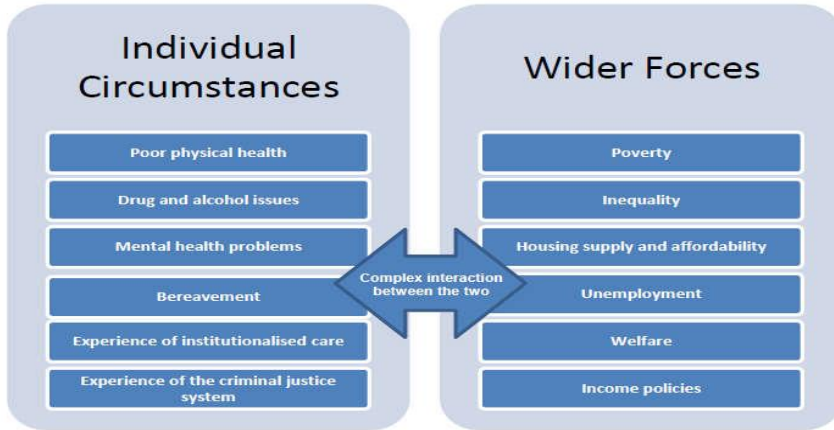


5

No single service can address these challenges alone

6

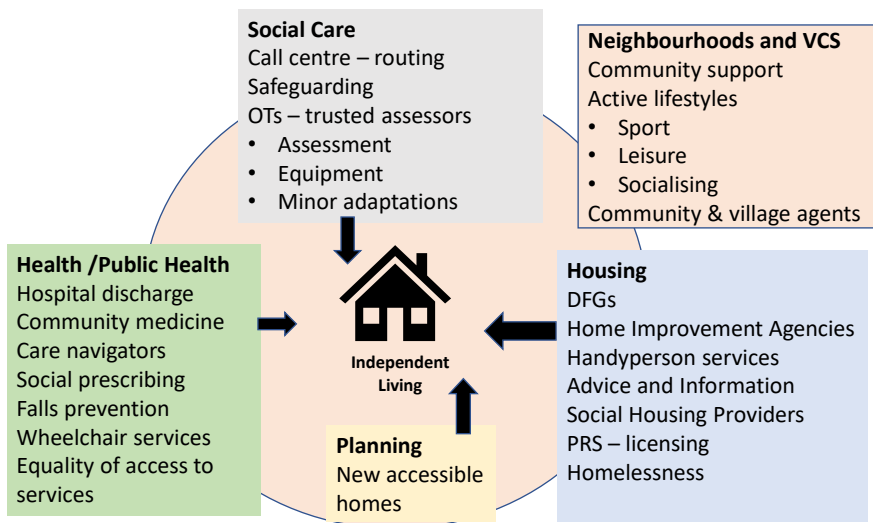
Example 1: Factors impacting the likelihood of becoming homeless



Source:

7

Example 2: Supporting Independent Living for Vulnerable Elderly



8

Example 3: Supporting Families and Communities to Thrive (Family Connections)

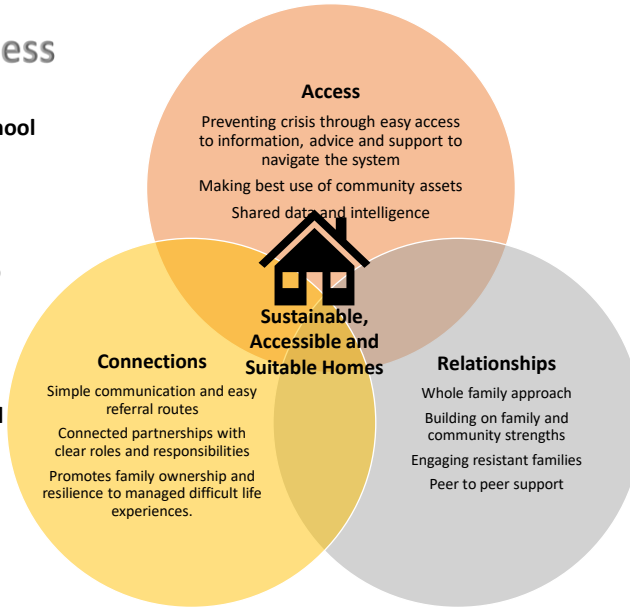
Measuring Success

Improvements in:

- School readiness and school attendance
- Family resilience
- Health and economic outcomes
- Families getting the help they need earlier

Reductions and demand management in:

- Use of A&E
- Antisocial behaviour and domestic violence
- Families in Crisis
- Referrals to Social care
- Service duplication



System response

Partnership Steering group consisting of:

- Children’s Social Care
- Housing
- Integrated Care Board
- Somerset Foundation Trust
- Public Health
- Spark Somerset

Using the system principles of:

- Place based approaches working with PCNs and Localities
- System leadership

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People at the Heart of Care Adult Social Care Reform



Housing

We want people to be able to get their care and support in their home.



When we think about what care and support someone needs, we also have to think about whether the place they live is right for them.



Some people may need a home that has been designed for people who use support.



We want to make sure there is more housing that is suitable for older people, physically disabled people, people with a learning disability, autism and mental ill-health.



We are spending money so people can make changes to their homes, to help them live independently. This money could pay for things like:

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People at the Heart of Care Adult Social Care Reform



We want more people to have the chance to live independently in their own home for longer.



We will give more money to local councils to help them have more housing options for people to choose from.



- **stairlifts.**
A **stairlift** helps you to get upstairs.



- **wet rooms.**
A **wet room** is a large shower that you can get into with a wheelchair.



- **grab rails.**
A **grab rail** is a rail you can grab hold of to steady yourself or stop yourself from falling.

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How do we affect change?



Collaboration.....?!

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Previously...

- Improving Health and Care The Home In Somerset – A Memorandum of Understanding (MoU) – **a commitment to collaborate**
- Adopted September 2020 and review July 2021
- 5 themes, with accompanying activity:
 - Homelessness and Rough Sleeping
 - Independent Living
 - Gypsy and Travellers
 - Climate Change
 - Health Impact Assessments

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Homelessness and Rough Sleeping

- No rough sleeper deaths due to Covid
- Establishment of **Somerset Homelessness Reduction Board (HRB)**
- Countywide expansion of nursing support within rough sleeper settings
 - RSPH award nomination (Oct 2022)
- Progression of **Better Futures for Vulnerable People in Somerset**
 - Creative solutions panel (pilot) – with countywide roll-out planned for Autumn 2022
 - Collaboration to deliver specialist accommodation solutions (e.g. Housing First, treatment accommodation, move-on etc)
 - BF Work programme scorecard is attached at Appendix B

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Independent Living

- BCF funding continues to drive a range of prevention related activity:
 - SIP have utilised BCF and other funding to deliver the following: DFGs, Decent Homes (repair grants), Prevention Grants, Modular Ramping, Independent Living Officers (ILOs), Hospital Resettlement Coordinators, Assistive Technology Development, North Taunton Project – low interest loans, accommodation solutions for homeless/rough sleeper community, Empty Homes, Housing Option OTs, Energy (Warm Homes Fund – match funding) – funds currently amount of £6.7M for insulation and heating measures, Independent Assessment Centres (IACs), Discretionary DFGs, Hoarding Services, Support for Lifeline Systems (careline and others). See report to HWBB (Nov' 21)
- SIP have completed 750 home safety checks since 1st April 2022 in response to requests from Public Health for the Ukrainian Resettlement programme (recently employed two additional ILOs for this work following receipt of £100k grant from Public Health)
- Winter Plan – collaboration between SIP, Public Health, CSE and Village Agents – to assist the vulnerable, elderly and fuel poor households cope with soaring fuel bills (from 1st sept)
- We had hoped to collaborate (care and housing services) to develop a detailed understanding of the demand and need for specialist accommodation – to inform investment and commissioning decisions (including new build/repurposing of existing accommodation). However, we have been unable to make progress in this area

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Independent Living – Case Study

David -
Creating independence - a young wheelchair user

My story - life before SIP:
I have cerebral palsy and use a powered wheelchair. I have a full package of care which includes a live-in carer and essential equipment. I moved to Somerset to be near my family. The hallway in my new bungalow was too narrow to turn my wheelchair, I couldn't open my front door or get in the bathroom.

How SIP helped me:
Using a Disabled Facilities Grant, the narrow hallway was made wide enough for me to turn my wheelchair easily. An automatic door entry system with CCTV means I can see who is at the door and let them in remotely and let myself out to go out on my own. Ceiling track hoists make it easier for my carers to move me and the hoists allow me to use the bathroom.

How I feel now:
The adaptations have made a massive difference to my life and independence. "It is easier for me to live my life." David's father said "Although we live close by, he lives his life and we live ours."

Costs
DFG £9,606, Hoists £5,574
SIP staff £750

Saving to health and social care
Without ceiling track hoists, David would require 2 carers for all movement – saving approx. £32,000 per year. Without an adapted home David would have had to go into nursing care with no independence/autonomy/community inclusion.

Outcomes:
David is able to live safely an independently with the close support of his family and carers.

Case Study



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Independent Living – housing provider perspective (Homes In Sedgemoor)

- Remodelled the HIS Independent Living Service – to assist people to live independently in their homes for longer. Close collaboration with ASC (e.g. technology to reduce isolation and support engagement) and SASP (to support health and fitness)
- Rolling of ILS service in to general needs housing – to assist with health and safety, and issues such as hoarding
- Set up a flat to enable hospital leaving – not fully utilised
- Extra care housing / integrated care and support model – issues with referrals not coming forward which presents issues for both HIS and ASC
- Created a new role – mental health support worker

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Climate Change

- The context to this area of work is shaped by the following:
 - JSNA – Climate Change and Health (2019/20) – significant implications for housing
 - Somerset Climate Change Emergency Plan
 - Cost of Living Crisis – response (including fuel poverty interventions)
- There is plenty of activity in this area, including district council led housing retrofit /zero carbon programmes. There is also pan-Somerset multiagency activity, e.g.
 - The Safe and Warm Initiative (CSE/SIP/Citizens Advice/HIS) continues to invest in the following:
 - Improving the energy efficiency of homes
 - Making homes healthier
 - Improving people's confidence to manage energy
 - Reducing Fuel Debt
 - Improving Income
 - Winter crisis support
 - Multi-agency partnerships

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Gypsy, Roma and Travellers

- Excellent multi-agency support during the Covid pandemic
- Reconstituted the Gypsy and Traveller working group set up under Covid to continue to work in partnership across agencies. SDC chair of the group. Governance repositioned to sit within the HRB
- Funding for 2 x Gypsy/Traveller Liaison officers extended
- Progress being made to identify potential sites for permanent and transit solutions – including funding streams

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Health Impact Assessments

- This relates to the town planning process, and the development and adoption of HIA guidance to inform plan making and the consideration of planning applications for major developments
- Presentation to Somerset Strategic Planning Conference, but unfortunately slow / no progress in this area

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Strengths

- Systems leadership – via HWBB/MoU/HRB
- Governance (so far, so good)
- Dedicated and motivated professionals - people get the need for change
- A recognition that we need to drive change
- Lots of good examples of how integration / collaboration delivers better results for both customers and services

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Weaknesses

- Culture – the need for collaboration needs to be driven down through all the layers of systems and services to the operational front-line
- Culture – fostering creativity, promoting delegation and responsibility
- Commissioning – contractual arrangements sometime frustrate the ability to adapt and be creative
- A return to silo working post Covid
- Crisis – within our services – and the negative impact it has on our ability to engage with partners / rethink service delivery e.g. Creative Solutions
- Capacity – e.g. impact of ICS/LGR, in addition to responding to crisis (above) – frustrates our ability to develop the leadership thinking space that is so critical to turn our services from reactive to prevention

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Opportunities

- ICS – linking health and care (with housing)
- LGR
- Programmes such as Family Connections
- IACs – roll-out
- To rethink
- External support e.g. LFSC to provide leadership capacity
- Government /external funding (but requires collaboration)

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Threats

- LGR – impact on capacity
- Workforce – health and care sectors
- HPC – workforce uplift. PRS is full – displacement effect – rising 1 & 2 bed rents in west of county
- Refugees – increasing homelessness effect –health demands
- Cost of Living crisis – Energy/food costs – poor health effects – rent/mortgage arrears – more homelessness
- Climate change – JSNA identifies major role for housing and its interplay with health and care – flooding protection and thermal efficiency of w=dwellings required – to protect citizens / avoid major impacts on health/care services

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Addressing the challenges

- Work continues with the aim of improving systems and service collaboration. Examples include:
 - Better Futures programme – supported by Ark Consultants
 - ‘Face to Face’ workshop between Adult Social Care and Housing services (2nd September, 2022 – this involved both ‘managers’ and operational staff)
 - Leading for System Change (LFSC) - NHS sponsored leadership programme that is delivered by the Leadership Centre. Somerset is one of 18 pilot areas.

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Leading For System Change



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LFSC – solutions to complex problems

- HWBB sponsored event – 27th July
- 25 attendees – officers and politicians, representing health, care and housing
- Aim
 - Acknowledge the complexity
 - A common purpose statement
 - Identify key themes

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LFSC approach

- Use systems, or adaptive, leadership approaches
 - Take small steps, and accumulate
 - See change as small-scale, sometimes unglamorous or mundane, and cumulate
 - Do what's practical for you
 - And start with common purpose around a practical thing – so that you can make progress in complexity

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Our 'good enough for now' Common Purpose – first draft

What do we want to do?

To continue to work towards greater collaboration across multiple agencies and organisations, to enable people to access the right solutions at the right time – whether around health, care, housing and accommodation, or other services. To keep the collaborative and multi-agency approach going so that people see themselves as a team and as part of the system, rather than just in their organisation or discipline. To keep the focus going on the person at the centre, and on professionals being able to do the right thing. To strengthen the prevention aspects of what we do. To work towards empowering people in communities to find solutions that work for them. And to give what we're doing the chance to bed in.

Why do we want to do it?

Because we want to create better outcomes for everyone in our community. Because we want to do something to address health and other inequalities. Because we want to create and deliver fit-for-purpose services and raise standards. Because we want to enable people to live a healthy lifestyle. And because there will be financial benefits for the whole system.

What are the benefits going to include?

Improved health outcomes for people; people enabled to build and develop relationships, learn skills for their development and lead long and healthy lives. Less 'revolving door' syndrome and more person-centred approaches. More co-operation between services and better standards. And the development of a curious learning system.

Key themes and areas we might focus on

- Looking at how we create the conditions for change to happen. E.g. Rethinking membership of various partnerships in relation to the ICS and LGR – who isn't at the table, who needs to be?
- Identifying potential HWBB programmes that could act as 'safe-to-fail' experiments, with people given air cover/explicit permission to try out new ways of working – e.g. group tasked with better outcomes for people in greatest need – working with joint budget and resources
- Bringing groups together to work on specific issues, e.g. how do we think differently about commissioning (including what we call it) and do it better?
- Similarly, getting people to work on how we can better understand people's journeys, and work towards 'no wrong door'
- ICS/B and HWBB building relationships in order to have honest conversations around joint working. And work with Local Community Networks and communities – how do we genuinely devolve power?



Potential areas of focus (those that enable outcomes)

- Governance and Leadership
 - The HWBB / ICP to proactively consider the relationship of health and care services with that of housing services, and to seek to drive integration. This includes funding to invest within prevention-based activity.
 - For all partners to proactively support the work of the HRB
- Family Hubs
 - We collaborate as services to pilot work with local neighbourhoods to help deliver placed based outcomes
- Better Care Fund
 - To further explore the potential of the BCF to drive prevention activity
- Commissioning – specific areas of enquiry to include:
 - To explore how we commission, to ensure a person centred/trauma informed approach, to deliver services that can flex to changing circumstances
 - To undertake detailed work to understand the overall demand/need for specialist accommodation and associated support (for older people/those working age adults with care/support needs)*
 - Identify resources to help develop and deliver a countywide approach to HIA

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Potential Areas of focus (those that deliver outcomes)

- Creative Solutions – working to support individuals with extreme complexity
 - As partners we commit to this. If we can collectively identify solutions for such individuals, the learning can be deployed to other areas of vulnerability
- Workforce – addressing the shortage of affordable, quality and secure accommodation options for key workers
- Specialist Accommodation – to deliver more specialist accommodation and associated support (for older people/those working age adults with care/support needs)
- Adaptation – the need for expansion of housing adaptations to enable older adults to stay mobile in their homes and remain independent
- Gypsy and Traveller Working Group – seeking to deliver permanent and transit accommodation facilities with relevant support
- Climate Change – the need to upscale energy efficiency interventions

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Health and Wellbeing Board 26th September 2022

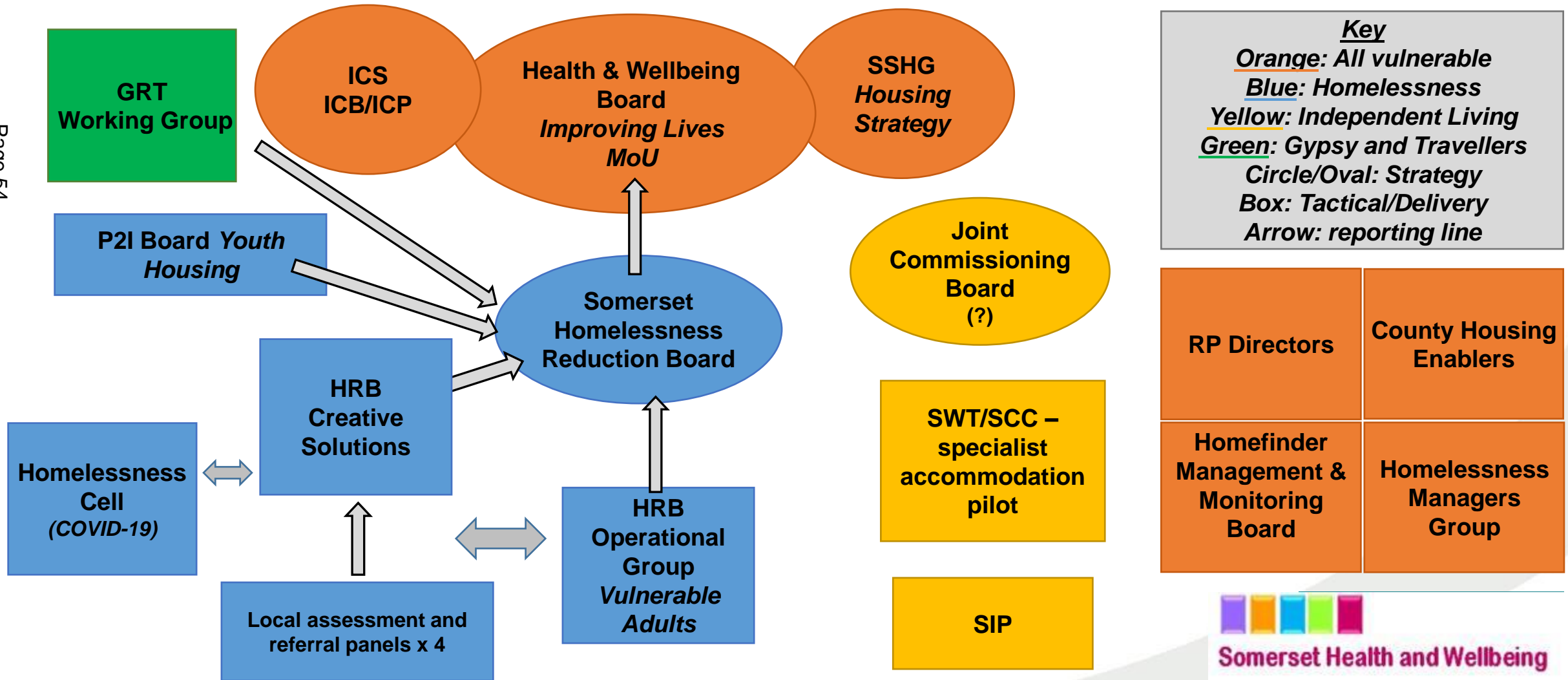
Health, Care and Housing **APPENDIX 2: Partnerships**

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Appendix 2: Countywide Partnerships - Supporting the vulnerable

View from a housing perspective

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Somerset Health and Wellbeing Board – WORK PROGRAMME 2022-23

Agenda Item	Date of Meeting	Details and Lead Officer
	13 June 2022	
PNA - Pharmaceutical Needs Assessment		Pip Tucker (15 min)
ICS Verbal Update		Jonathan Higman and Paul von der Heyde
Somerset's People Plan Update		Jane Graham/Chris Squire
Living with Covid Verbal Update		Alison Bell / Joe McGregor-Harper
	26 September 2022	
ICS Verbal Update		Jonathan Higman and Paul von der Heyde
Children & Young People Plan		Fiona Phur / Jasmine Wark
Health, Care and Housing		Mark Leeman
	28 November 2022	
Better Care Fund		

Health and Care Strategy		
Healthwatch Update		Judith Goodchild/Gillian Keniston-Noble
SSAB Report/Adult Safeguarding		Stephen Miles
	January 2023	
	March 2023	
Adult Safeguarding Report		Stephen Miles
	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 / Tim Baverstock
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 Julia Jones 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 in hybrid format with voting members attending face-to-face at County Hall and others attending virtually via Microsoft Teams**

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